November 17, 2021

The Honorable Henry Kerner
Special Counsel
U.S. Office of Special Counsel
1730 M Street, NW, Suite 300
Washington, DC 20036

Re: Office of Special Counsel File No. DI-21-000354

Dear Mr. Kerner:

I am responding to your April 12, 2021, letter to the Department of Veterans Affairs (VA) regarding whistleblowers allegations that officials at the Veterans Integrated Service Network (VISN) 4 Clinical Resource Hub for TeleMental Health (hereinafter TeleMental Health Hub) in Pittsburgh, Pennsylvania, has a backlog of Mental Health Services consults and Return to Clinic Orders and may have engaged in actions which constitute a violation of law, rule or regulation; gross mismanagement; and a substantial and specific danger to public health.

The Acting Under Secretary for Health directed the Office of the Medical Inspector to assemble and lead a VA team to conduct an investigation. We conducted a virtual investigation on this matter from May 25 to May 27, 2021.

We do not substantiate the whistleblowers' allegations. We make five recommendations to VISN 4. The signed report will be sent to the respective offices with a request for an action plan.

Thank you for the opportunity to respond.

Sincerely,

[Signature]

Denis McDonough

Enclosure
DEPARTMENT OF VETERANS AFFAIRS

Washington, DC

Report to the
Office of Special Counsel
OSC File Number DI-21-000354

Veterans Integrated Service Network 4
Clinical Resource Hub
For
TeleMental Health
Pittsburgh, Pennsylvania

Report Date: November 5, 2021
TRIM 2021-C-18
Executive Summary

The Acting Under Secretary for Health directed the Office of the Medical Inspector to assemble and lead a Department of Veterans Affairs (VA) team to investigate whistleblower disclosures made to the Office of Special Counsel (OSC) concerning the Veterans Integrated Service Network (VISN) 4 Clinical Resource Hub (CRH) for TeleMental Health (hereinafter TeleMental Health Hub), Pittsburgh, Pennsylvania. The whistleblower alleged the TeleMental Health Hub has a backlog of Mental Health Services consults and Return to Clinic Orders (RTO) and may have engaged in conduct that constitutes a violation of law, rule or regulation; gross mismanagement; and a substantial and specific danger to public health. We conducted a virtual investigation at the TeleMental Health Hub from May 25 to May 27, 2021.

Specific Allegations of the Whistleblower

1. In violation of VA policy, over 1,000 consults for MHS with the VISN-4 TeleMental Health Hub remain outstanding in the VA’s Computerized Patient Record System (CPRS); and

2. In violation of VA policy, approximately 1,716 RTOs for VISN-4 TeleMental Health Hub patients remain outstanding in CPRS.

We substantiated allegations when the facts and findings supported the alleged events or actions took place and did not substantiate allegations when the facts and findings showed the allegations were unfounded. We were unable to substantiate allegations when the available evidence was insufficient to support conclusions with reasonable certainty about whether the alleged event or action took place.

After a careful review of the evidence, we make the following conclusions and recommendations.

Conclusions for Allegation 1

- We do not substantiate over 1,000 outstanding consults for mental health services at the VISN 4 TeleMental Health Hub.

- We noted the use of a SharePoint calendar as an adjunct scheduling system to the Veterans Health Administration (VHA) required system, Veterans Health Information Systems and Technology Architecture (VistA scheduling module). The SharePoint calendar appears to be preferred by the TeleMental Health Hub staff over the VistA system, which has led to some appointments being present on the SharePoint site but not in the VistA system as required by VHA Directive 1230(4), Outpatient Scheduling Processes and Procedures, July 15, 2016.
Recommendation to VISN 4

1. Ensure the primary location for scheduling is the VistA scheduling module, as required by VHA Directive 1230(4). Review the role of the SharePoint calendar within the scheduling process. If it continues to be used as an adjunct to the VistA scheduling module, then develop a method to ensure all appointments are placed in both systems in a timely manner and develop a method to track ongoing compliance.

Conclusions for Allegation 2

- We do not substantiate approximately 1,716 RTCOs for TeleMental Health Hub patients remained outstanding in CPRS.

- We identified the lack of documented processes regarding TeleMental Health Hub operations.

- We noted the ongoing monitoring and disposition of RTCOs in the TeleMental Health Hub; however, this process is not documented.

- All TeleMental Health Hub staff in leadership roles are relatively new to their positions, the longest being in the role for 8 months, and lack some familiarity with VHA processes and policies related to their roles.

Recommendations to VISN 4

2. Develop documented processes regarding TeleMental Health Hub operations. These processes are to include the management of RTCOs. Provide education to pertinent staff once complete and monitor and address for noncompliance.

