

National Peace Corps Association Summary
Peace Corps Office of the Inspector General
Final Program Evaluation Report
Peace Corps' Medical Clearance System
March, 2008

OIG = Peace Corps Office of Inspector General
OMS = Peace Corps Office of Medical Services
MCS = Peace Corps Medical Clearance System

- Medical Clearance System Best Practices (Page 2)
- Quality Improvement (Page 3)
- Customer Service (Page 4)
- Staffing Needs (Page 5)
- Cost to Applicant (Page 6)
- Medical Clearance System Timeframe (Page 7)
- Veterans Administration Hospital Services (Page 8)
- 50+ Applicants (Page 9)
- Streamlining the Medical Clearance System (Page 10)
- Implementing Previous Medical Reports (Page 11)

MEDICAL CLEARANCE SYSTEM BEST PRACTICES

The OIG reported being “impressed with the effectiveness of the following screening systems and processes” and commended “recent improvements to the MCS, for continually meeting the annual request for Trainees and for fulfilling their core functions”:

- **Screening Review Board:** “Each Wednesday, the Screening Review Board...meets to review medical screening applicants appeal cases. The process is comprehensive, effective and represents an example of Volunteer empowerment in the MCS...(A recent decision) to eliminate the second round of appeals increased the efficiency of the appeals process without sacrificing oversight.”
- **Cross Training:** “The Medical Support Supervisor presents an overview of the OMS and the MCS at new recruiter trainings...staff make field visits to regional recruitment offices and other events in order to inform, develop working relationships with recruiters, and collectively identify best practices to facilitate applicants through the MCS...86% of applicants reported that the MCS information provided by the recruiters and OMS staff was consistent.
- **Production Meetings:** “Every week, placement officers communicate to screening nurses their needs for upcoming close of invitations in order to fill upcoming Training classes. These weekly meetings...are a great example of inter-office communication and support.”
- **Automation of Medical Kit Launch:** “Although the Medical Kit is still a paper-centric process, the Pre-Service Unit and the OMS computer programmer analyst have worked to better organize and automate this process. In June 2007, the process became fully automated, which eliminated the need to manually review Medical Kit documents prior to mailing...On September 17, 2007, OMS presented the Online Medical Kit project to the Peace Corps Investment Review Board in order to secure agency funding and IT resources.”
- **Expert System Improvements:** “...The Pre-Service Unit has worked closely with the OMS computer programmer analyst to consistently make improvements that benefit the staff’s ability to log medical documentation and communications, thereby allowing the screening staff to respond specifically to applicants...”
- **Screening Assistants:** “The screening manager...created three positions...to be the frontline for customer service calls. Many applicant calls are administrative in nature...These positions freed up the screening nurses to concentrate on medically screening applicants.”

QUALITY IMPROVEMENT

OIG findings include:

- “Former and current OMS staff stated unanimously that there was a lack of interest and lack of prioritization of quality improvement by former OMS leadership.”
- “Standard Operating Procedures (for confidential information) are not enforced...Liability for misplaced files is placed on the medical records staff, which is inappropriate in many cases.”
- “The Quality Improvement Unit has allowed updates to critical screening resources...to lapse.”
- “Staff feedback mechanisms need to be developed in which OMS can systematically collect staff responses and recommendations for identifying ‘strengths and opportunities’ for making improvements to the MCS.”

OIG makes eight recommendations, including:

- The Pre-Service Unit develop Standard Operating Procedures for all aspects of the Pre-Service process.
- OMS enforce Standard Operating Procedures pertaining to confidential applicant medical records.
- OMS create policies and procedures to ensure that the Medical Screening Guidelines are updated at a minimum annually and as screening changes occur.

Response from Peace Corps to recommendations includes:

- “Prior to issuance of this report, the Pre-Service Unit began developing Standard Operating Procedures for the crucial aspects of the screening process.”
- “Standard Operating Procedures (on confidentiality) were reviewed and revised October 2007.” Peace Corps indicates “enforcement of current SOP’s and assessment of the medical records process has been and is continued priority for all of OMS.”
- “A complete review and update of the medical screening guidelines was completed in November, 2007. Policies are in place to insure that the screening guidelines are reviewed at least annually, and modified as new medical information becomes available.”

