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UNITED STATES GENERAL ACCOUNTING OFFICE
WASHINGTON, D C 20548

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HUMAN RESOURCES
DIVISION

AUG 10 1976

1 Mr. Wallace E. Busbee
Director, Internal Audit Service
Veterans Administration

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Dear Mr. Busbee

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2/ In September 1975, the General Accounting Office initiated a survey of the Veterans Administration (VA) outpatient medical and dental program. In the subsequent months survey work was performed at several locations including the VA central office, the Boston, Brooklyn, and Denver VA hospitals, and the Boston and Brooklyn VA independent outpatient clinics. Because of several recent developments impacting on our staff resources, we have discontinued our current survey in this area. However, we wish to bring to VA's attention some pertinent survey observations related to dental treatment being provided non-service-connected veterans on an outpatient basis.

We share the concern of VA, as expressed in a VA Chief Medical Director's Letter, dated May 17, 1976 (IL 10-76-25), regarding the significant growth since 1972 in VA's ambulatory care workload, particularly in the non-service-connected category, and the effect continued growth in this area might have on the overall quality of health care for veterans

In this regard, Chapter 17 of title 38 U.S.C. entitles hospitalized veterans to inpatient dental treatment regardless of whether their dental conditions are service-connected. Outpatient dental treatment, however, is generally limited by 38 U.S.C. 612 to veterans with either service-connected dental conditions or dental conditions adjunct to a service-connected medical condition. The law does not authorize outpatient dental treatment for most veterans with non-service-connected dental conditions or to complete inpatient dental treatment of non-service-connected dental conditions.

At the Brooklyn, Boston, and Denver VA Hospitals, we reviewed a number of dental records to determine the extent of outpatient dental care given to veterans with non-service-connected dental problems. Our observations at each hospital are summarized below.

BROOKLYN VA HOSPITAL

According to the chief of dental service, Brooklyn VA Hospital, each of 23 cases reviewed required dental care to fully treat the veteran's medical condition. In 22 of the 23 cases dental treatment had been started on an inpatient basis and continued on an outpatient basis. One veteran was treated only as an inpatient.

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BOSTON VA HOSPITAL

In 11 of 12 cases reviewed at the Boston VA Hospital, the dental condition treated was not related to the medical condition for which the veteran was hospitalized. In five of the 11 cases, the veteran received a dental examination while an inpatient, with dental treatment started as an outpatient.

Also the Boston VA Hospital was using 1-day hospital admissions to give outpatient treatment to veterans with non-service-connected dental conditions. The Director of the Boston VA Hospital acknowledged that this practice was contrary to the intent of the 1-day hospital admission but that the practice was used to provide dental care to otherwise ineligible veterans. The Director subsequently ordered this practice to be stopped.

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DENVER VA HOSPITAL

A review of 25 dental records at the Denver VA Hospital indicated that 20 veterans given outpatient treatment had not received dental care as inpatients. In at least 10 of these cases there was no indication in the records that the condition treated on an outpatient basis was adjunct to a medical condition.

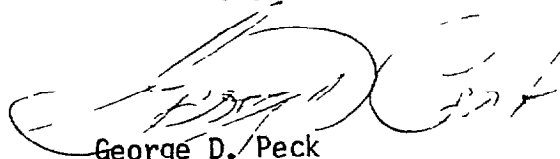
The Assistant Chief Medical Director for Dentistry has acknowledged that, under a strict legal interpretation of 38 U.S.C. 612, VA has no authority for providing outpatient dental treatment to a veteran with a non-service-connected condition who was an inpatient for other than a dental or dental-adjunct condition. He commented, however, that it costs VA less to initiate or continue dental treatment as an outpatient than to keep the veteran hospitalized. He pointed out that Senate bill S. 2908, the "Veterans Omnibus Health Care Act of 1976," if enacted, would authorize VA to provide follow-up dental treatment on an outpatient basis.

Nevertheless, in view of the potential adverse impact on overall veterans' health care of the growing volume of outpatient visits, and in the absence of specific legislative authority, we recommend that all field stations be instructed to (1) avoid or stop using 1-day hospital admissions to circumvent statutory restrictions on dental care and (2) stop the practice of treating veterans for non-service-connected dental conditions on an outpatient basis.

We would appreciate receiving your views on these matters as well as being advised of any corrective actions taken. For your information we are enclosing a copy of our more detailed report to the Boston VA Hospital and Medical District Director on our findings in the Boston area.

We wish to acknowledge the courtesies and cooperation extended our representatives during the survey.

Sincerely yours,

A handwritten signature in black ink, appearing to read "George D. Peck". The signature is written in a cursive style with a large, sweeping initial "G".