3. Ensure ongoing monitoring of RTCOs continues to ensure timely scheduling.

4. Consult with the National CRH Operations Office to assist with training and guidance of CRH operations and provide TeleMental Health Hub staff with the CRH SharePoint location for informational purposes.

5. Consult with Office of Mental Health and Suicide Prevention to collaborate with successful TeleMental Health Hubs and provide preceptors for the new TeleMental Health Hub leadership team.

Summary Statement

We have developed this report in consultation with other VHA and VA offices to address the concerns of the Office of Accountability and Whistleblower Protection (OAWP) that the VISN 4 TeleMental Health Hub may have engaged in conduct that constitutes a violation of law, rule or regulation; gross mismanagement; and a substantial and specific danger to public health. We reviewed the allegations and determined the merits of each, and the National Center for Ethics in Health Care has provided a health care ethics
review. We found that the VISN 4 TeleMental Health Hub does not have the level of backlog of mental health services consults or RTCOs as noted in the complaint; however, we did identify concerns regarding a lack of documented hub processes and the use of an adjunct scheduling system.
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I. Introduction

The Acting Under Secretary for Health directed the Office of the Medical Inspector (OMI) to assemble and lead a Department of Veterans Affairs (VA) team to investigate whistleblower disclosures made to the Office of Special Counsel (OSC) concerning the Veterans Integrated Service Network (VISN) 4 Clinical Resource Hub (CRH) for TeleMental Health (hereinafter TeleMental Health Hub), Pittsburgh, Pennsylvania. The whistleblower alleged the TeleMental Health Hub has a backlog of Mental Health Services consults and Return to Clinic Orders (RTCO) and may have engaged in conduct that constitutes a violation of law, rule or regulation; gross mismanagement; and a substantial and specific danger to public health. We conducted a virtual investigation at the TeleMental Health Hub from May 25 to May 27, 2021.

II. Facility Profile

VA Healthcare VISN 4 is an integrated network of 9 VA medical centers, 45 outpatient clinics, 1 mobile clinic, 16 Vet Centers and 4 mobile Vet Centers covering Pennsylvania, Delaware, and parts of Ohio, West Virginia, New York and New Jersey. The TeleMental Health Hub is aligned under the VISN 4 CRH. In addition to mental health services, VISN 4 CRH offers primary care, specialty care and urgent care telehealth services. The TeleMental Health Hub provides mental health services to 35 VA medical facilities and clinics. Mental health services are provided by psychiatrists, psychologists, advanced practice nurses, pharmacists, social workers and registered nurses. From October 2020 through February 2021, the TeleMental Health Hub completed 6,779 encounters.

III. Specific Allegations of the Whistleblower

1. In violation of VA policy, over 1,000 consults for MHS with the VISN-4 TeleMental Health Hub remain outstanding in the VA’s Computerized Patient Record System (CPRS); and

2. In violation of VA policy, approximately 1,716 RTCOs for VISN-4 TeleMental Health Hub patients remain outstanding in CPRS.
IV. Conduct of the Investigation

The VA team conducting the investigation consisted of the Acting Medical Inspector and a Clinical Program Manager, both from OMI; the Quality Improvement and Implementation Consultant from the Office of Mental Health and Suicide Prevention; the VISN 23 Group Practice Manager (GPM); and a Human Resources (HR) Consultant from the HR Center of Expertise in the Workforce Management and Consulting Office. We reviewed relevant policies, procedures, professional standards, reports, memorandums and other documents listed in Attachment A. We held entrance and exit briefings with VISN 4 leadership, which included:

- Network Director
- Deputy Network Director
- Chief Medical Officer
- Acting Chief, HR
- Quality Management Officer
- Accreditation Specialist
- Executive Assistant to the Network Director

We initially interviewed the whistleblower on May 19, 2021, and again on May 26, 2021. We also interviewed the following VISN 4 staff:

