

May 5, 2006

**PROVISION OF CLINICAL SERVICES PROVIDED BY PUBLIC HEALTH SERVICE
COMMISSIONED CORPS OFFICERS WITHIN VA FACILITIES**

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy for the provision of clinical services by Public Health Service (PHS) Commissioned Corps Officers within VHA.

2. BACKGROUND

a. The Secretary of Health and Human Services (HHS) through a delegation of authority dated July 23, 2003, delegated the authorities necessary to administer the Commissioned Corps of the United States (U.S.) PHS to the Assistant Secretary for Health. On May 4th, 2005, the Department of Health and Human Services' (HHS) PHS and VHA signed a Memorandum of Understanding (MOU) to provide PHS officers, who currently fill administrative roles the opportunity to maintain their clinical skills while serving on detail within VA facilities.

b. Through the MOU, PHS Commissioned Corps Officers will have the opportunity to work (through a non-reimbursable detail) in an environment where they can maintain their clinical skills by providing clinical services to the veterans in VHA facilities.

c. **Definitions**

(1) **PHS Commissioned Corps Officers.** PHS Commissioned Corps Officers are Federal employees who are licensed clinical practitioners (i.e. nurses, physicians, pathologists, dentists, social workers, pharmacists, dietitians, physical therapists, speech therapists, audiologists and others), whose regular official duties as employees of the PHS, may not currently require direct provision of clinical care. They will provide no more than 120 hours of clinical services per calendar year, in a VHA facility. The VHA facility may serve as the PHS Officer's official work site for the period during which clinical services are provided.

(2) **PHS Liaison Officers.** PHS Liaison Officers are PHS staff members chosen by DHHS PHS to work with the VHA point-of-contact (POC) to coordinate the placement of PHS Commissioned Corps Officers in VHA clinical settings, for a maximum of 120 hours of service. This can be done in any increment that is agreed to by the PHS officer and VHA facility (e.g., 3 weeks of continuous service, or a 1/2 day clinic each week).

3. POLICY: It is VHA policy that PHS Commissioned Corps Officers may be temporarily assigned to a VHA facility participating in this program.

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4. ACTION

a. **VISN Director.** The VISN Director, or designee, is responsible for ensuring that each facility is aware that participation is voluntary.

b. **Medical Center Director.** The Medical Center Director or designee, if participating, is responsible for ensuring that:

(1) A POC is selected to coordinate with the PHS liaison officer to organize the placement and clinical working experience of the officer(s) and to verify the completion of the necessary credentialing and privileging, or scope of practice documentation.

(2) The facility provides emergency medical and dental treatment to PHS officers injured on the VHA facility premises while providing care at the VHA facility. ***NOTE: The PHS pays the cost of such treatment at the interagency rate. PHS will make such payments for emergency medical and dental treatment provided to PHS officers injured on the VHA facility premises while providing care at the VHA facility. PHS officers who sustain an on-the-job injury or illness may receive initial evaluation and treatment at a VHA facility. PHS will provide any subsequent follow-up care. Such injuries and illnesses will be filed under the PHS compensation program (Federal Employees' Compensation Act).***

(3) The appropriate required background investigations are completed on the PHS Officers before the assignment at the VHA facility is initiated (see Att. C). Evidence of a National Agency Check with Inquiries (NACI), or higher, investigation provided by PHS satisfies this requirement. Since these individuals are current Federal employees, PHS needs to have evidence of completed investigations. Generally, this is in the form of a "Certificate of Investigation," provided by the Office of Personnel Management (OPM). The Medical Center Director must ensure that processes exist for obtaining a copy of the "Certificate of Investigation," in order to ensure the investigation has been completed. ***NOTE: PHS Commissioned Corps Officers are Federal employees and their employer should have completed their background investigation prior to their detail in a VA facility. If the PHS Corps Officer does not have any evidence of an investigation, the facility has the option to refuse the detail. If the facility chooses to proceed with the detail, the process outlined in Attachment C is to be followed.***

(4) Upon completion of each period of clinical services provided by a PHS Officer, a written verification, on facility letterhead, is provided documenting satisfactory completion of the number of hours of clinical services provided at the VHA facility.

c. **Chief of Staff.** The facility Chief of Staff is responsible for ensuring that:

(1) Clinical staff is aware of this MOU and its impact on the facility clinical services.

(2) PHS Commissioned Corps Officers are not assigned to clinical areas in which continuity of care is critical. ***NOTE: This is due to the brief amount of time PHS Officer is on detail.***

d. **Clinical Service Chief.** The Clinical Service Chief is responsible for ensuring that:

(1) The participating PHS Officer is provided with reasonable storage, dressing, and locker room space.

(2) Each PHS officer who is provided access to patient data, comply with published procedures to protect the privacy and confidentiality of such information as required by VA.

(3) PHS Officers permitted to independently provide patient care services will be granted professional and administrative privileges comparable to those granted to VHA staff in the same profession with comparable qualifications, training and experience, who are permitted by law and the facility to practice independently.

e. **Human Resource Service (HRS).** The facility HRS is responsible for ensuring that:

(1) PHS officers remain subject to all provisions of all applicable law and regulation.

(2) PHS Officers providing clinical services at the VHA facility abide by all applicable facility and VA-wide policies, procedures, rules, laws and regulations. *NOTE:* For example, see *Att. B, which details cyber security training requirements for PHS Officers.*

(3) The facility refuses acceptance of, and/or bars, any PHS officer if it is determined that further participation is not in the best interest of the VHA facility and veterans' care. The PHS Liaison Officer and PHS Officer must be notified by HRS if such action is deemed to be required.

