I'm writing this in response to the OIG's investigation into my complaints regarding the hiring practices and unsafe urologic care of our Veterans at the Western CO VA Medical Center. Firstly, I categorically disagree with their conclusions, and after reviewing their report it is very clear that it contains significant inaccuracies and omissions that necessitate further clarification. Further factual background information is also required to provide context to the reader, and afterwards I aim to review and closely scrutinize the OIG's findings and glaring investigative shortcomings.

Allegation 1:

Since finishing my residency, the only full-time positions I have worked have been within the VA Healthcare system. One of the many favorable aspects of being a VA physician is that I know that my medical decision making is not influenced by any financial conflicts of interest. The former Chief of Surgery (and current ACOS) however is still an active part of a private general surgery group whose members have been working at the VA on a very part time basis for several years now. The OIG report incorrectly states "The Chief of Surgery, prior to joining VA, was in a separate surgical practice." Their use of the past tense implies that he no longer has any other financial involvement in this private group, which is not true.

It was during their part time work that this surgery group discovered that an employee only needs to work 2 days per month (0.1 FTE) to receive the same government subsidized benefits that a full-time employee receives. This fact has led to taxpayers shouldering the vast majority of this surgery group's healthcare costs for many years, and to this day all 13 of the surgeons in this group (as well as their physician assistants) are employed by the VA.

In November of 2016, very shortly after the current ACOS was hired as our Chief of Surgery, the urology private practice group in town and their multiple business interests and sub-corporations decided to merge with this general surgery group. Why would two independent medical practices consolidate in this manner? Clearly, it's because they have common business and financial interests. With the completion of this merger, the physician members of these two groups were now business partners. This affiliation is also prominently advertised on their respective web sites. While the OIG declares that "the Chief of Surgery had no direct financial interest in the urology practice", this does not mean that these groups' business interests aren't aligned.

Late in 2016 the Chief of Surgery had a meeting at his VA office with one of the senior urologists from this group and the business manager of the urology practice. I know about this meeting because I was introduced to them that day. At this point I feel it's important to note that this urology group had previously refused to see our Veterans seeking local care through the Choice program. Therefore, if a given Veteran needed a higher complexity surgery that our facility couldn't offer, they were forced to travel an hour away to Montrose CO. This is why I was very surprised to see anyone from this group present at the VA and meeting with our new Chief of Surgery. I was not aware of their newly formed corporation and mutual business interests at this time.

It was shortly after this meeting that I learned that all 6 of the urologists in this group were going to be hired by the VA. Why would these urologists, who previously had no interest in seeing our Veterans before, suddenly be interested in working 2 days per month at the VA as 0.1 FTE employees? I'm of the opinion that our Chief of Surgery explained to his new business

partners that this meager investment of the urologists' time would allow their physicians to enjoy the Federal benefits the VA offers, dramatically decrease their overhead benefits expenses, and save them a substantial amount of money. As an added bonus our Veterans could also be referred to the other ancillary businesses that the urology group owns. After all, this general surgery practice knew firsthand how financially beneficial this arrangement had worked for their practice.

Inexplicably, the OIG investigation simply concluded that the fact that "a similar staffing model was used for physician staffing in another area of the facility in the past" was sufficient justification for allowing this to proceed again. This justification ignores the obvious ethical considerations and business entanglements of this current "staffing model". While the report didn't specifically state with whom this "staffing model" had previously been employed, it has to be assumed they're referring to the general surgery group's current meager part time employment arrangement with the VA.

Possibly the most obvious and important question that this OIG investigation could have hoped to answer would be whether the state of urology care prior to these urologists' hiring was inadequate enough to justify hiring *any* more urologists. They failed to address this in their report, and I can unequivocally state that our "patient needs" at the time were being more than adequately satisfied with our current staffing allotment. I submitted documentation (attached Item 1) from an independent consultant's review of our facility's physician workload. They concluded that prior to these urologists' hiring our facility was "over resourced" for fiscal year 2017 based on our RVU productivity and total provider FTE. Regardless, the OIG investigation was based on the inaccurate assumption that more urology coverage was needed. Afterwards they then sought to justify these particular urologists' hiring, and stated that the "justification for hiring part time urologists…was found to be credible by the team".

The criteria the OIG cited as valid arguments to justify hiring these urologists were:

1. Difficulty in recruiting full-time physicians, particularly specialists, based on the facility's rural location.
2. A similar staffing model was used for physician staffing in another area of the facility in the past (discussed above).
3. Use of multiple physicians allowed for coverage of leave, call, and physician turnover.

<u>Rationale 1:</u>

Prior to these urologists being hired, there was never any urology position posted or advertised on USAjobs.gov for our VA. It would seem hard to describe having "difficulty" with recruitment if no job was ever posted for applicants to apply for. Clearly, you're not going to receive any applications for a job that doesn't exist. I was recruited to work full-time in this "rural location" in 2016 as was another anesthesiologist. Two years later an interventional pain anesthesiologist was recruited to this VA as well, and a radiologist had been hired around this time also. More recently in 2020 a new Chief of Surgery was hired, and all of these positions are full-time and all but one of these VA "specialist" physicians relocated here from other cities.

Likewise, both the private general surgery group and the private urology group have managed to be successful with their recruitment of other physicians to this rural locale over the

past few years. The general surgery group hired new surgeons in 2018 and 2019, and the urology group hired a new urologist in 2017 and recently have interviewed another who I met in our clinic. All of these "specialist" physicians relocated from other cities as well. The argument that we needed to hire these 6 0.1 FTE employees due to inability to recruit anyone else is clearly ridiculous.

One of the many regrettable aspects of this case is that there may well be qualified urologists who would have applied for a full-time urology position here. Instead we've hired urologists who previously spurned Veterans needing care locally but who wanted to work here only when they realized that taxpayers could subsidize their business ventures.

Rationale 3:

Prior to these urologists working here, myself (full-time) and another part-time (0.8 FTE) urologist covered ER call. The amount of call we had taken was proportional to our respective FTE status. I was taking 10 days of call per month and the other part time urologist was taking 8 days per month. When the other urologists were hired, the part time urologist was forced to reduce his status to 0.4 FTE. The new urologists were going to take call every weekend from Friday night to Monday morning.

With their hiring, we would have had around 26 nights per month covered. If our facility had hired another full-time provider and had the FTE allowance to do so, we would've been able to cover 28 nights per month, or 24 nights if the other part-time urologist stayed at 0.4 FTE. The difference in call coverage that their hiring made was not tremendous. Our chief of staff at the time was deceived into thinking that these urologists would help provide 24/7 call coverage for our facility, and erroneously stated as such in front of a facility-wide "town hall" meeting. The existence of this continuous call coverage was a complete fabrication, and again the call schedules can be reviewed to confirm this. I provided these to the OIG investigators as well.

Another very significant call-related concern is that these private urologists also take call at no fewer than FOUR other hospitals simultaneously. One is 45 minutes away in Delta, CO, another is 15 minutes away in Fruita, CO, and the other two hospitals are here in Grand Junction. That would make our VA the FIFTH hospital that they cover. When I take call, my only obligation is to cover the Western Colorado VAMC.

The notion that these urologists have any bearing on "coverage of leave" is completely false. When I've been on leave for example, the days that I normally would've been on call simply go uncovered. Reviewing the old call schedules would demonstrate that their call frequency and days have never changed, and I furnished some of them to the OIG investigators. Additionally, when one of them takes leave, their clinic and/or operating room time is left vacant. They don't even cover their own partners' leave much less that of any other urologist. As a result, the group rarely works at our VA for the full number of days per week (3) that they'd agreed to. Again, one could easily review the monthly provider clinic schedules that our clerks maintain to verify this.

As far as "physician turnover" is concerned, it's been nearly 3 years since they started working here, and there are no signs of any pending turnover at this point.

There's no doubt that these six 0.1 FTE positions were specifically created for these urologists' "immediate recruitment" after the Chief of Surgery lobbied the executive leadership of the facility at the time. I'm certain they were misled into thinking that our VA had this phantom demand and simply couldn't function properly without their hiring.

I find it hard to believe that the hospital leadership was unaware of the fact that these urologists were current business partners of the Chief of Surgery. I likewise find it incredible that the lack of his signature on the hiring document was apparently all the evidence that the OIG needed to absolve the Chief of Surgery and the facility's leadership of any ethical wrongdoing. This type of an employment environment would have our Chief of Surgery acting as the immediate supervisor of other physicians (both the urologists and other part-time general surgeons) with whom he has an active and ongoing business relationship. This led to many episodes where blatant favoritism and preference was given to these other urologists.

According to the VA's "Guide to Government Ethics" (attached, Item 2), regarding the principle of *Conflict of Interest*:

"You are prohibited from participating personally and substantially as part of official duty in a particular matter that has a direct and predictable effect on your financial interest or the financial interest of certain others:

- Your spouse
- Your minor child
- Your general partner
- Entity you serve as officer, director, trustee, **general partner**, or employee
- Entity with which you are negotiating or have an agreement for future employment"

To be clear, the simple fact that our Chief of Surgery would be the immediate supervisor of these urologists upon their hiring constitutes "personal and substantial" participation in an official duty.

Likewise, according to the same ethical guidelines regarding *Impartiality in Performing Official Duties*:

"You must remain impartial in your official duties. Do NOT participate in an official matter if it will:

- affect the financial interest of a member of your household, OR
- **involve someone with whom you have a covered relationship**

  if a reasonable person with knowledge of the facts would question your impartiality. To do otherwise gives the appearance that your official actions are done to benefit yourself or someone close to you rather than being done objectively.

  You have a **covered relationship** with:

- **an entity with whom you have a business relationship (other than a routine consumer transaction)**
- members of your household

- any person with whom your spouse, dependent child, or parent is, to your knowledge, serving/seeking to serve as officer, director, trustee, general partner, agent, attorney, consultant, contractor, or employee
- **any person you have served in the last year as officer, director, trustee, general partner, agent, attorney, consultant, contractor, or employee**
- an organization where you are an active participant (such as head of a sub-committee) – more than mere membership

Again, the Chief of Surgery's role as a supervisor to both myself and the other urologists means that he would be participating in such "official matters" on a daily basis. These ethical guidelines need no further clarification and speak for themselves. Clearly our Chief of Surgery's current and ongoing business partnership with these urologists is in direct opposition to these principles.