- Chief Medical Officer
- Quality Management Officer
- Director, Clinical Resource Hub
- Compensation and Pension Program Manager
- Acting Compliance and Business Integrity Officer
- Program Manager, Connected Care and Telehealth
- Program Analyst, Connected Care and Telehealth
- Acting Chief, TeleMental Health Hub
- Chief Mental Health Officer
- Psychology Program Manager, TeleMental Health Hub
- Human Resources Specialist
- Program Manager, TeleMental Health Hub
- Administrative Officer, TeleMental Health Hub
- Two Clinical Pharmacists, TeleMental Health Hub
- Two Staff Psychiatrists, TeleMental Health Hub
- Staff Psychologist, TeleMental Health Hub
- Nurse Practitioner, TeleMental Health Hub
- Health System Specialist, Clinical Resource Hub
- Program Analyst, TeleMental Health Hub
- Registered Nurse Clinical Coordinator, TeleMental Health Hub
- Lead Advanced Medical Support Assistant (AMSA), TeleMental Health Hub (3)
• Telehealth Clinical Technician, TeleMental Health Hub
• Associate Chief of Staff (ACOS), VA Pittsburgh Healthcare System
• Deputy ACOS for Behavioral Health, VA Pittsburgh Healthcare System
• Group Practice Manager, VA Pittsburgh Healthcare System
• Psychiatrist, VA Pittsburgh Healthcare System
• Group Practice Manager, North Florida/South Georgia Veterans Health System
• Health System Specialist and Acting Telehealth Coordinator for North Florida/South Georgia Veterans Health System
• Mental Health Clinic Chief, Sergeant Ernest I. "Boots" Thomas VA Clinic (Tallahassee)

V. Findings, Conclusions and Recommendations

Allegation 1

In violation of VA policy, over 1,000 consults for MHS with the VISN 4 TeleMental Health Hub remain outstanding in the VA’s CPRS.

Background

Title IV of the “John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018,” Public Law 115-182 (2018), known as the “VA MISSION Act of 2018,” directs VA to develop a plan to identify underserved facilities and to undertake certain pilot programs, including the use of mobile deployment teams in such areas, to improve Veteran access to VA health care. One such initiative includes the use of CRHs to provide virtual and in-person care to support Veterans. The CRHs are VISN-level resources that provide Primary Care, Mental Health, and specialty services to Veterans in underserved areas that are experiencing staffing gaps. These gaps may be due to VA facility staff attrition, extended leave or an expanding Veteran population. Facilities that have difficulty recruiting staff given geographical location or do not have the space or resources to fully accommodate team-based care also may experience gaps that can be served by CRHs.¹

The CRHs offer a variety of clinical services via modalities including virtual care and in-person care. Clinical services may include, but are not limited to:

• Team-based Primary Care:
  o Primary Care Provider services.
  o Clinical Pharmacy Specialist provider comprehensive medication management services.
  o Primary Care Mental Health Integration services.
  o Registered Nurse care coordination and care management.

¹ VHA Clinical Resource Hubs SharePoint site at https://dvagov.sharepoint.com/sites/VHAOPCCCRH.
• Team-based outpatient general and specialty mental health services for the full spectrum of mental health conditions:
  o Evidence-Based Psychotherapy (Psychiatrist, Psychologist, Clinical Social Worker, Licensed Professional Mental Health Counselor, Marriage and Family Therapist, etc.).
  o Pharmacotherapy.
  o Care coordination and management, as needed.²

The CRH staff serve as a safety net for sites within their specific VISN. The sites that receive CRH services often are referred to as spoke sites. Clinical services provided to spoke sites will vary and depend on the needs of the facility and VISN. A CRH staff member may be assigned to one or more spoke sites. In addition, multiple staff members from a CRH may be assigned to an individual spoke site to provide comprehensive team-based care. CRH services are provided using virtual and in-person modalities and in various locations, such as VA facility clinics, the Veteran's home and telehealth access points in community spaces (e.g., libraries, college campuses or Veterans Service Organizations facilities). Essentially, CRHs strive to provide the clinical services that underserved facilities require using the most appropriate modality and in the location of the Veteran's choice.³

Consults for clinical services are tailored to the services a CRH will provide. A consult must include information necessary to ensure it is successfully triaged to the appropriate provider. Consults can be created as intrafacility (available only in a CRH host facility's catchment area) or interfacility (available to a facility outside the CRH host facility's catchment area). The Telehealth Management Platform (TMP) is an optional software package that allows CRHs to manage and schedule a multitude of resources (appointments, clinic rooms, equipment, etc.). Scheduled appointments can be communicated to providers and clerical staff.