CUSTOMER SERVICE

OIG findings include:

- “Applicants and staff reported that despite the introduction of various customer service initiatives...in the past several years, customer service continues to be practiced inconsistently.”
- “out of 779 applicants who called OMS’ main telephone number...13% reported that they called more than five times before they were able to speak with a representative. Only 32% reported that they reached a live representative the first time they called. Applicants complained that they were transferred repeatedly...Some applicants who did reach a customer service rep or a medical screening assistant reported that they were rude or unhelpful.”
- “Staff often pointed to the fact that medical clearance staff...are usually in the unenviable position of having to tell an applicant: ‘You are not going to be a PCV’. This...can result in the applicant becoming angry. This may be true; however, courteous customer service should be emphasized.”

OIG makes eight recommendations, including:

- OMS improve the MCS customer service line so that the line always rolls to another phone until a live person is reached.
- OMS (with assistance from other departments) systematically collect applicant feedback by developing and implementing an applicant feedback survey.
- OMS establish and implement annual customer service training for all OMS staff that have direct communication with applicants.

Response from Peace Corps to recommendations includes:

- (on rollover phone recommendation): “This system was put into place prior to the OIG report. One nurse is assigned to do phone duty...The hours of nurse line coverage have been extended, and a tracking system implemented to capture the number of calls that come in. Preliminary feedback...indicates there has been an increase in satisfaction among applicants due to this change.”
- Peace Corps reports planning meetings are underway among appropriate staff for the purposes of implementing an applicant survey. Further clarification has been requested from the OIG on the content of the survey and the need for clearance from the Office of Management and Budget to conduct such a survey.
- “Customer service training by an outside consultant was provided to all employees in Volunteer Support in September 2007. OMS will request funds for continuing annual customer service training.”

STAFFING NEEDS

OIG findings include:

- “Internal and external agency reports on the Volunteer Delivery System have suggested that OMS hire additional screening nurses since understaffing has caused decreased efficiency in reviewing Medical Kits and issuing medical dispositions.”
- “OMS has been unable to justify the staff required due to its inability to use data and analysis to present evidence for their staffing needs.”
- “...it is clear that screening nurse vacancies combined with the customary two-month processing time to fill screening nurse vacancies, contribute to decreased medical screening efficiency, customer-service, performance, and consistent and accurate decision-making.”
- “The five-year rule is a detriment to the MCS.”

OIG makes six recommendations, including:

- OMS conduct a staffing analysis to determine whether the number of screening nurses currently on staff is adequate.
- “...that the agency considers a pilot program to exempt screening nurses in the OMS from the five-year rule...”

Response from Peace Corps to recommendations includes:

- “Pre-Service staffing analysis has concluded there is a need for three additional screening assistants, one per region...Post Service Unit staffing analysis identifies the need for two additional case management positions.”
- Peace Corps did not concur with the five-year rule recommendation: “Exempting only a certain number of nurses would cause morale problems among the other nurses in the OMS Pre-Service Unit who do not get the exemption...We do not want to exempt all 18 nurses, as that goes against the spirit of the Peace Corps Act setting out the five year rule.”

COST TO APPLICANT

OIG findings include:

- “There is a lack of documented analysis to support the medical and dental reimbursement rates provided to applicants for Medical Kit expenses.”
- “...recent immunization requirements (with no reimbursement increase) that have been added...coupled with the real increase in costs of medical and dental exams due to annual inflation are alone justifications for increasing the reimbursement schedule.”
- 87% of 50+ respondents (to an internal Peace Corps survey) “reported that they had health insurance at the time they applied and were medically qualified for Peace Corps. However, 61% reported that the cost of completing their medical exams for the medical screening process was not covered by health insurance.”
- “There is evidence of a potential correlation between individuals of lower socioeconomic levels and their inadequate access to health insurance, increasing the cost burden for this demographic and further preventing them from finishing the application process or even applying...If the Peace Corps is seeking to increase...applicants of diverse socioeconomic backgrounds, removing the impediment of an inadequate reimbursement schedule is an important step.”

OIG makes five recommendations, including:

- OMS provide applicants with data that shows average out-of-pocket costs that applicants have incurred.
- Establish criteria by which to assess the adequacy of the reimbursement fee schedule by 2008.
- Immediately after establishing the assessment criteria, assess the adequacy of the current Plan One reimbursement fee schedule and adjust the schedule accordingly.