Allegation 2:

Regarding the examination of ESWL use at our facility, the OIG's investigative findings are nearly completely inaccurate. Firstly, there is only one ESWL company that is used to treat kidney stones at our VA, and that "ESWL Company" is owned by the private urologists. The other company from South Dakota brings a machine to perform what are called ESWT procedures on patients' feet, not their urological organs. Therefore, when a urologist states that they want to perform ESWL surgery on a given patient for kidney stones, there's no impartial selection made by a neutral third party or operating room nurse regarding which ESWL machine should be used as the investigation states. There is only one machine. There are no other options but using the ESWL machine that's owned by the urologists. They literally were setting patients up for ESWL procedures on the first day they began working here (10/2/17). Considering this information, the Office of General Counsel's recommendations that are referenced were completely irrelevant.

After the erroneous OIG report was finalized, I believe that our VA realized that they still needed to do something to address the obvious conflict of interest that existed despite the OGC's irrelevant recommendations. After all, the OIG concluded that ". any order for ESWL treatment had to be made by a physician who had no financial relationship with the urologists or ESWL Company". This statement is completely false. On 12/13/19 I received an email (attached, Item 3) stating that either myself or our other part-time urologist needed to "approve" a given patient for ESWL surgery as we have no financial interest in the ESWL Company. However, neither myself nor our other urologist have *ever* been asked to review any patient's clinical situation in order to determine if ESWL was an appropriate surgical option. I confirmed with the OR staff that ESWL procedures have been performed here as recently as 2/25/20 and 1/7/20. It was on 2/6/20 that I was asked by our legal people to sign a document (attached, item 4) stating that I had no financial interest in any of the Urologists' multiple business interests. The other part-time urologist was also asked to sign a similar document.

In fact, having the VA exclusively use the urology group's ESWL machine was one of the conditions they insisted on prior to agreeing to work here. I know this because both myself and our other part-time urologist were simultaneously approached by the Chief of Surgery one morning in the hallway for an impromptu meeting about this subject. We were asked if we had any objection to the VA exclusively using their ESWL machine, and as I don't perform ESWL I

stated that I had no preference. At the time however, I was unaware that they owned this machine and also was unaware that the Chief of Surgery was a business partner of this urology group.

Not mentioned in this report (but addressed on the OIG website report) is the fact that an 86 year-old Veteran died unnecessarily due to what I and our other part-time urologist believe to be inappropriate use of ESWL to treat his asymptomatic kidney stone that had been present in the same location for more than 8 years. My opinion is based on medical facts relative to this patient's frail age and his pre-existing medical conditions. The OIG report cites medical inaccuracies related to his case that were likely obtained from our internal VA "quality control" meetings that ultimately absolved the urologist who set him up for this surgery of any wrongdoing. Uncoincidentally this was the same urologist who in a crowded OR stated that as a facility we needed "to do more ESWL".

I was asked to review this case by our risk management team (attached, item 5) and I likewise wanted to be present during these meetings to testify on this deceased Veteran's behalf, but I was not allowed to attend. Surely in attendance and unquestionably defending his business partners would have been our Chief of Surgery. Those records could easily be examined to determine who was in attendance and how they arrived at their conclusions. While I was never informed of their findings, I knew what the outcome would be before these meetings even took place because I knew who comprised the jury and what evidence would be introduced.

It was my vocal opposition to the surgical decision making regarding this man's surgery that made me an immediate target of retaliation by the Chief of Surgery who deeply resented any criticism of his business associates. This patient's subsequent death is what prompted me to complain to the OSC. The patient initially called our urology clinic soon after his surgery complaining of worsening pain, and his complaints were initially dismissed by one of the private part-time urologists. Thankfully he used his better judgement and came to the ER where later that day I met him and his wife.

After I learned of his death, my initial feelings of intense grief for this man and his family were soon replaced with anger, as in my opinion it was clear that he was convinced to have this procedure (rather than ureteroscopy, an equally effective alternative procedure) given the $2,000 financial benefit the urologists would enjoy as a result. The OIG stated that his signing a consent form meant he accepted any inherent risks of the surgery, leaving the urologist who should've known he was at high risk for the complication that killed him (kidney bleeding and retroperitoneal hematoma) free of any blame. Both myself and our other part-time urologist would not have operated on this man at all, and he'd still be alive today had he seen one of us instead of the private urologist. Ironically the same urologist who convinced him to have ESWL surgery also saw him 8 years ago when his stone was nearly the same size, and observation was recommended then. What changed his medical decision making? When was their ESWL machine purchased?

Allegation 3:

I'm not sure how thoroughly the OIG reviewed patients' records during their investigation, but the following excerpt was copied verbatim from the Emergency Room physician's note regarding one of these episodes where the on-call urologist was unreachable by

phone. This patient was having such a severe degree of blood in his urine that a blood transfusion was required:

"By the time labs were back and it was time for transfer. Dr. xxxxx was then on call. Contacted xxxxx office and was told Dr. xxxxx was scheduled with cases until 6:15pm. She could text him while he is in the OR."

To clarify, this ER physician had called the answering service ("She") of the private urology group, and had been informed that he was performing surgeries at another hospital during the time he was supposed to be on call for our VA. I provided this patient's information to the OIG investigators and they were aware of this particular episode.

While the OIG report states that there had been no "incident reports or patient advocate complaints" regarding the urologist's inability to respond to our VA while on call, the above ER physician had in fact submitted a unique complaint to the OIG regarding this very issue as well as other problems that she had experienced with this VA. I of course informed the OIG investigators of the complaint she filed, and also told them that she would be very receptive to being interviewed if needed and offered them her contact information. While she had voluntarily reduced her FTE status at the time, she was still practicing in the area. Despite her ability to provide a first-hand account of this and other episodes she'd experienced during her tenure here, she inexplicably was not interviewed by the OIG investigators. Likewise, her formal complaint that was submitted to the OIG has never been addressed.

Lastly, the OIG report summary admits that based on their interviews people stated "it was a 'rare occurrence' for providers to not respond to calls". Evidently the VA and OIG are content with the fact that the physicians taking call might be unreachable at times, as long as this happens rarely. I suppose they might feel differently about this if they were that "rare" patient in the ER with a urologic emergency waiting to receive the appropriate care they deserve.

In summary, I feel that the conclusions that were reached and included in the OIG report are based on a significant amount of erroneous information. I continue to maintain that my accusations are valid. In light of the above-described factual information I've presented, the investigation requires further examination and clarification before their conclusions are validated and are made public. I would be eager to help in any way if needed.

Sincerely,

[redacted]

Date: 9/1/20

Grand Junction Veterans HCS

Strategic Analysis Focus Groups

February 27-March 1, 2018

Focus Group Purpose

- To gather “boots on the ground” input from the staff regarding where the organization is today and where it should be headed.
- Feedback gathered from the groups will be summarized and paired with the results of data analysis to identify potential goals, objectives, and initiatives for the facility.

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Format

- Facilitated discussion
- Open and honest dialogue is encouraged
- All thoughts and perspectives are welcome
- Comments and themes will be captured, by group
- Individual comments will be recorded anonymously

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Focus Group Topics

- Discuss VA's "Top 5 Priorities"
  - Review the priorities
  - What are implications of each priority for the facility?
  - What needs to happen/change for the facility to achieve the priorities?

- Review Results from Strategic Data Analysis
  - Review key findings from a preliminary data analysis
  - Provide context to the findings
  - Identify goals and opportunities unique the facility

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Topic I – VA's Top 5 Priorities

VA's Top 5 Priorities

Priority 1: Greater Choice for Veterans

- Optimal partnerships
- Innovative healthcare delivery model
- Veteran driven care
- Transparency

Priority 2: Modernizing the System

- Infrastructure Improvements and Streamlining
- Electronic Health Record Interoperability and IT Modernization

Priority 3: Focus Resources More Effectively

- Strengthening of Foundational Services in VA
- VA/DoD/Federal Coordination
- Deliver on Accountability and Effective Management Practices

Priority 4: Improve Timeliness of Services

- Access to Care and Wait Times
- Accelerating Performance on Disability Claims
- Decisions on Appeals