The TMP interfaces with the Veterans Health Information Systems and Technology Architecture (VistA) system. Therefore, after a CRH confirms that all telehealth service agreements, resources and clinics are correctly entered into TMP, appointments scheduled in TMP will automatically be entered into the CRH and spoke site VistA systems, thus eliminating redundancy.⁴⁵

VHA Directive 1232(3), Consult Processes and Procedures, August 24, 2016, provides policy for consult management. It defines a clinical consult as a consult document in the CPRS. It is used as two-way communication on behalf of a patient, consisting of a physician or provider (sender) request seeking opinion, advice or expertise regarding evaluation or management of a specific problem answered by a physician or other

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³ Ibid.
⁴ Ibid.
⁵ VistA is an integrated electronic health record information technology system created and used by VHA with approximately 200 application/modules.
health care provider (receiver). The CPRS consult package must be used for all clinical consultations.\textsuperscript{6}

VHA Directive 1232(3) states it is VHA policy to ensure timely and clinically appropriate care to all Veterans by standardizing and managing consultation processes. The sending provider determines the appropriate clinically indicated date (CID).\textsuperscript{7} The CID determination is made based upon the needs of the patient and must be at the soonest appropriate date when care is needed. The CID is not be used to indicate the latest appropriate date. The CID may not be changed by the receiving service due to lack of available appointments. The date may only be changed if it was entered in error. The date must either be manually entered into the consult order or generated through an order menu that includes the CID. The CID must be entered into the scheduling package when the appointment is made.\textsuperscript{8}

Per VHA Directive 1232(3), the consult receiving service is responsible for ensuring initiation of an e-consult response or scheduling efforts as soon as possible, but no later than 2 business days after entry. The urgency status is used by the sending provider to communicate a timeframe when the consult should be addressed. The only two acceptable urgencies are routine and stat. A routine urgency indicates the patient should be seen in accordance with the CID and a stat urgency is an immediate need and the consult must be completed within 24 hours of entry. A consult is automatically placed in a pending status when entered and the status must be changed within 2 business days to reflect the appropriate action (scheduled, completed, canceled or discontinued).\textsuperscript{9}

VHA Directive 1230(4), Outpatient Scheduling Processes and Procedures, July 15, 2016, updates policy concerning VistA outpatient scheduling standards for Veterans eligible for health care services. The VistA Scheduling module is designed to assist in the set-up of outpatient clinics, scheduling of patients for clinic appointments and the collection of related workload data for reporting purposes.

Findings

The TeleMental Health Hub was initiated at the VA Pittsburgh Healthcare System in 2012. In March 2021, VISN 4 realigned its facilities’ existing telehealth services under the VISN CRH. The TeleMental Health Hub provides mental health care to facilities and clinics inside and outside of VISN 4. The TeleMental Health Hub provides services to facilities and clinics located primarily in the eastern and southeastern parts of the United States, including sites in Pennsylvania, Tennessee and Delaware. This service also has included the North Florida/South Georgia Veterans Health System including the

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\textsuperscript{7} The clinically indicated date (CID) is the date care is deemed clinically appropriate by the VA sending provider. The CID determination is made based upon the needs of the patient and should be at the soonest appropriate date. The CID is entered into the consult request field.

\textsuperscript{8} Ibid.

\textsuperscript{9} Ibid.
Sergeant Earnest I. "Boots" Thomas VA Clinic (hereinafter, Tallahassee), Tallahassee, Florida.

Each telehealth specialty in the VISN 4 CRH has its own leadership structure that is centrally aligned under the CRH Medical Director. The TeleMental Health Hub's leadership structure is comprised of a Mental Health Section Chief, Operations Manager, Psychology Program Manager and an Administrative Officer (AO). We noted that all staff members assigned to these leadership roles are relatively new to their positions, the longest being in the role for 8 months. The TeleMental Health Hub’s clerical staff includes four AMSAs and one Telehealth Clinical Technician (TCT). Currently, there is one vacant AMSA position and the remaining clerical staff are long-time employees of the TeleMental Health Hub, who all worked in the hub when it was aligned under the VA Pittsburgh Healthcare System in March 2021.

When TeleMental Health Hub services are requested by a facility, a telehealth service agreement between the CRH (distant/provider site) and each spoke (originating/patient) site is developed. This agreement outlines the services provided, appointment guidance, staffing, support, scheduling processes, emergency procedures, providers, rooms and equipment information. When a spoke site requests the assistance of the CRH, it is a result of needed assistance to ensure timely care is provided to Veterans. Reasons for needing assistance may include provider turnover, lack of staff, increased local volume, etc. Upon initiating services, the TeleMental Health Hub and the spoke site work together to ensure all consults are entered properly so that Veterans' appointments can be scheduled. An interfacility consult (IFC) is used for all new referrals to the hub and schedulers document all scheduling attempts on the IFC.

