

Quality Assurance Surveillance Plan (QASP)

Outpatient Site of Care Service

The contractor shall be evaluated in accordance with the following:

1. PURPOSE

This Quality Assurance Surveillance Plan (QASP) provides a systematic method to evaluate performance for the stated contract. This QASP explains the following:

- What will be monitored.
- How monitoring will take place.
- Who will conduct the monitoring.
- How monitoring efforts and results will be documented.

This QASP does not detail how the contractor accomplishes the work. Rather, the QASP is created with the premise that the contractor is responsible for management and quality control actions to meet the terms of the contract. It is the Government's responsibility to be objective, fair, and consistent in evaluating performance.

This QASP is a "living document" and the Government may review and revise it on a regular basis. However, the Government shall coordinate changes with the contractor through contract modification. Copies of the original QASP and revisions shall be provided to the contractor and Government officials implementing surveillance activities.

2. GOVERNMENT ROLES AND RESPONSIBILITIES

The following personnel shall oversee and coordinate surveillance activities.

a. Contracting Officer (CO) – The CO shall ensure performance of all necessary actions for effective contracting, ensure compliance with the contract terms, and shall safeguard the interests of the United States in the contractual relationship. The CO shall also assure that the contractor receives impartial, fair, and equitable treatment under this contract. The CO is ultimately responsible for the final determination of the adequacy of the contractor's performance.

Assigned CO: Shawn Smith

Organization or Agency: Department of Veterans Affairs NC04

b. Contracting Officer's Representative (COR) – The COR is responsible for technical administration of the contract and shall assure proper Government surveillance of the contractor's performance. The COR shall keep a quality assurance file. The COR is not empowered to make any contractual commitments or to authorize any contractual changes on the Government's behalf.

Assigned COR: Paddy Kindt

3. CONTRACTOR REPRESENTATIVES

The following employee(s) of the contractor serve as the contractor's program manager(s) for this contract.

Primary: TBD

Alternate: TBD

4. PERFORMANCE STANDARDS

The contractor is responsible for performance of ALL terms and conditions of the contract. CORs will provide contract progress reports quarterly to the CO reflecting performance on this plan and all other aspects of the resultant contract. The performance standards outlined in this QASP shall be used to determine the level of contractor performance in the elements defined.

Performance standards define desired services. The Government performs surveillance to determine the level of Contractor performance to these standards.

The Performance Requirements are listed below in Section 6. The Government shall use these standards to determine contractor performance and shall compare contractor performance to the standard and assign a rating. At the end of the performance period, these ratings will be used, in part, to establish the past performance of the contractor on the contract.

5. INCENTIVES/DEDUCTS

The Government shall use past performance as incentives. Incentives shall be based on exceeding, meeting, or not meeting performance standards , No incentives will be given.

6. METHODS OF QA SURVEILLANCE

Various methods exist to monitor performance. The COR shall use the surveillance methods listed below in the administration of this QASP.

a. DIRECT OBSERVATION. 100% surveillance: Method not applicable

b. PERIODIC INSPECTION. Inspections scheduled and reported quarterly per COR delegation or as needed. Applies to 4.7.1 VA will monitor using electronic reports using data from VA Vista/CPRS system monthly. Applies 4.7.2 VA will do monthly from Sail report, VA Vista/CPRS Systems. Applies to 4.7.3 Quarterly inspection audit Sail report, VHA Performance Measure Report and PACT Dashboard. Applies to 4.7.4 Periodic inspection audit of VHA Performance Measure report and PACT Dashboard. Allpies to 4.7.7. Monitor quarterly T21, Quality and PACT Dashboard-automated reports. Applies to 4.7.8 Monitor quarterly ythru automated reports. Applies to 4.7.9 Monitor quarterly electronic reports Quality and PACT Dashboard. Applies to 4.7.10 monitor quarterly Quality and PACT Dashboard. Applies to 4.7.11 monthly Quality and PACT Dashboard SHEP measures. Applies to 4.7.12 Monitor monthly thru Quality and PACT Dashboard. Applies to 4.7.6 99% annually thru automated reports.

c. VALIDATED USER/CUSTOMER COMPLAINTS. Method not applicable

d. RANDOM SAMPLING. Applies to 4.7.5 VA will monitor using electronic reports using data from VA Vista/CPRS system monthly. Applies to 4.7.13 Random monthly inspection audit by LVAMC COR when random chart review (10) conducted by Medical Director CBOC Care Line

e. Verification and/or documentation provided by Contractor. Method not applicable.