Priority 5: Suicide Prevention

- Other than honorable expansion

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Priority 1: Greater Choice

Priority 2: Modernizing the System

Priority 3: Focus Resource More Effectively

Priority 4: Improve Timeliness of Services

Priority 5: Suicide Prevention

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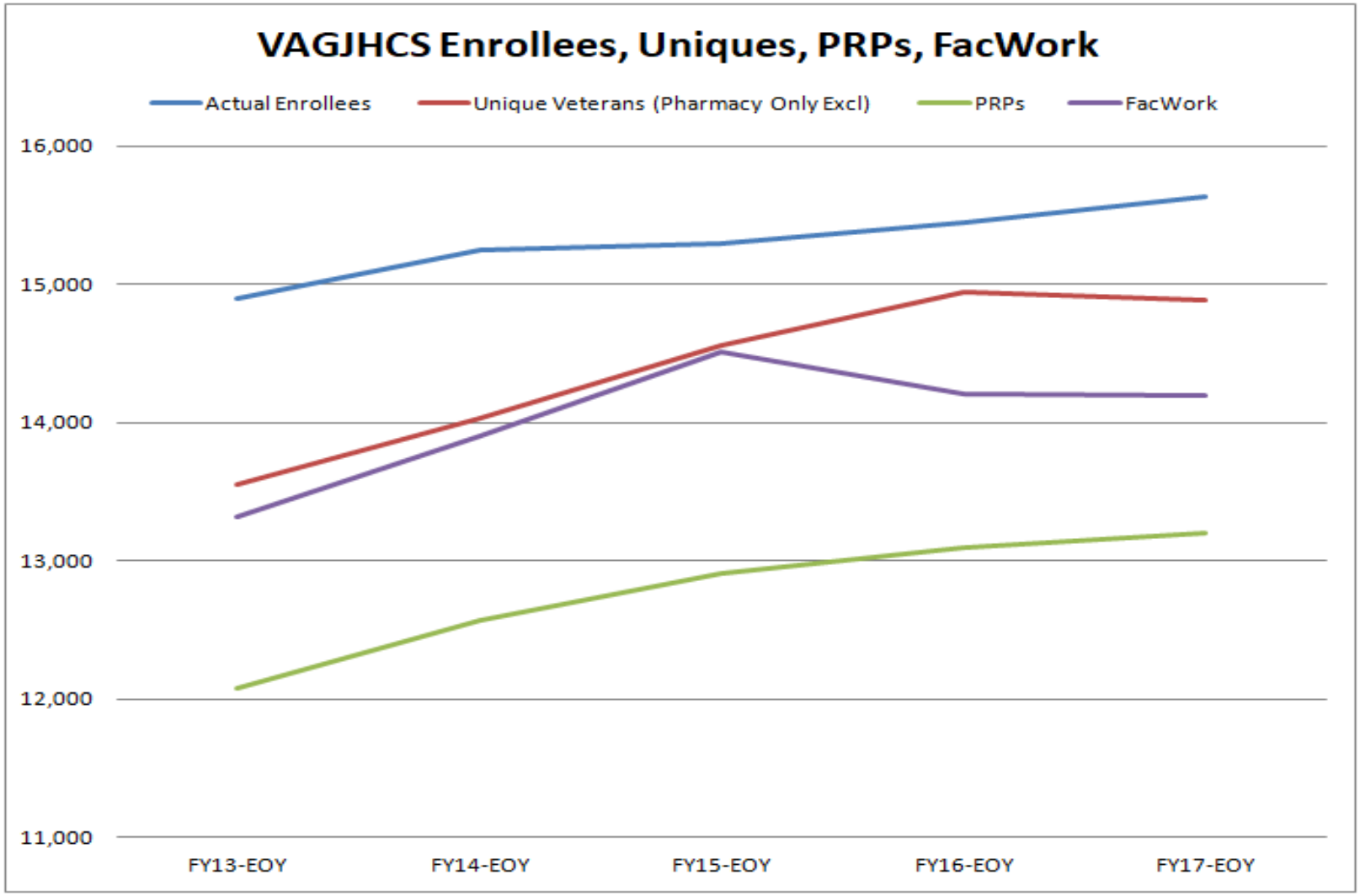
Topic II – Strategic Data Analysis

Workload Trends



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Complex PRPs Trends

FY	VERA Category	PRPs	Facwork	ARC Cost	RepSta Cost Per PRP	Nat. Cost per PRP	Diff
FY 2013	Complex Total	782	4,687	$31,874,588	$1,731,731	$2,124,768	**$393,037**
FY 2014	Complex Total	859	4,909	$37,360,345	$2,127,138	$2,097,776	**($29,362)**
FY 2015	Complex Total	905	5,107	$40,738,287	$1,711,754	$2,195,252	**$483,498**
FY 2016	Complex Total	825	4,562	$40,675,042	$1,990,837	$2,492,713	**$501,876**
FY 2017	Complex Total	852	4,500	$40,584,817	$1,931,019	$2,446,255	**$515,235**

- **Cost per Complex PRP is less than national average costs, contributing to the bottom line.**

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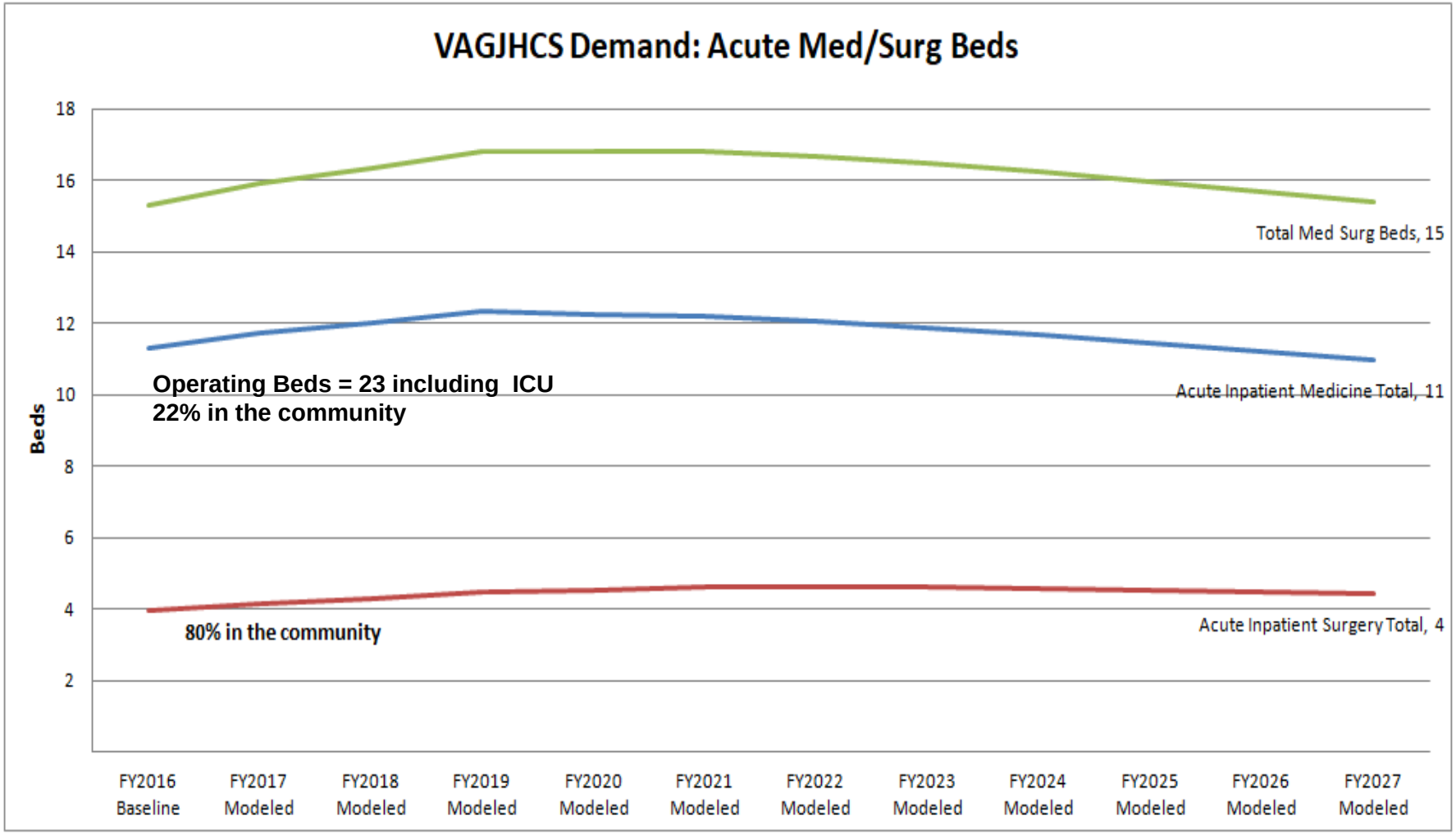
Acute Bed Demand



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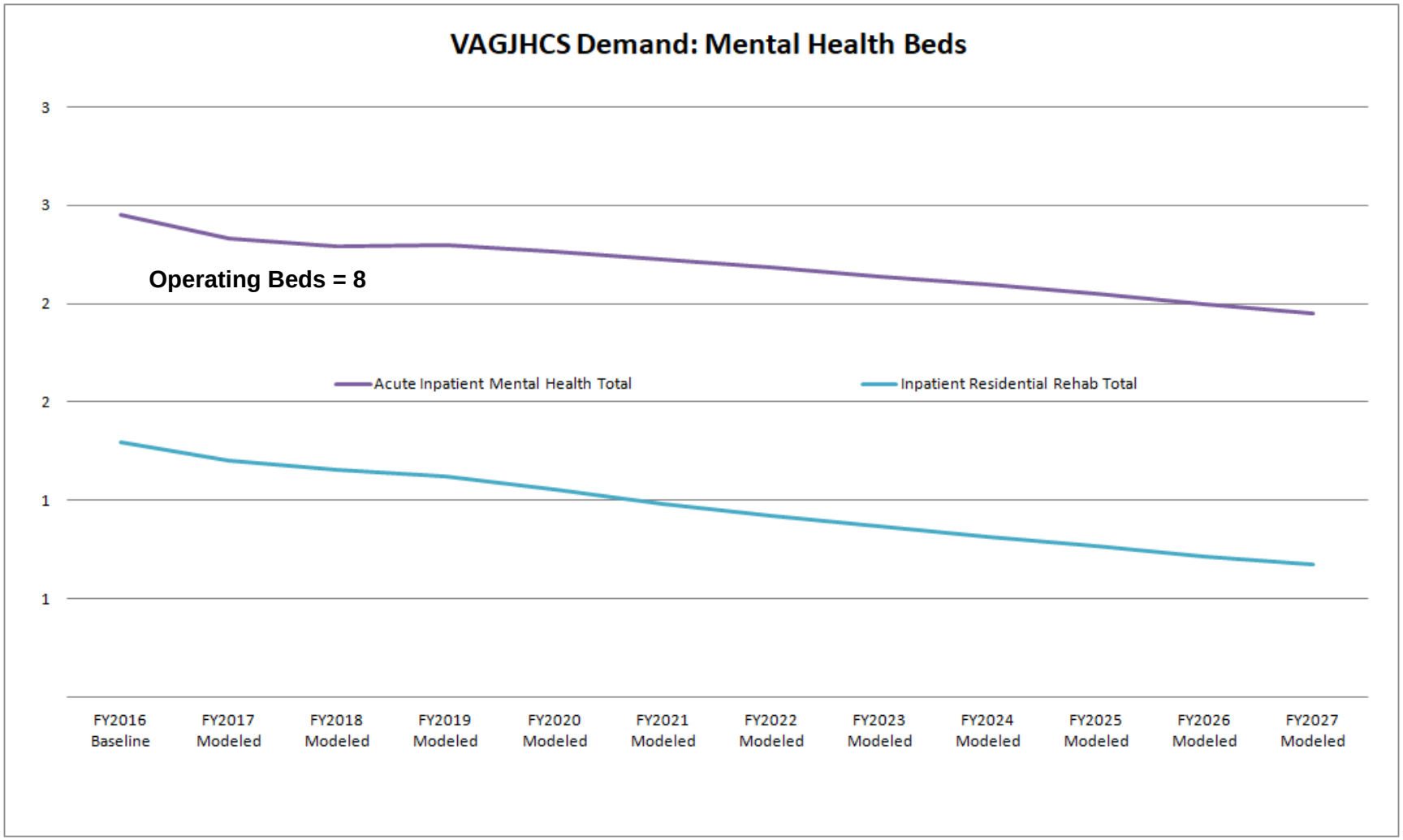
Mental Health Bed Demand