The VistA system does not allow visibility of a provider's schedule if the scheduler is not in the same facility as the provider but allows access to the provider's location in the VistA system. As a result, the CRH uses a SharePoint calendar to assist in providing an accurate description of the CRH providers' schedules to schedulers at spoke sites.10 The VISN 4 Regional Telemental Health Hub Scheduling Procedure, January 29, 2019, describes the scheduling process for the hub, including the use of the SharePoint calendar when negotiating the appointment date/time with the Veteran. The procedure notes:

SharePoint is real-time availability of the hub providers and is the only way to ensure that the provider is not already booked or otherwise unavailable (i.e., on leave).11

Once the negotiated appointment information is placed in the SharePoint calendar, the spoke site clerk will schedule the appointment in the spoke site's VistA system. The spoke site clerk will then email the Veteran's identification and appointment information to the designated VISN 4 CRH mail group. The CRH's clerks will then schedule the appointment in the Pittsburgh VistA software system used by the CRH. This process is

10 SharePoint is a web-based collaborative platform that integrates with Microsoft Office. It is a document management and storage system which is highly configurable, and its usage varies among organizations.
intended to allow patient and provider appointments to be scheduled within minutes of each other. The CRH maintains the SharePoint calendars, including removing availability when providers are on leave, and will alert spoke sites when providers request leave so that spoke site VistA clinics can be adjusted. Spoke site clerks are to email a copy of each provider’s appointment lists to the CRH email group weekly to allow CRH staff to ensure visits match on both provider appointment lists. The CRH provider is responsible for entering a RTCO in CPRS at the end of the appointment.\(^{12}\)

During interviews with CRH staff and leadership, the use of the SharePoint calendar for scheduling purposes was considered the most accurate method and appeared to be the primary tool used for scheduling. The CRH staff described the SharePoint calendar as a necessary adjunct to scheduling in VistA due to the limitations of visibility of the CRH providers’ schedules by the spoke site. The CRH staff gave examples when the SharePoint calendar and the VistA system were not in alignment, which staff stated rarely happens and which led to confusion regarding the accurate appointment date/time. Staff interviewed from the Tallahassee spoke site stated that they perceived use of the SharePoint calendar was prioritized by the CRH over the VistA system, which they found concerning as VHA guidance notes the required use of the VistA system for scheduling appointments and the collection of related workload data for reporting purposes.

The North Florida/South Georgia Veterans Health System initiated use of TeleMental Health Hub services for the Tallahassee location in December 2020 after the loss of numerous mental health providers from their staff. In addition to the use of the TeleMental Health Hub services, Tallahassee uses providers from other campuses within the North Florida/South Georgia Veterans Health System to provide coverage while the clinic attempts to recruit additional staff. Due to the lack of Tallahassee providers, a surge in consult referrals to the TeleMental Health Hub occurred. To accommodate the large influx of referrals to the TeleMental Health Hub, numerous hub providers were assigned to serve the Tallahassee clinic. This assignment included preparations for the hub providers to initiate care at Tallahassee such as setting up appointment grids and credentialing and privileging, estimated to take approximately 4-6 weeks. Challenges with the influx were identified almost immediately by the TeleMental Health Hub leading to ongoing weekly meetings with the North Florida/South Georgia Veterans Health System and Tallahassee staff to discuss and manage this increase in service demand. Actions to address the influx of referrals were initiated and have evolved over time to ensure consults are being managed timely and appropriately.

The whistleblower alleged that as of March 2021, over 1,000 consults for the TeleMental Health Hub, most originating from Tallahassee, remained outstanding in CPRS for more than 90 days. We asked the whistleblower where they obtained this data. The whistleblower responded that he or she was included on a group call with Tallahassee leadership and heard on this call that over 1,000 consults had not been

\(^{12}\) Ibid.
scheduled. The whistleblower considers an open consult to be one that is not scheduled yet but acknowledged there are different steps in the status of consults.

We reviewed the total number of TeleMental Health Hub consults as of May 18, 2021, and found 307 outstanding consults, of which 147 originated from Tallahassee. At the time of the review, the total number of consults included the following status categories: Pending (11), Active (1), Partial Results (6) and Scheduled (289). We reviewed from March 1 through March 31, 2021, and found no evidence of over 1,000 outstanding consults for the TeleMental Health Hub. We noted a total of 407 consults with the status of Complete (262), Discontinued (138) and Scheduled (7). Of the 407 consults, 323 originated from Tallahassee.\(^{13}\) Staff interviewed could not recall the number of consults being close to 1,000, with the highest number recalled as being around 400.

Conclusions for Allegation 1

- We **do not substantiate** over 1,000 outstanding consults for mental health services at the VISN 4 TeleMental Health Hub.

- We noted the use of a SharePoint calendar as an adjunct scheduling system to the VHA required system (VistA scheduling module). The SharePoint calendar appears to be preferred by the TeleMental Health Hub staff over the VistA system, which has led to some appointments being present on the SharePoint site but not in the VistA system as required by VHA Directive 1230(4).