Task	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives/ (Deducts)
CLINICAL REMINDERS	4.7.1.	<p>VISTA/CPRS will automatically remind providers to complete the following clinical reminders during patients visits:</p> <ul style="list-style-type: none"> -Alcohol Use Screen -Positive AUDIT-C Needs Evaluation -Depression Screening -Evaluation of positive PTSD -Tobacco Counseling by provider FY XX -Tobacco Counseling FY XX -Iraq and Afghanistan Post-Deployment Screening -TBI Screening -Influenza Immunization -Pneumovax -Colorectal Ca Screening -FOBT Positive F/U -Diabetes Eye Exam -Diabetes Foot Exam -Mammogram Screening -Pap Smear Screening 	100% Proper documentation and completion of all clinical reminders as they appear during a patient's visit	90% completion of clinical reminders each month.	Random Sampling VA will monitor using Electronic report using data from VA VISTA/CPRS system. VA will monitor progress weekly thru automated reports data warehouse ,EPRP Reviews, Clinical Reminder Reports). VA will send these weekly reports to the contractor to notify them to their current performance.	Satisfactory or better past performance	<p>Negative Past Performance, Failure to meet VA performance measures shall result in the following deductions:</p> <p>85%-89.9%: A disincentive equaling 5% of that month's invoice when the AQL was not met. Past Performance rating of Marginal may be assigned</p> <p>80%-84.9%: A disincentive equaling 10% of that month's invoice when the AQL was not met. Past Performance Rating of Marginal or Unsatisfactory may be assigned.</p> <p>79.9% and below: A disincentive equaling 10% of that month's invoice when the AQL was not met. Past Performance Rating of Marginal or Unsatisfactory may be assigned.</p>

Task	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives/ (Deducts)
NEW PC PATIENT WAIT TIME (PC 11)	4.7.2	New PC Patient Wait Time	The Contractor shall schedule routine new patient appointments within thirty (30) calendar days of Primary Care request	86% monthly; New PC appointments completed no later than 30 days of requested date.	Monthly;VHA SAIL Report http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fMgmtReports%2fVATR%2fSAIL_Prod%2fSAIL_&rs:Command=Render Periodic Sampling VA will monitor using Electronic report using data from VA VISTA/CPRS system.	Satisfactory or better past performance.	Negative Past Performance, Failure to meet VA performance measures shall result in the following deductions: 80%-85.9%: A disincentive equaling 10% of that month's invoice when the AQL was not met. Past Performance Rating of Marginal may be assigned. 75%-79.9%: A disincentive equaling 15% of that month's invoice when the AQL was not met. Past Performance Rating of Marginal or Unsatisfactory may be assigned.
ESTABLISHED PC PATIENT WAIT TIME (PC12)	4.7.3.	Established PC Prospective Wait Time	The Contractor shall schedule routine new patient appointments within thirty (30) calendar days of Primary Care request.	94% completion of established primary care appointments no later than 30 days of requested date.	VHA SAIL Report http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fMgmtReports%2fVATR%2fSAIL_Prod%2fSAIL_&rs:Command=Render Periodic Inspection audit of VHA Performance Measure Report and PACT Dashboard VA will monitor and report progress Quarterly (non-cumulative)	Satisfactory or better past performance.	Negative Past Performance, Failure to meet VA performance measures may result in the following deductions: Past Performance Rating of Marginal or Unsatisfactory may be assigned if AQL is not met
SAME DAY APPOINTMENTS WITH PRIMARY CARE PROVIDER (PCP) [PACT 7]	4.7.4	Same day appointments provided with PCP	70% completion of same day primary care appointments with PCP	48% completion of same day primary care appointments with PCP	Periodic Inspection audit of VHA Performance Measure Report and PACT Dashboard VA will monitor and report progress Quarterly (non-cumulative)	Satisfactory or better past performance.	Negative Past Performance, Failure to meet VA performance measures may result in the following deductions: Past Performance Rating of Marginal or Unsatisfactory may be assigned if AQL is not met.