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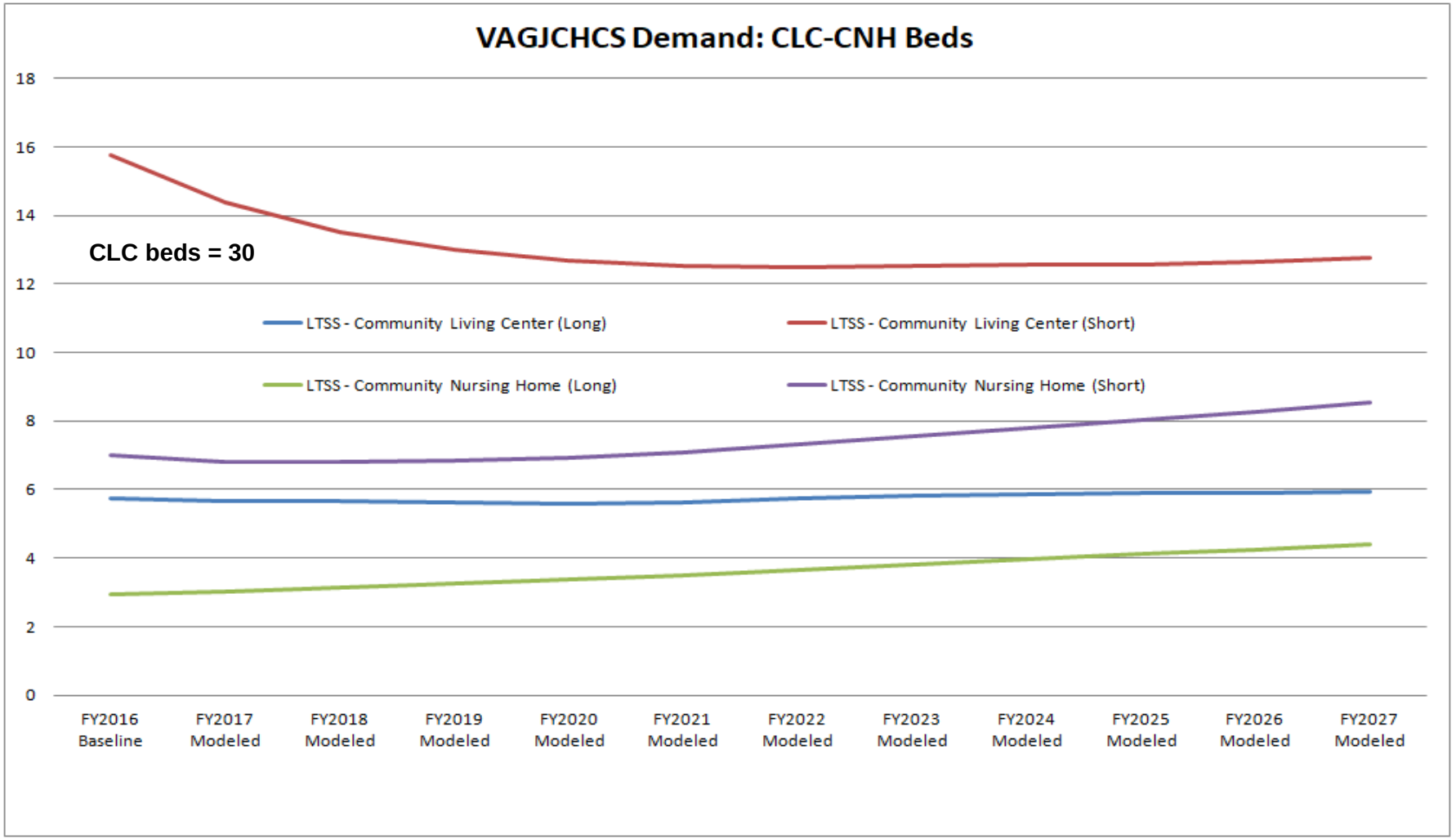
Long-Term Care Bed Demand



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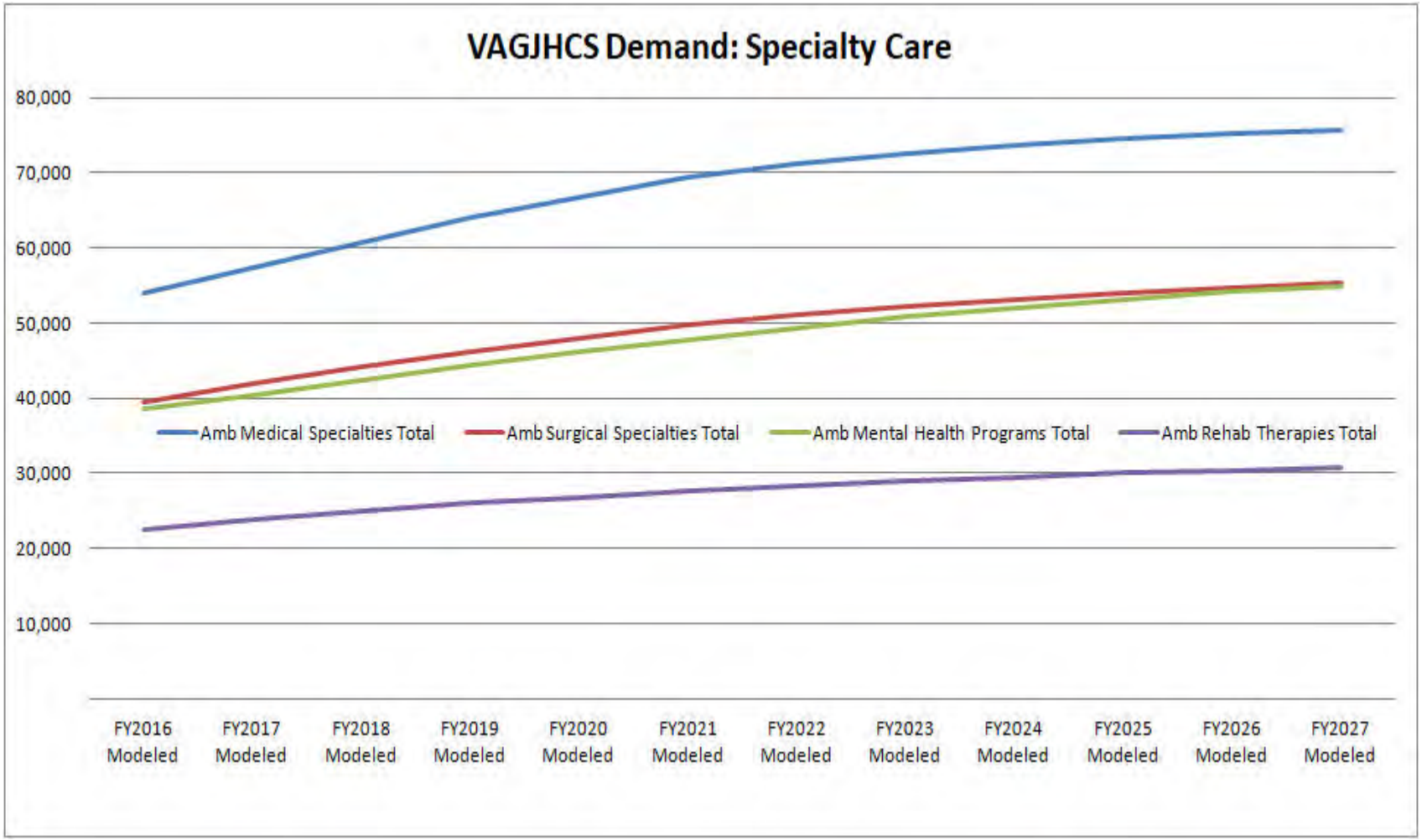
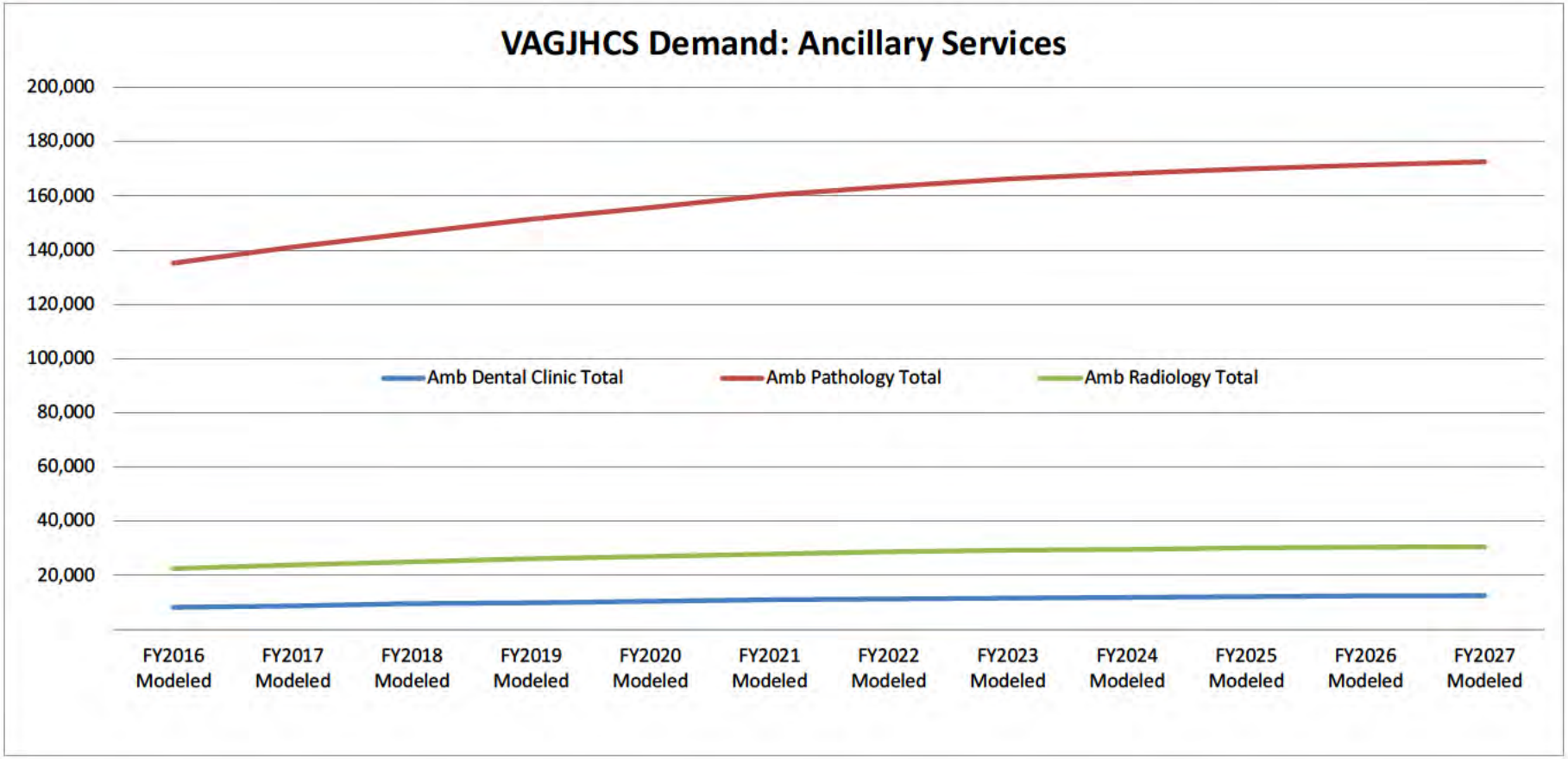
Ambulatory Specialties Demand