Recommendation to VISN 4

1. Ensure the primary location for scheduling is the VistA scheduling module, as required by VHA Directive 1230(4). Review the role of the SharePoint calendar within the scheduling process. If the SharePoint calendar continues to be used as an adjunct to the VistA scheduling module, develop a method to ensure all appointments are placed in both systems in a timely manner and develop a method to track ongoing compliance.

Allegation 2

*In violation of VA policy, approximately 1,716 RTCOs for VISN 4 TeleMental Health Hub patients remain outstanding in CPRS.*

Background

VHA Directive 1230(4) updates policy concerning VistA outpatient scheduling standards for Veterans eligible for health care services. The directive states in Appendix F, Consult Management Business Rules, that consults are to follow consult policy guidelines in accordance with VHA Directive 1232, or subsequent policy issue. It notes per VHA policy that Veterans’ appointments are scheduled timely, accurately and consistently with the goal of scheduling appointments no more than 30 calendar days

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\(^{13}\) VHA Support Service Center (VSSC) Consult-Patient Details Report.
from the date an appointment is deemed clinically appropriate by a VA health care provider (CID), or in the absence of a CID, 30 calendar days from the date the Veteran requests outpatient health care service (preferred date). The return-to-clinic date is the CID entered by the provider in the CPRS order entry.\textsuperscript{14}

VA Operational Memorandum, Deployment of National Return to Clinic Order, December 7, 2017, provides implementation instructions for the standardized return-to-clinic process, a process critical for preventing most scheduling errors. The process standardizes the provider RTCO and automatically copies the indicated date from the order to the future scheduled appointment in the VHA scheduling system. The national RTCO implementation is required in all VHA count clinics delivering patient care between a provider and a patient. Examples of non-count clinics include radiology, laboratory, community care, administrative notes or chart check clinics.\textsuperscript{15}

The VistA Scheduling Graphical User Interface (VS GUI) system is a software module that allows schedulers to make appointments quickly by viewing multiple appointment request types and multiple clinics in one screen. A scheduler can easily view patient requests for service, find the next available open appointment, view the provider’s availability in multiple clinics and track a patient’s appointment process.\textsuperscript{16}

Findings

The whistleblower informed us that the number of RTCOs reported to us was obtained from VS GUI. The whistleblower used VS GUI to look up each TeleMental Health Hub provider’s RTCOs and then organized that information into the spreadsheet provided to us. The whistleblower described finding this information using VS GUI to obtain their assigned providers’ RTCOs. The whistleblower described not applying a specific date or date range to pull the RTCOs and that this provided a report that showed every RTCO that is not processed.

We reviewed the document that the whistleblower provided, which was dated April 11, 2020. The first spreadsheet appeared to be a summary and includes a column with a clinic and provider name followed by a column labeled “GUI/VSE/RTC 4/11.” In the first column, 25 clinics and providers listed. In the second column, numbers are listed next to each clinic and provider name. At the bottom of the second column it states, “pending appointments 1,716.” The document contains two additional spreadsheets with what appears to be the RTCO raw data for two providers listed on the summary data sheet. The raw data spreadsheets each have a column labeled “requester” and lists patient or provider in each cell. For data spreadsheet 1, the number of RTCOs corresponds to the provider total on the summary spreadsheet (81 requested by the patient and 22 requested by the provider). Data spreadsheet 2 also corresponds to the provider total.

\textsuperscript{15} VA Operational Memorandum, Deployment of National Return to Clinic Order, December 7, 2017.
on the summary spreadsheet (22 requested by the patient and 176 requested by the provider).

We identified that the VS GUI is not the source to obtain accurate RTOC data. The VHA Support Service Center (VSSC) RTCO-Open-Report Viewer is the VHA official data site. Our review noted the total number (1,716) of RTOCs on the spreadsheet is not accurate as it includes patient requested appointments that are not related to the RTOC process. As of May 18, 2021, per the VSSC RTCO-Open-Report-Viewer, the number of open TeleMental Health Hub RTOCs is 370, including 195 past due and 175 future RTOCs. Given the number of referral sites (35) to the TeleMental Health Hub, the investigative team determined this number would not be atypical.