George D. Peck
Assistant Director

Enclosure

cc John D. Chase, M.D.
Chief Medical Director



UNITED STATES GENERAL ACCOUNTING OFFICE

REGIONAL OFFICE

ROOM 1903 JOHN F. KENNEDY FEDERAL BUILDING
GOVERNMENT CENTER

BOSTON, MASSACHUSETTS 02203

AUG 5 1976

Mr. John V. Sheehan
Hospital and Medical District Director
Boston Veterans Administration Hospital
Jamaica Plain, Massachusetts 02130

Dear Mr. Sheehan:

We recently surveyed the outpatient medical and dental programs at the Boston Veterans Administration Hospital (BVAH), Jamaica Plain, Massachusetts and the Boston Independent Outpatient Clinic (BIOC), Boston, Massachusetts, and assessed the scope of the fee dental program through which veterans receive dental care from private dentists.

BACKGROUND

Title 38 U.S.C., Chapter 17, Section 612(b), as amended by Public Law 93-82, provides that outpatient dental services and treatment, and related dental appliances, be furnished only to veterans of the Spanish-American War or Indian Wars or to veterans with a dental condition or disability--

- (1) which is service-connected and compensable in degree;
- (2) which is service-connected, but not compensable in degree, but only (A) if it is shown to have been in existence at time of discharge or release from active military, naval, or air service and (B) if application for treatment is made within one year after such discharge or release, except that if a disqualifying discharge or release has been corrected by competent authority, application may be made within one year after the date of correction or the date of enactment of this exception, whichever is later;
- (3) which is a service-connected dental condition or disability due to combat wounds or other service trauma, or of a former prisoner of war; or
- (4) which is associated with and is aggravating a disability resulting from some other disease or injury which was incurred in or aggravated by active military, naval or air service.

Accordingly, veterans with non-service-connected disabilities are not eligible for outpatient dental benefits, and Public Law 93-82 did not extend these benefits to them.

INELIGIBLE VETERANS ARE
RECEIVING DENTAL TREATMENT

Both the BVAH and BIOC dental clinics examine and treat patients in need of dental care. However, the BIOC has many more patients than can be treated in the clinic, necessitating sending veterans to private dentists for which the Veterans Administration provides fee payments for services rendered. Two-thirds of BIOC's dental outpatients, who are mostly veterans with service-connected dental disabilities, are treated by private dentists on a fee basis. The Dental Chief of the BIOC said that staff research, teaching, and training requirements prevent BIOC dentists from assuming a greater portion of the workload.

BVAH dental outpatients, however, are generally veterans with non-service-connected disabilities. Outpatient visits to the BVAH dental clinic are made by:

- veterans with service-connected and non-service-connected dental disabilities whose treatment had begun while an inpatient and continued after discharge on an outpatient basis (post-hospital),
- veterans with service-connected and non-service-connected dental disabilities admitted directly to the clinic via short form admission procedure and discharged the same day,
- hospital employees requiring emergency treatment, and
- veterans with service-connected dental disabilities referred from the BIOC.

Our review of 12 post hospital care records for veterans receiving dental treatment at BVAH showed that 11 were hospitalized for non-service-connected medical disabilities and one for a dental problem. None of the 11 met the conditions set forth in the law to receive outpatient dental services and treatment. The dental treatment for six patients began while they were inpatients, but the treatment for five did not begin until after they were discharged from the hospital.

The BVAH Dental Chief said that he was uncertain whether veterans with non-service-connected disabilities were eligible for follow-up dental care. He said that initial outpatient dental services were provided to the above five veterans either because the patient presented an interesting dental pathology or because the treatment was needed to improve the patient's general health.

Unless they meet the conditions of 38 U.S.C. 612(b), however, veterans with non-service-connected disabilities are not eligible for, and should not receive, outpatient dental treatment. Moreover, if the BVAH stopped treating ineligible veterans, it could treat nearby BIOC patients now treated by fee-basis dentists. This would significantly reduce BIOC dental fee costs which were \$669,898 in fiscal year 1976.

Short Form Admission Procedures

We noted that to treat some veterans for dental care, BVAH admitted them as inpatients for one day by using a short form hospital admissions procedure. This allowed the hospital to begin treating the veterans as outpatients since they were considered to have been hospitalized and treated as inpatients for one day. After this was brought to your attention, you instructed the Dental Service Chief to immediately discontinue the practice of admitting veterans for a period of one day for dental care. Since then, hospital dental admissions have been limited to service-connected disabilities and emergencies.

RECOMMENDATIONS

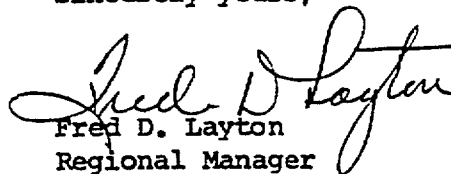
We recommend that BVAH:

- comply with 38 U.S.C. 612(b) by treating only patients with service-connected dental disabilities or with dental disabilities associated with service-connected medical disabilities, and
- coordinate work requirements with BIOC so as to treat as many BIOC patients as possible instead of having them treated by private dentists under the fee dental program.

We would appreciate being informed of any action taken or planned on the matters discussed in this report. Copies of this report are being forwarded to the Chief Medical Director and the Director, Internal Audit Service, VA Central Office.

We appreciate the courtesies and cooperation extended to our staff during this survey.

Sincerely yours,


Fred D. Layton
Regional Manager

cc: Mr. George D. Peck (HRD)