Demand for Ancillary Services



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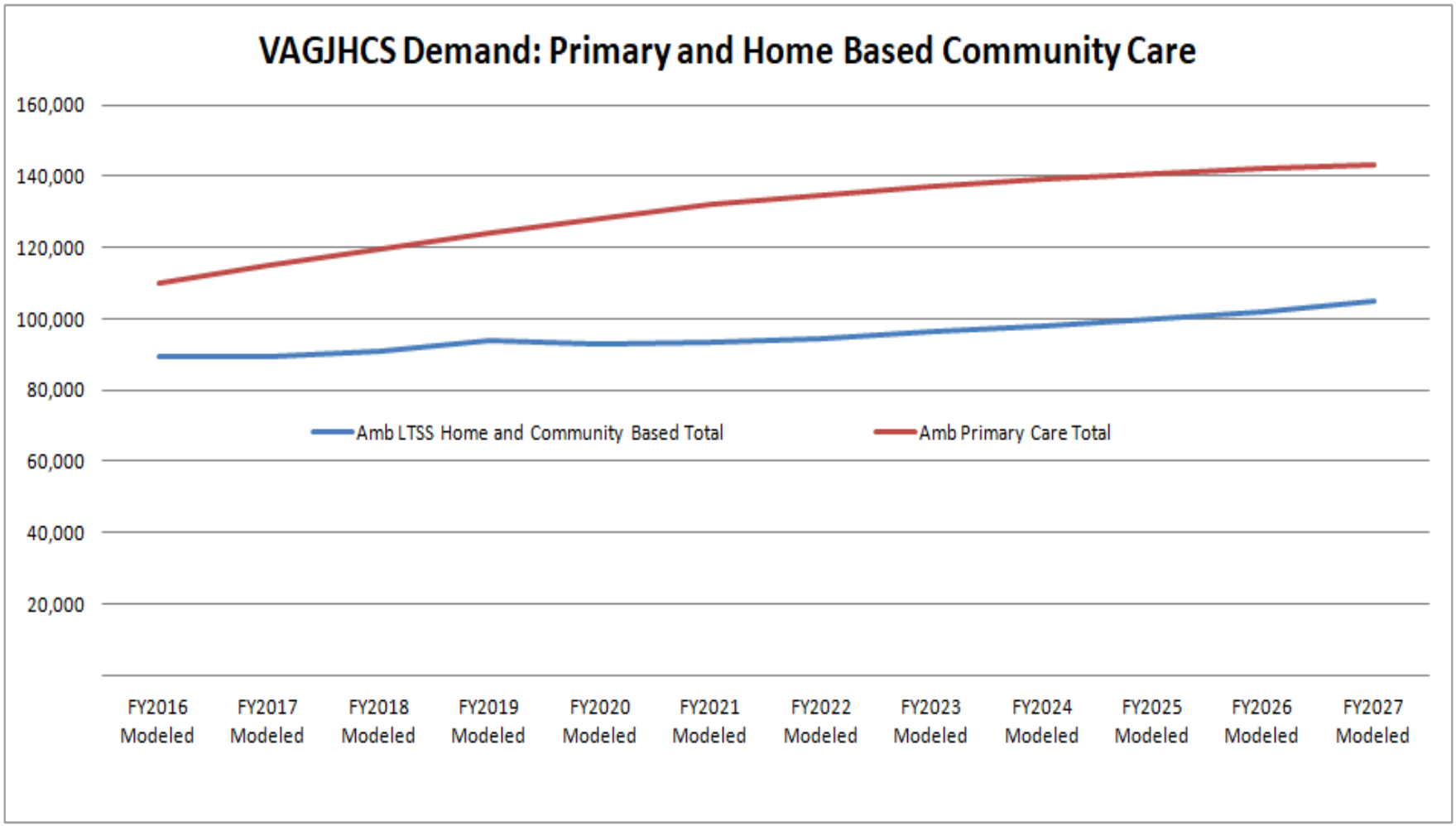
Demand for Primary & Community Based Care



Ambulatory Capacity

FY 2017 Physician Capacity Report for (4V19) (575) Grand Junction, CO HCS

Physician Specialties	CURRENT Provider Workload, Workforce & Productivity Performance								Productivity Expectations	Potential Capacity based on CURRENT Workforce		
(Click to go to SPARQ Tool)	RVU Output	# Unique Patients	RVUs per Unique Patient	Total Clinical FTE	Adjusted Clinical FTE	Imputed Fee & Contract FTE	Productivity	SPARQ Quadrant	Productivity Standard for MCG=2 Facilities	Potential Additional RVU Capacity	% Increase in Current RVU Capacity	Potential Increase in # Unique Patients
Cardiology	4,769	1,856	2.60	0.64	0.48	0.16	7,542	2 - Under Resourced	4,508	0	0 %	0
Critical Care / Pulmonary Disease	1,082	404	2.70	0.41	0.41	0.00	2,647	4 - Over Resourced	3,814	477	44 %	177
Internal Medicine	27,612	8,938	3.10	9.28	8.33	0.96	2,943	2 - Under Resourced	2,760	0	0 %	0
Neurology	2,734	732	3.70	0.82	0.64	0.19	3,056	3 - Inefficient	3,180	102	4 %	28
Orthopaedic Surgery	7,911	1,347	5.90	1.68	1.68	0.00	4,701	4 - Over Resourced	5,076	631	8 %	107
Physical Medicine & Rehabilitation	310	83	3.70	0.18	0.18	0.00	1,360	N/A	2,550	214	69 %	58
Podiatry	8,138	2,583	3.20	1.62	1.62	0.00	5,033	1 - Optimized Practice	3,911	0	0 %	0
Psychiatry	11,157	1,341	8.30	3.59	3.57	0.02	3,107	4 - Over Resourced	3,634	1,890	17 %	228
Psychology	18,195	1,397	13.00	7.87	7.87	0.00	2,312	4 - Over Resourced	2,242	0	0 %	0
Surgery	11,020	2,078	5.30	3.22	3.22	0.00	3,407	4 - Over Resourced	3,664	828	8 %	156
Urology	5,218	1,459	3.60	1.45	1.45	0.00	3,588	4 - Over Resourced	3,512	0	0 %	0

Primary Care Capacity

Division	Panel Size	Capacity Team Modeled Capacity	Support Staff Ratio To Direct FTE	Direct FTE	Indirect FTE	Primary Care Provider FTE
(4V19) (575) Grand Junction, CO	9,351	9,221	2.92	11.15	36.01	11.15
(4V19) (575GA) Montrose, CO	1,571	1,493	3.25	1.60	5.20	1.60
(4V19) (575GB) Craig, CO (Major William Edward	374	374	2.33	0.30	0.70	0.30
(4V19) (575QA) Glenwood Springs, CO	488	359	6.33	0.30	1.90	0.30
(4V19) (575QB) Moab, UT	285	300	2.40	0.25	0.60	0.25

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Acute Care Cost & Utilization Comparison

Station	Treating Specialty Service	FY17 Avg LOS Adj for Case Mix	FY17 Avg Total Cost/Discharge Adj for Case Mix
575 GRAND JUNCTION	**Medicine**	4.0	$ 17,620
	Psychiatry	4.9	$ 18,253
	Surgery	3.0	$ 14,250
Comparison Group Avg	**Medicine**	**4.5**	**15,647**
	Psychiatry	**6.7**	**23,515**
	Surgery	**3.5**	**15,193**
405 WHITE RIVER JUNCTION	**Medicine**	5.1	$ 17,876
	Psychiatry	8.7	$ 20,427
	Surgery	4.4	$ 19,150
504 AMARILLO VA HCS	**Medicine**	4.4	$ 14,414
	Psychiatry		
	Surgery	4.5	$ 11,581
517 BECKLEY	**Medicine**	4.3	$ 9,145
	Psychiatry		
	Surgery	1.6	$ 5,590
540 CLARKSBURG	**Medicine**	4.9	$ 13,767
	Psychiatry	6.1	$ 19,442
	Surgery	3.6	$ 12,252
568 VA BLACK HILLS HCS	**Medicine**	4.0	$ 16,599
	Psychiatry	5.1	$ 24,761
	Surgery	3.9	$ 16,478
442 CHEYENNE	**Medicine**	4.2	$ 10,012
	Psychiatry		
	Surgery	3.1	$ 6,066