Before the TeleMental Health Hub realignment from the VA Pittsburgh Healthcare System to VISN 4 in March 2021, the VA Pittsburgh Healthcare System’s GPM assisted in providing oversight of data metrics associated with TeleMental health clinics. The GPM stated the VA Pittsburgh Healthcare System struggled with managing the RTOC process. The GPM stated the facility began holding stand-down events with staff coming in on the weekends to assist in scheduling RTOCs to decrease the number of outstanding orders. In addition, the GPM stated he sent out a weekly action item for all facility departments to monitor and take action on RTOCs. Through those efforts, RTOCs at Pittsburgh decreased. The GPM noted each RTOC requires an individual review to be performed before disposition of the order. Issues in contacting Veterans (via telephone or letters) have affected order resolution. The GPM stated once the TeleMental Health Hub moved under the VISN 4 CRH, he was no longer involved in monitoring its data metrics.

The GPM noted a review of RTOCs revealed, in many cases, timely care was provided but the care provision was not connected with the correct application or order when it was scheduled, leading to indications that the RTOC had not been completed or resolved (for example, if an appointment is not made using the specific RTOC, the RTOC will remain open). The GPM noted that they specifically requested all services to report any adverse events associated with RTOCs and said none had been reported. When asked if he knew the number of RTOCs for which an associated appointment occurred, the GPM stated approximately 70-80% facility wide had an appointment. He noted the other percentage (20-30%) represented clerical errors; and once determined, the RTOC could be resolved appropriately. In terms of preventing future issues with RTOCs, he described efforts including staff training to ensure staff understood their responsibilities within the RTOC process.

The TeleMental Health Hub’s AO explained the RTOC process for the hub. He noted that most RTOCs for the hub’s providers are on the spoke site and it is, therefore, the spoke site’s responsibility to schedule and resolve them. It was reported two TeleMental Health Hub providers see Pittsburgh patients, and in accordance with this principle, the Pittsburgh RTOCs are the responsibility of the hub. In addition, he noted the small number of hub providers using the TMP program are also the responsibility of the hub.

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17 VSSC Return to Clinic Order-Open-Report Viewer.
The AO also stated he found some cases when the provider placed the RTCO inappropriately on the hub side. The AO stated he did not believe anyone had been tracking RTCOs closely before his acceptance of the AO position, approximately 8 months ago. Prior to transitioning to the VISN 4 CRH, the AO stated he would receive reports from the VA Pittsburgh Healthcare System's GPM to track RTCOs and they would have stand down events if the numbers of unresolved RTCOs trended up. He noted the stand downs were for the entire facility, not just the hub.

The AO stated he began tracking the RTCOs and would review those that concerned him to see if the appointment had already occurred. The AO also stated he collaborated with the TeleMental Health Hub's program analyst to monitor and determine if RTCOs had been completed and required disposition. The AO also noted that some RTCOs required provider input or review and those would be sent to the provider to obtain required information to assist in disposition. The AO then described developing a plan to pull the RTCOs daily to control the volume moving forward. When asked if there is a standard operating procedure (SOP) documenting this process, the AO stated there was not.

We requested to see all VISN 4 policies and SOPs related to the TeleMental Health Hub operations in preparation for this investigation. We found the only documented process provided was the VISN 4 Regional Telemental Health Hub Scheduling Procedure. The TeleMental Health Hub AO stated staff were in the process of developing SOPs regarding other hub processes. In addition, the Psychology Program Manager described a CRH scheduling workgroup that was formed in March 2021 including administrative, provider and leadership staff. The stated goal of the workgroup is to standardize CRH scheduling to improve efficiencies and provider and scheduler satisfaction with CRH appointment scheduling.

A review of the workgroup's minutes and emails noted the focus of the workgroup was the creation of a standard work document for CRH scheduling using TMP within VISN 4. The workgroup documents noted that the course of action for the workgroup included (1) gaining a strong understanding of the current scheduling options, (2) building clinics and resources in TMP within VISN 4, (3) creating an SOP or standard work document for CRH schedulers to use, (4) testing with current CRH providers involved in the TMP pilot program to determine the efficacy of the TMP process, (5) considering expanding use of TMP to sites outside of VISN 4 and (6) working to train other CRH specialty staff on TMP scheduling processes to incorporate into their services. As noted previously, all staff members assigned to these TeleMental Health Hub leadership roles are relatively new to their positions, the longest being in the role for 8 months, and this may be a contributing factor to the lack of relevant policies, procedures and SOPs.

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18 CRH Scheduling Workgroup emails and meeting minutes.
Conclusions for Allegation 2

- We do not substantiate approximately 1,716 RTCOs for TeleMental Health Hub patients remained outstanding in CPRS.

- We identified the lack of documented processes regarding TeleMental Health Hub operations.

- We noted ongoing monitoring and disposition of RTCOs in the TeleMental Health Hub; however, this process is not documented.

