



VA HEALTH CARE

Veterans at Risk from Inconsistent Screening of Practitioners

Highlights of [GAO-04-625T](#), a testimony before the Subcommittee on Oversight and Investigations, Committee on Veterans' Affairs, House of Representatives

Why GAO Did This Study

VA employs about 190,000 individuals including physicians, nurses, and therapists at its facilities. It supplements these practitioners with contract staff and medical residents. Cases of practitioners causing intentional harm to patients have raised concerns about VA's screening of practitioners' professional credentials and personal backgrounds. This testimony is based on GAO's report *VA Health Care: Improved Screening of Practitioners Would Reduce Risk to Veterans*, [GAO-04-566](#) (Mar. 31, 2004). GAO was asked to (1) identify and assess the extent to which selected VA facilities comply with existing key VA screening requirements and (2) determine the adequacy of these requirements for its practitioners.

What GAO Recommends

GAO recommended that VA expand its existing verification process to require that all state licenses and national certificates be verified by contacting state licensing boards and national certifying organizations, expand the query of a national database to include all licensed practitioners, and fingerprint all practitioners who have direct patient care access. GAO also recommended that VA conduct oversight of its facilities to ensure their compliance with all screening requirements. VA generally agreed with the report's findings and plans to develop a detailed action plan to implement GAO's recommendations.

www.gao.gov/cgi-bin/getrpt?GAO-04-625T.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Cynthia A. Bascetta at (202) 512-7101.

What GAO Found

GAO identified key VA screening requirements that include verifying state licenses and national certificates; completing background investigations, including fingerprinting to check for criminal histories; and checking national databases for reports of practitioners who have been professionally disciplined or excluded from federal health care programs. GAO reviewed 100 practitioners' personnel files at each of four facilities it visited and found mixed compliance with the existing key VA screening requirements. GAO also found that VA has not conducted oversight of its facilities' compliance with the key screening requirements.

Four Facilities' Compliance with Existing Key VA Screening Requirements

Key screening requirements	Compliance with key screening requirements			
	Facility A	Facility B	Facility C	Facility D
Credentials verified for practitioners VA intends to hire	○	●	○	○
Credentials verified for practitioners currently employed in VA	●	●	●	●
List of Excluded Individuals and Entities queried for practitioners VA intends to hire	●	○	○	○
Background investigation completed or requested for practitioners currently employed in VA	●	○	○	●
Declaration for Federal Employment form completed for practitioners currently employed in VA	●	●	●	●

Source: GAO analysis of VA facility files.

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

GAO found adequate screening requirements for certain practitioners, such as physicians and dentists, for whom all licenses are verified by contacting state licensing boards. However, existing screening requirements for others, such as nurses and respiratory therapists currently employed in VA, are less stringent because they do not require verifying all state licenses and national certificates. Moreover, they require only physical inspection of these credentials rather than contacting licensing boards or certifying organizations. Physical inspection alone can be misleading; not all credentials indicate whether they are restricted, and credentials can be forged. VA also does not require facility officials to query, for other than physicians and dentists, a national database that includes reports of disciplinary actions and criminal convictions involving all licensed practitioners. In addition, many practitioners with direct patient care access, such as medical residents, are not required to undergo background investigations, including fingerprinting to check for criminal histories. This pattern of gaps and mixed compliance with key VA key screening requirements create vulnerabilities to the extent that VA remains unaware of practitioners who could place patients at risk.