Amb. Cost & Utilization Comparison

Facility	Planning Category Group	FY17 ARC Cost/Unit	FY17 ARC Cost/Unique Pt	FY17 Outpt Stops/Unique Pt
575 GRAND JUNCTION	8 Primary Care	$287	$720	2.5
	9 Specialty Clinics	$332	$2,016	6.1
	10 Mental Health Clinics	$247	$1,656	6.7
	11 Diagnostic	$128	$658	5.1
	12 Ancillary/Support Clinics	$307	$2,073	6.8
	14 VA Home Care	$292	$10,303	35.2
Comparison Facilities	8 Primary Care	271	756	2.8
	9 Specialty Clinics	337	1,966	5.9
	10 Mental Health Clinics	196	2,247	12.2
	11 Diagnostic	121	699	5.9
	12 Ancillary/Support Clinics	279	1,637	5.8
	14 VA Home Care	541	12,046	22.2

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Plan4 Healthcare

Key UM Trends

Measure	Facilities	FY15	FY16	FY17
%Acute Admission Reviews Meeting Criteria	(1V01) (405) White River Junction, VT HCS	87.4%	78.2%	79.1%
	(4V17) (504) Amarillo, TX HCS	81.1%	84.3%	84.0%
	(1V05) (517) Beckley, WV HCS	73.2%	64.7%	80.5%
	(1V05) (540) Clarksburg, WV HCS	71.0%	75.9%	77.3%
	(3V23) (568) Black Hills, SD HCS	86.0%	86.2%	85.7%
	(4V19) (442) Cheyenne, WY HCS	93.1%	93.7%	87.7%
	(4V19) (575) Grand Junction, CO HCS	**67.7%**	**64.3%**	**70.1%**
	Comparison Grp Avg.	**82.0%**	**80.5%**	**82.4%**
% Continued Stay Reviews Meeting Criteria	(1V01) (405) White River Junction, VT HCS	70.7%	59.1%	63.8%
	(4V17) (504) Amarillo, TX HCS	74.9%	85.1%	81.4%
	(1V05) (517) Beckley, WV HCS	63.5%	50.6%	75.1%
	(1V05) (540) Clarksburg, WV HCS	53.4%	64.0%	63.0%
	(3V23) (568) Black Hills, SD HCS	80.3%	80.8%	74.6%
	(4V19) (442) Cheyenne, WY HCS	87.2%	86.7%	78.0%
	(4V19) (575) Grand Junction, CO HCS	**74.1%**	**59.5%**	**65.6%**
	Comparison Grp Avg.	**71.7%**	**71.1%**	**72.7%**

Measure	Facilities	FY15	FY16	FY17
30-Day All Cause Readmission Rate	(1V01) (405) White River Junction, VT HCS	14.3	12.6	14.4
	(4V17) (504) Amarillo, TX HCS	9.3	10.3	10.3
	(1V05) (517) Beckley, WV HCS	14.6	15.3	15.1
	(1V05) (540) Clarksburg, WV HCS	14.0	12.1	11.4
	(3V23) (568) Black Hills, SD HCS	8.7	11.6	12.8
	(4V19) (442) Cheyenne, WY HCS	9.4	9.2	9.6
	(4V19) (575) Grand Junction, CO HCS	**9.5**	**9.2**	**9.1**
	Comparison Grp Avg.	**11.7**	**11.9**	**12.3**
ACSC Observed Over Expected Ratio	(1V01) (405) White River Junction, VT HCS	1.38	1.21	1.22
	(4V17) (504) Amarillo, TX HCS	1.26	0.95	1.06
	(1V05) (517) Beckley, WV HCS	1.20	1.15	1.18
	(1V05) (540) Clarksburg, WV HCS	1.05	1.01	0.92
	(3V23) (568) Black Hills, SD HCS	0.96	1.11	0.99
	(4V19) (442) Cheyenne, WY HCS	1.01	0.85	1.00
	(4V19) (575) Grand Junction, CO HCS	**1.32**	**1.16**	**1.09**
	Comparison Grp Avg.	**1.14**	**1.05**	**1.06**

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Plan4 Healthcare

Non-VA Care: Inpatient Top DRGs

(4V19) (575) Grand Junction, CO HCS	FY15			FY16			FY17		
PricerDRG	Disbursed Amt	Volume	Unique Patients	Disbursed Amt	Volume	Unique Patients	Disbursed Amt	Volume	Unique Patients
O (0) Unknown	$3,787,000	78,633	630	$3,194,849	54,627	536	$2,617,651	41,839	495
N (460) Spinal fusion except cervical w/o MCC	$575,059	71	19	$445,316	69	15	$450,771	47	15
N (853) Infectious & parasitic diseases w O.R. procedure w MCC	$140,537	62	4	$216,758	64	5	$523,360	208	10
N (247) Perc cardiovasc proc w drug-eluting stent w/o MCC	$219,784	37	16	$203,918	30	11	$322,583	49	21
N (329) Major small & large bowel procedures w MCC	$280,859	75	8	$194,836	69	5	$78,840	31	2
N (495) Local excision & removal int fix devices exc hip & femur w MCC	$25,596	4	1	$145,406	51	1			
N (64) Intracranial hemorrhage or cerebral infarction w MCC	$12,580	5	1	$144,959	60	4	$26,380	12	2
N (871) Septicemia w/o MV 96+ hours w MCC	$114,550	57	10	$139,507	48	10	$213,334	106	16
N (3) ECMO or trach w MV 96+ hrs or PDX exc face, mouth & neck w maj O.R.	$786,850	223	5	$137,173	40	1	$338,250	90	2
N (4) Trach w MV 96+ hrs or PDX exc face, mouth & neck w/o maj O.R.	$78,556	12	1	$135,403	50	1	$164,290	22	2
N (235) Coronary bypass w/o cardiac cath w MCC	$84,676	18	2	$131,459	32	3	$43,363	4	1
N (473) Cervical spinal fusion w/o CC/MCC	$141,614	18	8	$117,871	19	7	$17,305	5	1
N (233) Coronary bypass w cardiac cath w MCC	$106,431	16	2	$109,981	11	2	$38,719	10	1
N (330) Major small & large bowel procedures w CC	$271,452	115	15	$108,308	33	7	$69,040	15	4
N (837) Chemo w acute leukemia as sdx or w high dose chemo agent w MCC				$96,397	9	1	$48,143	4	1
N (847) Chemotherapy w/o acute leukemia as secondary diagnosis w CC				$87,822	48	4	$5,857	3	1
N (234) Coronary bypass w cardiac cath w/o MCC				$79,577	27	2	$112,553	22	3
N (220) Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC	$37,678	5	1	$76,356	12	2	$135,298	28	3
N (218) Cardiac valve & oth maj cardiothoracic proc w card cath w/o CC/MCC				$76,154	14	1			
N (163) Major chest procedures w MCC	$36,430	10	1	$74,969	28	2	$82,315	17	2
N (236) Coronary bypass w/o cardiac cath w/o MCC	$27,470	5	1	$74,944	18	3	$29,218	4	1
N (207) Respiratory system diagnosis w ventilator support 96+ hours				$73,562	45	2	$40,182	8	1
N (483) Major joint & limb reattachment proc of upper extremity w CC/MCC	$257,735	13	8	$73,446	3	2	$18,121	1	1
Total	**$ 12,573,800**	**81,399**	**1,127**	**$ 10,088,789**	**56,966**	**929**	**$ 9,589,941**	**43,922**	**880**

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Non-VA Care: Outpatient Top CPTs

(4V19) (575) Grand Junction, CO HCS	FY15		FY16		FY17	
CPT	Disbursed Amt	Volume	Disbursed Amt	Volume	Disbursed Amt	Volume
(G0156) HHCP-SVS OF AIDE,EA 15 MIN	$3,579,811	581,022	$3,794,596	576,403	$3,314,784	498,630
(G0299) HHS/HOSPICE OF RN EA 15 MIN			$1,008,454	25,558	$1,233,406	31,789
(90999) DIALYSIS PROCEDURE	$1,036,077	4,829	$967,354	4,173	$1,000,118	4,211
(Q5001) HOSPICE IN PATIENT HOME	$530,503	3,513	$552,914	3,686	$579,997	3,645
(99456) DISABILITY EXAMINATION	$451,816	1,258	$548,030	1,597	$42,840	117
(J9310) RITUXIMAB CANCER TREATMENT	$625,253	864	$510,054	671	$149,231	182
(G0154) HHCP-SVS OF RN,EA 15 MIN	$1,340,162	40,413	$401,293	10,991		
(C9399) UNCLASSIFIED DRUGS OR BIOLOG			$236,970	52	$3,884	18
(G0162) HHC RN E&M plan svs, 15 min	$167,633	7,021	$218,117	6,463	$202,138	6,390
(J2505) INJECTION, PEGFILGRASTIM 6MG	$96,683	28	$207,595	54	$87,777	21
(99285) EMERGENCY DEPT VISIT	$175,089	437	$189,479	426	$235,683	488
(78815) TUMORIMAGE PET/CT SKUL-THIGH	$174,224	246	$187,312	266	$118,730	160
(99284) EMERGENCY DEPT VISIT	$156,030	492	$168,269	524	$180,644	502
(77385) NTSTY MODUL RAD TX DLVR SMPL	$153,560	302	$162,547	316	$127,741	254
(J9047) INJECTION, CARFILZOMIB, 1 MG	$123,037	2,400	$158,423	3,120	$144,576	2,580
(96413) CHEMO, IV INFUSION, 1 HR	$117,146	405	$144,229	506	$78,294	235
(77386) NTSTY MODUL RAD TX DLVR CPLX	$57,728	129	$129,132	254	$127,857	248
(J9035) BEVACIZUMAB INJECTION	$70,991	951	$124,589	1,700	$196,931	2,662
(G0300) HHS/HOSPICE OF LPN EA 15 MIN			$124,275	2,634	$114,849	3,487
(J9055) CETUXIMAB INJECTION	$178,877	3,340	$118,330	5,580	$44,355	785
(99283) EMERGENCY DEPT VISIT	$103,072	509	$110,900	534	$94,301	425
(A0427) ALS1-EMERGENCY	$72,871	108	$109,263	135	$96,797	111
(77412) RADIATION TREATMENT DELIVERY	$121,315	625	$108,046	551	$36,408	173
(92014) EYE EXAM & TREATMENT	$123,195	1,233	$105,801	870	$57,668	455
(J9299) INJECTION, NIVOLUMAB			$97,914	3,841	$86,167	3,280
(S5102) ADULT DAY CARE PER DIEM	$78,662	1,317	$95,070	1,919	$88,200	1,455
Total	**$ 20,094,395**	**1,042,813**	**$ 16,096,429**	**988,650**	**$ 14,962,114**	**780,215**