Task	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives/ (Deducts)
CLINICAL ENCOUNTERS	4.7.5	Providers must complete proper documentation for each patient visit.	100% Documentation must be complete for all fields including whether or not the patient is service connected. The CPT and provider codes must match and codes must accurately reflect complexity of visit. Complete documentation must be completed before the 7th of the following month. During the month, the contractor should be monitoring compliance and working to clean up open encounters.	99.9% monthly completion of clinical encounters each month. The number is calculated using the following formula: the total numbers of encounters for the month.	Random Sampling (auditing) VA will monitor using Electronic report using data from VA VISTA/CPRS system, observation and random inspections (auditing). CBOC Care Line?COR will provide contractor with outstanding encounters at the end of the month. VA will monitor progress weekly thru automated reports. VA will send these weekly reports to the contractor to notify them to their current performance.	Satisfactory or better past performance	Negative Past Performance, Failure to meet 100% APL shall result in the following deductions: 90%-99.9%: A disincentive equaling 5% of that month's invoice when the AQL was not met. Past Performance Rating of Marginal may be assigned. 80%-89.9%: A disincentive equaling 10% of that month's invoice when the AQL was not met. Past Performance Rating of Marginal or Unsatisfactory may be assigned. 79.9% and below: A disincentive equaling 10% of that month's invoice when the AQL was not met. Past Performance Rating of Marginal or Unsatisfactory may be assigned.
TASK	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives/ (Deducts)
VESTED PATIENTS	4.7.6.	Contractor shall maintain a specific number of vested patients in the clinic.	Contractor to maintain _____99%_____ active vested patients in the clinic for at least three of the option years.	90% of required active vested patients in the clinic for at least three of the option years.	VA will monitor using Electronic report using data from VISTA/CPRS annually. Contractor can check the status of their performance by running reports in VISTA/CPRS as frequently as needed.	Satisfactory or better past performance	Negative Past Performance, Failure to meet VA performance measures may result in marginal or unsatisfactory past performance rating.

					VA will monitor progress annually thru automated reports.		
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TASK	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives/ (Deducts)
PACT PATIENTS ENROLLED IN HOME TELEHEALTH (HT) [PACT 13]	4.7.7	Contractor shall maintain a specific number of vested patients enrolled in HT.	Contractor to maintain 1.6% of required vested patients in HT	1.2% of required vested patients enrolled in HT	VA will monitor using Electronic report using data from Performance Measure Report: T21, Quality and PACT Dashboard. VA will monitor progress quarterly (non-cumulative) thru automated reports.	Satisfactory or better past performance .	Negative Past Performance, Failure to meet VA performance measures may result in marginal or unsatisfactory past performance rating.
PRIMARY CARE PATIENTS IN MENTAL HEALTH INTEGRATION (PCMHI) [PACT 15]	4.7.8.	Contractor reports PCMHI Penetration that uses patients assigned to a PACT team as the cohort (instead of core uniques with a primary care encounter).	Contractor to maintain 6% of required vested patients in PCMHI.	Contractor to maintain 6% of required vested patients in PCMHI.	VA will monitor using Electronic report using data from Performance Measure Report: T21, Quality and PACT Dashboard. VA will monitor progress quarterly (non-cumulative) thru automated reports. Incentive: satisfactory or better past performance	Satisfactory or better past performance	Negative Past Performance, Failure to meet VA performance measures may result in marginal or unsatisfactory past performance rating.

TASK	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives/ (Deducts)
RATIO OF NON-TRADITIONAL ENCOUNTERS [PACT 16]	4.7.9	Contractor reports the sum of all PC Telephone encounters added to the sum of all PC Group Encounters added to the sum of all incoming and outgoing secure messages as the numerator.	Contractor shall maintain at least 20% in the appropriate ratio of non-traditional encounters.	Contractor shall maintain at least 12% in the appropriate ratio of non-traditional encounters.	VA will monitor using Electronic report using data from Performance Measure Report: T21, Quality and PACT Dashboard. VA will monitor progress quarterly (non-cumulative) thru automated reports	Satisfactory or better past performance .	Negative Past Performance, Failure to meet VA performance measures may result in marginal or unsatisfactory past performance rating.
POST DISCHARGE CONTACT BY PACT TEAM [PACT 17]	4.7.10.	Number of discharges with follow-up contact by a member of the assigned PACT Team within two business days of discharge.	Contractor assigned PACT Team member shall contact at least 75% of patients within two business days of discharge.	Contractor assigned PACT Team member shall contact at least 40% of patients within two business days of discharge.	VA will monitor using Electronic report using data from Performance Measure Report: T21, Quality and PACT Dashboard. VA will monitor progress quarterly (non-cumulative) thru automated reports.	Satisfactory or better past performance	Negative Past Performance, Failure to meet VA performance measures may result in marginal or unsatisfactory past performance rating.