- All TeleMental Health Hub staff in leadership roles are relatively new to their positions, the longest being in the role for 8 months, and lack some familiarity with VHA processes and policies related to their roles.

Recommendations to VISN 4

2. Develop documented processes regarding TeleMental Health Hub operations. These processes are to include the management of RTCOs. Provide education to pertinent staff once complete and monitor and address for noncompliance.

3. Ensure ongoing monitoring of RTCOs to ensure timely scheduling.

4. Consult with the National CRH Operations Office to assist with training and guidance of CRH operations and provide TeleMental Health Hub staff with the CRH SharePoint location for informational purposes.

5. Consult with Office of Mental Health and Suicide Prevention to collaborate with successful TeleMental Health Hubs and provide preceptors for the new TeleMental Health Hub leadership team.

VI. Summary Statement

We have developed this report in consultation with other VHA and VA offices to address OAWP’s concerns that the VISN 4 TeleMental Health Hub may have engaged in conduct that constitutes a violation of law, rule or regulation; gross mismanagement; and a substantial and specific danger to public health. We reviewed the allegations and determined the merits of each, and the National Center for Ethics in Health Care has provided a health care ethics review. We found that the VISN 4 TeleMental Health Hub does not have the level of backlog of mental health services consults or RTCOs noted in the complaint; however, we did identify concerns regarding a lack of documented hub processes and the use of an adjunct scheduling system.
Attachment A


VHA Support Service Center (VSSC) Consult-Patient Details Report.

VA Operational Memorandum, Deployment of National Return to Clinic Order, December 7, 2017.

VSSC Return to Clinic Order-Open-Report Viewer.


CRH Scheduling Workgroup emails and meeting minutes.

CRH Organizational Charts.

Emails provided by staff.
Key to Investigative Team Members

- M.D., MPH, FACEP, Acting Medical Inspector
- MSN, MEd, RN, CPHQ, Clinical Program Manager
- PhD, Quality Improvement and Implementation Consultant, Office of Mental Health and Suicide Prevention
- VISN 23 Group Practice Manager
- HR Consultant, HR Center of Expertise Office of Workforce Management and Consulting (virtual participant)

Key to Interviewees

- M.D., VISN 4 Chief Medical Officer
- VISN 4 Quality Management Officer
- M.D., Director, VISN 4 Clinical Resource Hub
- VISN 4 Compensation and Pension Program Manager
- VISN 4 Compliance and Business Integrity Officer (acting)
- Program Manager, VISN 4 Connected Care and Telehealth
- Program Analyst, VISN 4 Connected Care and Telehealth
- M.D., Chief, VISN 4 TeleMental Health Hub (acting)
- PhD, VISN 4 Chief Mental Health Officer
- PhD, Psychology Program Manager, VISN 4 TeleMental Health Hub
- Program Manager, VISN 4 TeleMental Health Hub
- Human Resources Specialist, VISN 4
- AO, VISN 4 TeleMental Health Hub
- PharmD, Clinical Pharmacist, VISN 4 TeleMental Health Hub
- PharmD, Clinical Pharmacist, VISN 4 TeleMental Health Hub
- M.D., Staff Psychiatrist, VISN 4 TeleMental Health Hub
- PhD, Staff Psychologist, VISN 4 TeleMental Health Hub
- M.D., Staff Psychiatrist, VISN 4 TeleMental Health Hub
- Nurse Practitioner, VISN 4 TeleMental Health Hub
- Health System Specialist, VISN 4 Clinical Resource Hub
- Program Analyst, VISN 4 TeleMental Health Hub
- RN Clinical Coordinator, VISN 4 TeleMental Health Hub
- Advanced Lead MSA, VISN 4 TeleMental Health Hub
- Advanced Lead MSA, VISN 4 TeleMental Health Hub
- Advanced Lead MSA, VISN 4 TeleMental Health Hub
- Telehealth Clinical Technician, VISN 4 TeleMental Health Hub
• [Name], M.D., PhD, Associate Chief of Staff (ACOS), VA Pittsburgh Healthcare System
• [Name], PhD, Deputy ACOS for Behavioral Health, VA Pittsburgh Healthcare System
• [Name], GPM, VA Pittsburgh Healthcare System
• [Name], M.D., Psychiatrist, VA Pittsburgh Healthcare System
• [Name], Group Practice Manager, North Florida/South Georgia Veterans Health System
• [Name], Health System Specialist and Telehealth Coordinator for North Florida/South Georgia Veterans Health System (acting)
• [Name], Mental Health Clinic Chief, Sergeant Ernest I. "Boots" Thomas VA Clinic (Tallahassee)