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Choice Top Categories

Category of Care	Invoice Count	Authorization Count	Amount Paid
Unknown	28	12	$3,799
ACUPUNCTURE	8	6	$1,541
ALLERGY AND IMMUNOLOGY	4	3	$201
AUDIOLOGY	3	2	$689
CARDIOLOGY IMAGING	1	1	$1,011
CARDIOLOGY REHAB	1	1	$1,199
CARDIOLOGY TESTS, PROCEDURES, STUDIES	4	4	$2,787
CHIROPRACTIC	71	46	$4,542
DERMATOLOGY	13	12	$4,765
DERMATOLOGY TESTS, PROCEDURES, STUDIES	1	1	$1,126
ENT	21	16	$5,229
ENT, TESTS PROCEDURES, STUDIES	3	3	$1,266
GASTROENTEROLOGY	11	9	$9,470
GASTROENTEROLOGY TESTS, PROCEDURES, STUDIES	1	1	$188
HEMATOLOGY/ONCOLOGY	2	2	$123
INFECTIOUS DISEASE	2	1	$283
INPATIENT	2	2	$41,419
LAB AND PATHOLOGY	1	1	$2,547
MEDICINE NOS	4	4	$301
MENTAL HEALTH	4	2	$286
NEUROLOGY	13	13	$3,831
NEUROLOGY TESTS, PROCEDURES, STUDIES	2	1	$264
NEUROSURGERY	1	1	$168
NUCLEAR MEDICINE	12	11	$4,637
OBSTETRICS	1	1	$3
OPHTHALMOLOGY	82	75	$19,465
OPHTHALMOLOGY TESTS, PROCEDURES, STUDIES	13	12	$3,691
OPTOMETRY	71	69	$9,337
ORTHOPEDIC	20	18	$8,137
ORTHOPEDIC TESTS, PROCEDURES, STUDIES	3	2	$133
PAIN MANAGEMENT	42	34	$5,843
PHYSICAL THERAPY	189	71	$18,982
Total	**697**	**493**	**$187,441**

Timeliness Performance Metrics

VAGJHCS SAIL 2017Q4 Access/Waiting Time Metrics

Measure	Measure Unit	Preferred Direction	GJ	Benchmark
Access				
1. PCMH / Specialty Care Access questions				
a. PCMH timely appointment, care and information	wct %	↑	52.315	61.415
b. Specialty Care timely appointment, care and information	wct %	↑	49.924	58.399
c. Days Waited for Urgent Appointment (PCMH)	wct %	↑	36.662	50.307
2. Wait times				
a. Primary care new patient wait time <=30 days from create date	%	↑	54.954	93.696
b. Specialty care new patient wait time <=30 days from create date	%	↑	83.021	86.111
c. Mental health care new patient wait time <=30 days from create	%	↑	97.468	97.222
3. Call center responsiveness				
a. Call center speed in responding to calls in seconds	seconds	↓	102.377	20.719
b. Call center abandonment rate	%	↓	9.927	2.604

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Plan4 Healthcare

Next Steps

- Collect input from all Focus Groups
- Prepare report for ELT summarizing feedback
- Develop recommended Goals and Initiatives
- Hold Planning Event to review, prioritize, and select Goals/Initiatives
- Where needed, establish Initiative Teams
- Utilize Goals and Initiatives to inform FY 19 Business Planning

Guide to Government Ethics

Summary of the Laws and Rules for VA Employees

Department of Veterans Affairs
Office of General Counsel
Ethics Specialty Team

(202) 461-6000
GovernmentEthics@va.gov

April 2015

Contents

Are You Facing a Government Ethics Dilemma?

Seek Advice Before You Act

This guide provides a brief summary of the ethics laws and rules applicable to you as a Federal employee at the Department of Veterans Affairs. While the guide itself provides *general* guidance, it does not cover every nuance and is not a substitute for seeking advice from an OGC Deputy Ethics Official.

An OGC Deputy Ethics Official can provide you safe harbor – no administrative sanctions may be taken against you if you fully disclose the facts and rely on the advice of one of OGC's Deputy Ethics Officials, whom you may reach using the contact information below.

For Government Ethics Advice Contact

GovernmentEthics@va.gov or (202) 461-6000 or (202) 461-7694

The 14 General Principles

These principles form the foundation of Government Ethics, and are the basis of the "Standards of Ethical Conduct for Employees of the Executive Branch," also known as the "Standards of Conduct."

DOs	DON'Ts
• Place loyalty to the Constitution, the laws, and ethical principles above private gain. • Put forth an honest effort in performing your duties. • Act impartially with no unauthorized preferential treatment for private organizations or individuals. • Protect and conserve Federal property and other resources. • Disclose waste, fraud, abuse, and corruption to appropriate authorities. • Satisfy your obligations as citizens, including paying your taxes. • Obey laws providing Equal Opportunity regardless of race, color, religion, sex, national origin, age, or handicap.	• Don't hold financial interests that conflict with the performance of official duty. • Don't use nonpublic information to further any private interest. • Don't solicit or accept gifts from sources doing business with, or otherwise seeking action from, VA or gifts given because of official position. • Don't purport to bind the Government if you do not have authority to do so. • Don't use your public office for private gain. • Don't take actions that give the appearance that you are violating the law or ethical standards. • Don't engage in outside activities that conflict with your duties.

Summary of the Criminal Conflict of Interest Laws

U.S. Code	Summary
18 U.S.C. 201 *Bribery*	Prohibits public officials from seeking, receiving, or agreeing to accept anything of value for themselves or others in return for being influenced in an official act.
18 U.S.C. 203 *Representation*	Bars employees from seeking or accepting compensation for representing another before a Federal Department, agency or court in matters in which the U.S. is a party or has a substantial interest; or receiving money based on anyone else's representation.
18 U.S.C. 205 *Representation*	Forbids employees, with or without compensation, from representing another before a Federal Department, agency, or court in matters where the U.S. is a party or has a substantial interest.
18 U.S.C. 207 *Post-Government Employment*	Places certain restrictions on representing others before the Federal Government after leaving its employment.
18 U.S.C. 208 *Financial Conflict* *of Interest*	Bars an employee from participating personally and substantially in an official capacity in any particular matter that would have a direct and predictable effect on the employee's own financial interest or the financial interest of certain others.
18 U.S.C. 209 *Illegal Supplementation* *of Salary*	Prohibits employees from receiving any salary, or contribution to or supplementation of salary, from any source other than the U.S. or the treasury of a State, county or municipality, as compensation for services as a Government employee.

Summary of the Standards of Conduct

Gifts

Gifts From Outside Sources

You may not solicit or accept a **gift** given:

- Because of your official position, or
- By a **prohibited source**

unless there is an exception to the rule that would allow acceptance. However, it is never inappropriate and frequently prudent for a Federal employee to decline such a gift.

A **gift** is an item of monetary value given freely with nothing given in return.

Items that are not considered gifts and *which you may therefore accept*:

- *Modest* food or refreshments, but not a meal
- Greeting cards and presentation items of little intrinsic value – e.g. plaques and certificates
- Loans from banks on terms available to the public
- Opportunities and benefits available to the public or to all Government employees or all military personnel
- Rewards and prizes given to competitors in contests or events open to the public, unless you were required to enter event as part of official duty
- Anything for which you paid fair market value

Anything paid for by the Government or secured under Government contract is not considered a gift, but belongs to VA. For example, if you use your VA purchase card to buy copy paper and it is on sale as “buy 2, get 1 free,” you may not keep the free ream of paper. It belongs to VA.

A **prohibited source** is a person, entity, or organization where a majority of the members seek official action from or seek or do business with VA, or has interests that can be affected by the performance or non-performance of your duties.

The three big classes of prohibited sources at VA are:

- Veterans
- Vendors
- Veteran Service Organizations (VSOs)

Jonathan is a nurse at the Smallville VA Medical Center. One of his long-term patients, a Vietnam Veteran, has just been discharged from the medical center and wants to give Jonathan a thank-you gift of two tickets, valued at $50 each, to a rock concert.

Jonathan may not accept the tickets because the patient is a prohibited source and is giving the gift because of Jonathan's official position.

Chris is a senior employee in VBA. He attends an IT conference where he meets many vendors. While talking to one vendor, Chris indicates that he is a senior VA employee. The vendor later offers Chris a leather folio case, complete with the logo of the company, although Chris notices that others are given a cloth case.

Chris may not accept the gift because it is given because of his official position.

Exceptions

You may accept a gift that is otherwise prohibited if the gift is:

- Valued at $20 or less per occasion, but no more than $50 in gifts from one source in a calendar year
- From someone with whom you have a close, personal relationship
- Certain discounts and similar benefits:
  - Reduced membership in an organization given to all Federal employees
  - Opportunities and benefits to members where membership is unrelated to Government employment – e.g. travel discounts to members of travel organization
  - Opportunities and benefits offered to organization where membership is related to Government service (e.g. employee association), but same deal is broadly offered to other non-Government-related organizations
  - Opportunities and benefits offered by non-**prohibited source** to group/class that does not discriminate among Government employees on basis of responsibility, rank, or pay (e.g. offer to only SES employees does not fit within this exception)
- Based on your or your spouse's outside activities
- Free attendance, on day of speech, at a conference or event at which you are speaking in official capacity
- Free attendance at a Widely Attended Gatherings (WAG), when there is a determination by VA that your attendance is in VA's interest, you attend in your personal capacity, and

the gathering is found to be attended by persons with a diversity of views or interests. If the donor is other than the sponsor of the event, additional rules apply – seek advice.