TASK	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives/ (Deducts)
PATIENT SURVEY RESULTS FOR “DISCUSSED DIFFICULTIES IN CARING FOR SELF” [PCMH 4; SHEP PCMHQ36]	4.7.11	Outpatients responding to the PCMH survey, and answering Question 6: In the last 6 months, when you contacted this	At least 57% of weighted patient surveys show “yes.” For Question 9 and 48% for Question 6	At least 42% of weighted patient surveys show “yes.” Question 9 and At least 35% of weighted	VA will monitor using Electronic report using data from Performance Measure Report: T21, Quality and PACT Dashboard. VA will monitor progress quarterly (non-cumulative) thru	Satisfactory or better past performance .	Negative Past Performance, Failure to meet VA performance measures may result in marginal or unsatisfactory past performance rating.

		<p>provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?</p> <p>Outpatients responding to the PCMH survey, and answering Question 9: In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?</p>		<p>patient surveys show "yes." For Question 6</p>	automated reports		
PRIMARY CARE PROVIDER CONTINUITY PACT 19	4.7.12	Patients see same PCP for appointments	77% of appointments provided with assigned PCP	65% of appointments provided with assigned PCP	VA will monitor using Electronic report using data from Performance Measure Report: T21, Quality and PACT Dashboard. VA will monitor progress quarterly (non-cumulative) thru automated reports.	Satisfactory or better past performance	Negative Past Performance, Failure to meet VA performance measures may result in marginal or unsatisfactory past performance rating.
PRIMARY CARE RESULT NOTIFICATION	4.7.13	CBOC patients will be notified of all normal test results within 14 days of receipt; all critical results that do not pose imminent danger within 24 hours of receipt; and critical results that do	VHA Directive 2009-019. VHA Handbook 1105.03..	90% of all patients will be notified via telephone, secure messaging, and letter or Face-to-face, based on urgency of	Random monthly inspection and auditing by Lebanon VAMC, CBOC Care Line, COR and Peer review, which is reviewed by the Medical Director of the CBOC Care Line..	Satisfactory or better past performance	Past performance Evaluation: Failure to the 90% APL shall result in the following deductions from monthly invoice: 2% deduct for every 5% below APL of 90% (Not to exceed 10% deduction for the month). Should total performance be below 80% contractor will be non-compliant

		pose imminent danger immediately upon receipt of result. These will be clearly documented in CPRS. Notification method used must be clinically appropriate based on level of results.		notification. Provider will clearly document such notification in chart.			with the requirements of the contract.
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7. Ratings:

Metrics and methods are designed to determine rating for a given standard and acceptable quality level. The following ratings shall be used:

EXCEPTIONAL:	<p>Performance meets contractual requirements and exceeds many to the Government's benefit. The contractual performance of the element or sub-element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective.</p> <p>Note: To justify an Exceptional rating, you should identify <u>multiple</u> significant events in each category and state how it was a benefit to the GOVERNMENT. However a singular event could be of such magnitude that it alone constitutes an Exceptional rating. Also there should have been NO significant weaknesses identified.</p>
VERY GOOD:	<p>Performance meets contractual requirements and exceeds some to the Government's benefit. The contractual performance of the element or sub-element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.</p> <p>Note: To justify a Very Good rating, you should identify a significant event in each category and state how it was a benefit to the GOVERNMENT. Also there should have been NO significant weaknesses identified.</p>
SATISFACTORY:	<p>Performance meets contractual requirements. The contractual performance of the element or sub-element contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.</p> <p>Note: To justify a Satisfactory rating, there should have been only minor problems, or major problems the contractor recovered from without impact to the contract. Also there should have been NO significant weaknesses identified.</p>
MARGINAL:	<p>Performance does not meet some contractual requirements. The contractual performance of the element or sub-element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor's proposed actions appear only marginally effective or were not fully implemented.</p> <p>Note: To justify Marginal performance, you should identify a significant event in each category that the contractor had trouble overcoming and state how it impacted the GOVERNMENT. A Marginal rating should be supported by referencing the management tool that notified the contractor of the contractual deficiency (e.g., Management, Quality, Safety or Environmental Deficiency Report or letter).</p>
UNSATISFACTORY:	<p>Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element being assessed contains serious problem(s) for which the contractor's corrective actions appear or were ineffective.</p> <p>Note: To justify an Unsatisfactory rating, you should identify multiple significant events in each category that the contractor had trouble overcoming and state how it impacted the GOVERNMENT. However, a singular problem could be of such serious magnitude that it alone constitutes an unsatisfactory rating. An Unsatisfactory rating should be supported by referencing the management tools used to notify the contractor of the contractual deficiencies (e.g. Management, Quality, Safety or Environmental Deficiency Reports, or letters).</p>

a. The Government shall document positive and/or negative performance. Any report may become a part of the supporting documentation for any contractual action and preparing annual past performance using CONTRACTOR PERFORMANCE ASSESSMENT REPORT (CPAR).

b. If contractor performance does not meet the Acceptable Quality level, the CO shall inform the contractor. This will normally be in writing unless circumstances necessitate verbal communication. In any case the CO shall document the discussion and place it in the contract file. When the COR and the CO determines formal written communication is required, the COR shall prepare a Contract Discrepancy Report (CDR), and present it to CO. The CO will in turn review and will present to the contractor's program manager for corrective action.

The contractor shall acknowledge receipt of the CDR in writing. The CDR will specify if the contractor is required to prepare a corrective action plan to document how the contractor shall correct the unacceptable performance and avoid a recurrence. The CDR will also state how long after receipt the contractor has to present this corrective action plan to the CO. The Government shall review the contractor's corrective action plan to determine acceptability. The CO shall also assure that the contractor receives impartial, fair, and equitable treatment. The CO is ultimately responsible for the final determination of the adequacy of the contractor's performance and the acceptability of the Contractor's corrective action plan.

Any CDRs may become a part of the supporting documentation for any contractual action deemed necessary by the CO.

a. Frequency of Measurement.

The frequency of measurement is defined in the contract or otherwise in this document. The government (COR or CO) will periodically analyze whether the frequency of surveillance is appropriate for the work being performed.

b. Frequency of Performance Reporting.

The COR shall communicate with the Contractor and will provide written reports to the Contracting Officer quarterly (or as outlined in the contract or COR delegation) to review Contractor performance.

SIGNED:

COR NAME/TITLE	DATE
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SIGNED:

CONTRACTOR NAME/TITLE	DATE
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ATTACHMENTS NEEDED PER PWS

VHA T-21 Implementation Guide



VHA T21

Implementation Guide

Workload History/Projections

listing of specimen collection containers and laboratory test panels/profiles utilized by VA

Instructions for specimen collection, specimen processing, shipping manifest, and packaging of specimens for transport

Pharmacy: limited formulary of emergent items

Sample Patient Handbook

Immigration Certification form

Organizational Conflict of Interest Memo

Workload History/Projections- Example

WORKLOAD Estimates: Enter the applicable workload data from the updated business plan. The following is an example of workload. Amend to reflect the specifics of the Outpatient Site of Care required.

As of 9/30/2014, enrollment in the current Schuylkill County CBOC was 5,774. The following is a listing of estimated numbers of veterans residing in Schuylkill County as of 2015 according to the following website:

<http://www1.va.gov/VETDATA/Demographics/Demographics.asp>

County Veterans

Schuylkill County, PA 13,752

All these veterans are not actually "enrolled" at VA or CBOC's but have been seen.

There are eight (8) Priority Groups to which veterans may be assigned after processing. All applications for all eight (8) groups are input into VISTA by the CBOC for reporting and accountability purposes, but those veterans in Priority Group 8, who applied after 1/17/03, are ineligible and will not receive services by the Contractor. Veterans are not "assigned" to a CBOC but may choose either to be seen at VA or to be enrolled in a CBOC. VA will notify eligible veterans about the availability of the Schuylkill County CBOC and the services to be provided there. The Government estimates that each patient will make 2.40 visits per contract year to the CBOC.