Response from Peace Corps to recommendations includes:

- OMS did not concur with OIG recommendations.
- “The purpose of the Plan One fee schedule is to provide a small contribution or stipend to help offset some of the costs that may not be covered by insurance. It is not, nor has it ever been intended to be a full reimbursement for the out-of-pocket expenses that an applicant may have incurred...”
- “OMS would be pleased to increase the stipend for applicants; this however would require that the organization increase the budget for this specific account.”
- “costs that an applicant may incur...is highly variable...we do not believe this would provide accurate information...In fact, this would be much more likely to result in misconceptions and confusion...Peace Corps recommends applicants consult with their doctor and insurance provider...before they begin their medical evaluation and as necessary during the medical evaluation process.”

MEDICAL CLEARANCE SYSTEM TIMEFRAME

OIG findings include:

- “OMS staff state they cannot post information on application timeframes because each applicant is an individual and the timeframe for processing...varies greatly... While this statement is true, data could be gathered and analyzed that would allow an average timeframe for (suggested categories include whether applicants are over/under 50 years of age and with/without medical accommodation).”
- “Overall, 48% of applicants were not satisfied with the length of the MCS.”
- “50% of applicants reported that OMS officials requested additional information or tests not specified in their original Medical Kits.”
- “Medical Kit letters, forms and instructions were poorly organized...the OMS reported that they are currently condensing the 32-page Medical Kit booklet of instructions, creating a shorter checklist...and making both versions available online. These efforts will improve accessibility of instructions...”
- “84% of applicants responding to the survey said they showed their Medical Kit instructions to their physician...Survey respondents and case study participants stated that their physicians read the Medical Kit instructions but were reported to be confused or overwhelmed by the instructions.”

OIG makes three recommendations, including:

- OMS provide applicants with the estimated time it will take the Pre-Service Unit to screen a Medical Kit from an applicant under 50 years of age and from an applicant 50 years and older.
- OMS work with the Office of Communications to improve the Medical Kit instructions by eliminating contradictory and vague guidance and highlighting the most critical information.

Response from Peace Corps to recommendations includes:

- “Once data is available from the new Pre-Service tracking system, OMS will make information available regarding the average time it takes to evaluate a medical packet from applicants less than 50 years of age and...applicants 50 years and older.”
- “The forms and instructions for the Medical Kit have been updated and improved. These will be sent out as part of the kit as soon as they are printed. There is now a user friendly checklist, and a list of (Frequently Asked Questions) that will aid the applicant in the medical screening process.”

VETERANS ADMINISTRATION HOSPITAL

OIG findings include:

- “The Veterans Administration Hospital’s relationship with Peace Corps is a resource for applicants to receive free physical exams when completing their Medical Kits; however, many applicants were unaware of this resource.”
- “Peace Corps needs to strengthen the agreement with VA Hospital in order to better define the VA Hospital’s role as a resource to Peace Corps applicants.”
- “OMS staff shared testimonials from applicants who complained that their scheduled appointments were not honored...Peace Corps’ agreement with the VA needs to be assessed for effectiveness and efficiency. The nature of the agreements needs more clarity, strength and definition.”

OIG makes four recommendations, including:

- Peace Corps and the VA Hospitals more clearly define and update their agreement.
- OMS correspond with VA Hospitals on an annual basis to strengthen communication on new requirements to the Peace Corps Medical Kit.
- OMS develop and distribute a list of Veterans Administration Hospitals across the nation that are positively responding to screening Peace Corps applicants based on applicant feedback.

Response from Peace Corps to recommendations includes:

- “To our knowledge there has never been a formal agreement between the Peace Corps and the Department of Veterans Affairs regarding the use of VA medical facilities for Peace Corps applicants.”
- Each of the (157) VA Hospitals or (650) clinics “functions independently in terms of clinic structure, organization and availability of appointments and medical personnel...OMS informs applicants of this resource but cannot provide any assurance that appointments will be available in a timely fashion (or at all) for any particular facility.”
- As a result of a February 2008 meeting of staff from Peace Corps and the Department of Veterans Affairs, “it was concluded that a formal agreement that would assure facilitation of medical evaluation of Peace Corps applicants could not be executed, and that the use of VA facilities for the medical evaluation of Peace Corps applicants will continue to be unpredictable and inconsistent.”
- “Given these limitations, providing...updates on the medical kit would not be constructive...Similarly, attempts to develop and distribute a list of VA Hospitals (responding positively to screening requests for Peace Corps applicants)...would not have meaning.”