- Social invitations from other than a **prohibited source**

> Carol, a VA clinician, may accept a birthday present from her best friend, even though the friend now works for BigDrugCo pharmaceutical company, a **prohibited source**.

Gifts From a Foreign Government

Under the Foreign Gifts and Decorations Act, you may accept gifts from a foreign government or governmental entity if the value of the gift is below the "minimal value" – $375 as of January 2014 – and provided that the gift is approved by your supervisor.

Curing Improper Acceptance of a Prohibited Gift

- Return the gift
- Pay fair market value
- Have VA accept the gift

The employee who, on his own initiative (which includes seeking advice from a Deputy Ethics Official and following that advice), promptly cures a prohibited gift is deemed not to have accepted the gift.

REMEMBER: You shall not:

- Accept a gift in return for being influenced in the performance of official duty
- Solicit or coerce the offering of a gift
- Accept gifts on so frequent a basis as to lead a reasonable person to believe that you are using your public office for private gain

Gifts Between Employees

In general, an employee may not give a gift to, or make a donation toward a gift for, the employee's official superior. Nor may an employee accept a gift from an employee receiving less pay unless they are not in a superior-subordinate relationship AND there is a personal relationship to justify the gift.

There are two general exceptions that allow a superior or person earning more pay to accept an otherwise prohibited gift:

1. **Occasional Basis** – when gifts are traditionally given (e.g. birthday, holiday)

    - No cash
    - Aggregate value of $10 or less
    - No group gift
    - Food and refreshments shared in the office permitted
    - Personal hospitality provided at a residence of a type and value customarily provided by the employee to personal friends permitted
    - Hospitality gift permitted provided of appropriate type and value customarily given

2. **Special, Infrequent Occasions** – those in recognition of infrequently occurring occasions of personal significance such as marriage, illness, birth/adoption of a child, or upon occasions that terminate the subordinate-supervisor relationship such as retirement, resignation, or transfer

    - Group gift permitted – must be appropriate to the occasion
    - Soliciting for contributions to gift permitted
    - Contributions must be *voluntary* – both whether to give/how much to give
    - Food and refreshments shared in office permitted

> Bruce wants to solicit his fellow employees for donations to an office holiday present for the boss.
>
> However, he may not do so, because no group gift may be solicited or given to a supervisor for birthdays, holidays, or other similar occasions.

> Maggie may take a bottle of wine to a dinner at her boss's house. However, the value of the wine must be similar to what she customarily spends on wine as a hospitality gift.
>
> Mark is the supervisor in his office. He wants to give an office gift to his boss, who is retiring.
>
> While a gift from the office is permitted on this occasion, Mark may not solicit donations from his subordinates because to do so is inherently coercive and the donations could never be truly voluntary. However, the solicitation may be conducted by a lower-level employee.

Conflict of Interest

You are prohibited from participating personally and substantially as part of official duty in a particular matter that has a direct and predictable effect on your financial interest or the financial interest of certain others:

- Your spouse
- Your minor child
- Your general partner
- Entity you serve as officer, director, trustee, general partner, or employee
- Entity with which you are negotiating or have an agreement for future employment

If you think you are facing a conflict of interest, *seek advice* from an OGC Deputy Ethics Official *before you act*.

> Joan sits on the Board of Directors of a professional society. She may not participate in official VA decisions regarding whether to send VA employees to that society's annual conference (for which VA pays a fee for each attendee), nor may she participate in decisions regarding travel or registration fees for that conference.

> Bill has a VA purchase card. He also owns a small gas station/convenience store. He may not purchase anything for VA from his store.

Impartiality in Performing Official Duties

You must remain impartial in your official duties. Do NOT participate in an official matter if it will:

- affect the financial interest of a member of your household, OR
- involve someone with whom you have a **covered relationship**

if a reasonable person with knowledge of the facts would question your impartiality. To do otherwise gives the appearance that your official actions are done to benefit yourself or someone close to you rather than being done objectively.

You have a **covered relationship** with:

- an entity with whom you have a business relationship (other than a routine consumer transaction)
- members of your household
- any person with whom your spouse, dependent child, or parent is, to your knowledge, serving/seeking to serve as officer, director, trustee, general partner, agent, attorney, consultant, contractor, or employee
- any person you have served in the last year as officer, director, trustee, general partner, agent, attorney, consultant, contractor, or employee
- an organization where you are an active participant (such as head of a sub-committee) – more than mere membership

Edie is a VA researcher who, up until three months ago, was paid to be on the speaker's bureau of a small device manufacturing company. Edie now wants to conduct VA research sponsored by that company. Edie has a "covered relationship" with the company because she was a consultant/contractor to the company within the past year. Edie needs an authorization from a VA "agency designee" – her facility director in this instance – to participate in this study. The agency designee must make an independent determination of whether a reasonable person would question her impartiality in the matter.

Misuse of Position

You may not use, or permit the use of, your official position, title, or authority to coerce anyone to provide any benefit to yourself or others. For example, you may not call a vendor and say you are a VA official and then ask if the company has any job openings for your son.

You may not give the impression that VA endorses or sanctions the outside activities of any individual or organization except in furtherance of statutory authority. For example, you cannot use your photo with your VA title on the website of the organization where you sit on the Board of Directors in your personal capacity.

You may not use VA nonpublic information to further your own financial interest or that of another.

You must protect and conserve official resources. You may not use official resources for personal activities unless it results in no, or minimal, added cost to the Government, EXCEPT you may never use VA resources for the benefit of an outside commercial activity.

You must provide an honest day's work.

> George has his own alternative rock band. He wants to use his VA phone to call the bar where he has a gig that weekend to discuss their sound equipment. However, George may not use any VA equipment, including phone and email, even during his lunch hour or after work, for the benefit of his outside commercial activity.

Outside Activities

VA does not require you to seek permission before engaging in outside activities. However, you may not participate in activities outside of the Government that would cause you to have to disqualify yourself from VA matters so crucial to your job that performance of your duties is materially impaired.

Teaching, Speaking, or Writing

You may not accept compensation (including honoraria) for teaching, speaking, or writing that relates to official duty. An activity relates to official duties if:

- undertaken as part of official duties
- the circumstances indicate you were invited primarily because of your official position rather than your expertise
- the invitation was from someone who can be affected by the performance or non-performance of your official duties
- information conveyed draws substantially from VA nonpublic information
- the subject of the activity deals in significant part with:
  - any matter to which you are presently assigned or were assigned within the past year, or
  - any ongoing or announced policy, program, or operation of VA

> Jim, a Cemetery Caretaker at NCA, may speak at the local rotary club on "National Cemeteries – an Insider's Look at Paying Respect to Those Who Served Our Nation." However, he may not receive an honorarium because the speech relates to his current VA duties.

Fundraising

You may engage in fundraising in your personal capacity outside of VA provided you do not personally solicit funds from a subordinate or knowingly solicit funds from a prohibited source.

The Combined Federal Campaign is the only authorized solicitation of funds from employees in the Federal workplace on behalf of charitable organizations.

Partisan Political Activities – Hatch Act

"Political Activity" is activity directed toward the success or failure of a political party, candidate for partisan political office, or partisan political group.

Federal employees **may not**:

- Use official authority or influence to affect the result of an election
- Solicit or accept political contributions
- Be a candidate for partisan public office
- Encourage or discourage political activity of anyone who has business before your VA office

Most Federal employees may, in their personal capacities, engage in partisan political activities EXCEPT when they are:

- On duty
- In any Federal room or building
- Using a Government vehicle
- Wearing an official uniform or Government badge

Career SES are never allowed to engage in partisan political management or campaigning.

Seek advice from an OGC Deputy Ethics Official if you have any questions about the Hatch Act.

> Purnima received an email on her VA computer entitled "Our Party – Thinking Ahead to the Next Election." The body of the email requested donations to the particular political party. Although she cannot prevent someone from sending her the email, she knows not to forward the email because it is directed toward the success or failure of a political party, and Purnima also knows she may never solicit political contributions.

Seeking Employment and Post-Government Employment

You may not participate in official VA matters that will affect the financial interest of an entity with which you are seeking, negotiating, or have an agreement for future employment.

The post-Government ethics rules do not prohibit you from getting any particular job, although there are situations in which the Procurement Integrity Act prohibits Federal employees from receiving compensation from certain companies involved in procurements over $10 million if the employee had certain duties relating to the procurement at VA. If you were involved in procurements over $10 million, seek advice.

After you leave Federal service, the criminal ethics laws limit your ability to make certain communications or appearances before a Federal agency or Federal court. Seek advice to learn which rules may apply to you.

Even after you leave Federal service, you may seek ethics advice from VA on post-Government issues.

New ESWL procedure request process

BLUF: When a [redacted] provider determines that an ESWL procedure needs to be performed on a Vet in our facility, we are required to have a VA Urologist who does not have a vested interest in [redacted] review that request and document that they concur with the evaluation and that the EWSL procedure is the appropriate form of treatment.

BACKGROUND: An OIG complaint was filed a few months ago alleging that, because we were renting the ESWL equipment from them, the [redacted] providers were performing ESWL procedures on Veterans in our facility unnecessarily. I.e. these procedures were being performed unnecessarily for the financial gain of [redacted]. As part of the response back to the OIG the facility was required to implement a process that ensured these procedures were performed appropriately.

The new process moving forward:

When a [redacted] provider requests an ESWL procedure be performed here in our facility BEFORE that procedure can be performed we will have a VA Urologist who is not affiliated or have a vested interest with [redacted] (at this time it is [redacted] and/or [redacted] review the chart and the request and then document in the patients EMR that the procedure is the appropriate form of treatment on the patient.

The purpose of the review and documentation is to eliminate any doubt that ESWL procedure was performed inappropriately.

Quarterly, the GPM of the Surgical Services will pull all the records in which a [redacted] provider performed the ESWL procedure in our facility on a patient and ensure that the review statement is included. These findings will then be reported up to Surgical Services Chief.

Any questions can be directed to the Surgical Service GPM, XXX.

Statement of Financial Disclosure

I, [redacted] have never had, nor do I currently have, any financial interest in [redacted] In addition, none of my family members work for the above companies or have a financial interest in any of the above companies.

[redacted]

2/6/20

Date