The numbers of veterans residing in the counties identified above and estimated number of visits per patient per year as stated above are estimates and are to be used for information purposes only. VA in no way guarantees the accuracy of the estimates. Contractor fully understands and agrees that costs for any additional visits above the estimated average visits per unique veteran patient and all primary care services as specified in the Description/Specifications/Work Statement Section are borne by the Contractor, and are included in the capitation rates agreed to by the Contractor in the Schedule of Services and Prices/Costs section.

Patients have the right to receive primary care other than from VA or a CBOC. The VA, however, encourages patients to have only one primary care provider; and it is VA's expectation that the patient is seen at the VA CBOC at least once per twelve (12) month period, or as often as deemed clinically appropriate by the veteran's VHA CBOC Primary Care Provider (for further guidance, please also refer to VHA Directive 2009-038 dated August 25, 2009 – include as hyperlink/attachment).

Statistical Information: Schuylkill County CBOC, currently located in Schuylkill County, USA, has been in operation since 1996. The following is the most recent statistical information for services provided for Schuylkill County CBOC for the period 10/1/2014 –9/30/2015:

Number of Uniques, Number of Visits, and Average Number of Visits per Patient:

	Schuylkill
Number of Visits	5,684
Uniques	2,365
Visits/Unique	2.40

http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fWorkload%2fOutput%2fCDWEnclave%2fCBOC_VAST&rs:Comm and=Render

Number of Visits and Uniques by month during the period 10/1/2014–9/30/2015:

Month	Visits	Uniques
Oct-14	728	665
Nov-14	488	448
Dec-14	487	453
Jan-15	317	286
Feb-15	312	273
Mar-15	505	464
Apr-15	624	568
May-15	436	410
Jun-15	487	445
Jul-15	457	411
Aug-15	347	315
Sep-15	447	413

<http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fWorkload%2fOutput%2fCDWEnclave%2fOutputVisitsPersons&rs:command=render>

Age and Sex Distribution during the period 10/1/2014-9/30/2015:

Age Group	FEMALE	MALE	Grand Total
< 25	12	0	12
25-34	83	15	98
35-44	76	8	84
45-54	115	23	138
55-64	261	22	283
65-74	793	9	802
75-84	593	9	602
85+	322	5	327
Grand Total	2265	91	2356

https://mcareports.va.gov/sas/cboc_mh_pc_viscost.asp

15 Most Frequent ICD Diagnoses during the period 10/1/2014-9/30/2015

ICD Code	Description
272.4	HYPERLIPIDEMIA NEC/NOS
401.9	HYPERTENSION NOS
250	DMII WO CMP NT ST UNCNR
530.81	ESOPHAGEAL REFLUX
309.81	POST TRAUMATIC STRESS DIS
311	DEPRESSIVE DISORDER NEC
300.00	ANXIETY STATE NOS
305.1	TOBACCO USE DISORDER
278	OBESITY, UNSP
414.9	CHR ISCHEMIS HRT DIS NOS
427.31	ATRIAL FIBRILLATION
496	CHR AIRWAY OBSTRUCT NEC
414.00	COR ATHEROSCL UNSP TYP-VES

244.9 HYPOTHYROIDISM NOS
600.00 BPH W/O URINARY OBSTRUCT

<https://biooffice.pa.cdwr.va.gov/default.aspx?bookid=46AD395F-085E-426F-A80D-4073F44A9CA4&ispasFalse/report9E1BFB7C-EA2B-4FC5-A148-DC8AC32A16CD/ws1/ws0/isDisabledAnalyticsFalse/isDashboardPanelOnTrue>

Laboratory Tests:

The following laboratory tests were collected at our Schuylkill County CBOC and performed at the VA during the period 10/1/2014-9/30/2015:

Chemistry Panels	370
CBC	138
Coag (PT,PTT,INR)	36
Micro Cultures	10
Cytology	0
Surgical Pathology	0
Reference Lab	213
Miscellaneous Tests	505
Occult Blood	2
Total	1274