50+ APPLICANTS

OIG findings include:

- “The agency has prioritized the Director’s 50+ initiative and has enabled the 50+ Initiative Working Group to conduct activities that have provided valuable data and analysis on the special needs of 50+ applicants.”
- “50+ applicants: cost more to screen...require more screening staff time...take longer to review...require more medical accommodations...expect more information...are more likely deemed medically not qualified and are more likely to appeal...may take longer to complete their Medical Kit.”
- Although “the stratified number of 50+ applicants was too small to produce statistically significant results”, the OIG survey indicated 41% of 50+ volunteers who responded were not at all to minimally satisfied with the Peace Corps Medical Clearance System, while 68% of 50+ applicants who did not serve shared a similar view.

OIG makes one recommendation:

- “OMS with consultation from the 50+ Initiative Working Group and the Office of Strategic Information, Research and Planning analyze what screening resources may be required by the agency to ensure the success of the 50+ Initiative, such as additional screening nurses or screening assistants.”

Response from Peace Corps to recommendation:

- “Currently OMS has 2 dedicated screening nurses for the 50+ Initiative. Having one additional nurse would allow dedication of one nurse for each PC Region. This will be a proactive approach to the projected increase in 50+ applicants...”

STREAMLINING THE MEDICAL CLEARANCE SYSTEM

OIG findings include:

- “As of Fiscal Year 2006, 91% of applicants applied online. However, the Medical Kit remains in a paper format...”
- “Although the OMS has requested that the agency’s Information Technology Group place the Medical Kit online more than two years ago, it had not occurred at the time of our evaluation.”
- “OMS has begun meetings...for developing an online Medical Kits Project. This project will enable applicants to access their Medical Kit packet from the internet rather than mail.”
- The report highlights medical clearance systems at Americorps and the U.S. State Department. “Differences aside, the Peace Corps can gain valuable insight from studying their quality standards and controls...”
- “OMS staff reported that medical confidentiality prevents them from requesting or receiving medical documentation via email. Numerous prior studies...stated that OMS’s overly stringent interpretation of medical confidentiality prohibits them from communicating freely...”
- “Peace Corps has identified but not implemented technological improvements to the MCS that would improve transparency and accessibility.”

OIG makes five recommendations, including:

- The OMS Screening Team meet with the State Department’s Screening Division to learn how the State Department decreased medical screening time through a combination of technological improvements, systems streamlining, and quality management.
- Improvements to the Medical Screening Process include posting the Medical Kit online.
- The agency prioritize long-standing recommendations for technological improvements to Pre-Service operations and provide OMS with the resources to carry out these improvements to the MCS.

Response from Peace Corps to recommendations includes:

- “OMS has met with the State Department’s screening division...”
- “OMS agrees that the (State Department) eMed document management system described in the report is efficient and effective and would function equally well for the Peace Corps...OMS was informed...the start-up and maintenance costs of this system have been approximately 14 Million dollars.”
- The OMS Quality Council reports it will prioritize long-standing recommendations for technological improvements.

IMPLEMENTING PREVIOUS MEDICAL REPORTS

OIG findings include:

- “Several of our recommendations for improvement to the MCS were either suggested by Peace Corps staff verbatim and/or emerged from recommendations in (nine) prior reports dating back to 1992. These recommendations were accepted by the agency but were never implemented.”
- “We have determined that the agency has not prioritized Pre-Service issues and has not fixed the problems with the MCS over the past 15 years. These recommendations are just as pertinent today, as shown in our findings, as they were when they were made, in certain cases, 15 years ago. The result of 15 years of inaction in key areas of the MCS is that criticisms and complaints have continued unabated.”

OIG makes one recommendation:

- The Cross-Unit Board in collaboration with the Quality Improvement Unit review the recommendations in the above noted reports.

Response from Peace Corps to recommendation:

- Peace Corps reports it established a tentative timeline (began in February and running through December 2008) to review the recommendations in past reports outlined by the OIG.