(4) There is a process for documenting and tracking the hours of clinical service provided by the PHS Officer.

(5) The facility provides an orientation to all PHS Officers working at the VHA facility that includes: Computerized Patient Record System (CPRS) access, professional competencies, infection control, hazardous material handling, radiation safety, electrical safety, general patient safety, patient confidentiality and informed consent practices at the local facility, information security, and other professional expectations of the local facility.

(6) The facility is in compliance with VA and VHA Directives 0710, including, but not limited to, ensuring that:

(a) Appropriate position risk and sensitivity designations are made; and

(b) Results of background screenings, including Special Agreement Checks (SACs), are adjudicated within required timeframes for all PHS Officers.

f. **Credentialing and Privileging Program.** The facility Credentialing and Privileging Program is responsible for ensuring that:

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(1) In accordance with VHA Handbook 1100.19, all requirements for credentialing and privileging are met prior to actual clinical services being provided.

(2) Each PHS Officer providing clinical services at a VHA facility meets the VHA and local facility credentialing and privileging requirements of the PHS Officer's professional category. This includes no pending or ongoing adverse credentialing or privileging actions.

(3) Re-privileging is completed for those PHS Officers who are privileged to provide clinical services in the facility. ***NOTE:** Re-privileging is the process of granting privileges to a practitioner who currently holds privileges within the facility; it must occur at the time of expiration, or at a minimum of every 2 years. Included in this process are: the assessment of clinical competence by a minimum of two peer recommendations; and all other information that addresses: the professional performance, judgment, and clinical and/or technical skills; any disciplinary actions, challenges to licensure, loss of medical staff membership, and/or changes in clinical privileges at other entities; health status (as it relates to the ability to perform the requested clinical privileges); and involvement in any malpractice actions.*

(4) While performing clinical services, PHS officers remain "employees" of the United States (within the meaning of the Federal Tort Claims Act; (FTCA). Consequently, provisions of FTCA (Title 28 United States Code (U.S.C.) § 1346(b), 2671-2680), including its defenses and immunities, apply to allegations of negligence or wrongful acts or omissions by PHS Officers while acting within the scope of their duties.

(5) All tort claims arising out of the activities under this agreement, including those alleging negligent acts or omissions by PHS Officers, will be handled in accordance with VA policies and procedures. VA will be responsible for investigating such claims with the cooperation and assistance of PHS.

g. **PHS Commissioned Corps Officers.** PHS Commissioned Corps Officers who have been assigned to a facility have the responsibility for ensuring that they:

(1) Obtain a letter of assignment, or other similar document, as elected by DHHS PHS, that delineates the officer's name, the dates, times, and locations of the assignment and the officer's PHS liaison officer and contact telephone number.

(2) Coordinate their placement with the PHS Liaison Officers and the VHA POC.

(3) Identify local requirements for medical clearance, and obtain medical clearance prior to providing services at the VA facility. (i.e. confirmation that they have the physical and mental capability to fulfill the requirement of the clinical privileges being sought.) See VHA Handbook 1100.19.

(4) Provide copies of medical exams, immunizations and tuberculosis (TB) screenings to ensure that they meet all requirements.

(5) Abide by all applicable laws and regulations, including (but not limited to) required facility and VA-wide policies, procedures, rules and laws.

(6) Read and sign the facility's rules for accessing VA automated information system resources.

(7) Monitor the amount of time they have worked to ensure the amount is 120 hours or less per calendar year.

(8) Present a form to the VA POC at the beginning of the assignment to capture the clinical hours served. The form will be completed by the PHS Officer.

h. **Fiscal Service.** The facility Fiscal Service has the responsibility for ensuring that

(1) PHS Officers do not claim reimbursement of any travel expenses associated with the provision of clinical services at the VHA facility.

(2) PHS Officers are not compensated by the VHA for the services they provide.

i. **Business Office and/or the Billing Office.** The facility Business Office and/or the facility Billing Office is responsible for ensuring that:

(1) All applicable billing is completed by the facility where the services were provided. All revenue generated, as a result of this billing, must be retained by the facility at which the services were provided by the PHS Officers.

(2) The PHS Officers do not claim proceeds for generated bills.

5. REFERENCES

a. Department of Health and Human Services, Office of Public Health and Science; Statements of Organizations, Functions, Delegations of Authority, dated December 18, 2003, 68 Federal Register 70507.

b. VHA Handbook 1100.19 Credentialing and Privileging.

c. VA Directive and Handbook 5005, Staffing, <http://vaww1.va.gov/Ohrm/Directives-Handbooks/Documents/5005.doc> .

d. MOU between The Department of Veterans Affairs (VA) Veterans Health Administration (VHA) and The Department of Health and Human Services (HHS) U.S. Public Health Service (PHS).

6. FOLLOW-UP RESPONSIBILITY: The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for this Directive. Questions may be addressed to at 202-273-5852.

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7. RESCISSIONS: None. This VHA Directive expires May 31, 2011.

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ATTACHMENT A

INSTRUCTIONS FOR CREDENTIALING AND PRIVILEGING PHS OFFICERS

1. Public Health Service (PHS) Commissioned Corps Officers who are permitted by law, state licensure, and the facility to practice independently must be credentialed and privileged in accordance with VHA Handbook 1100.19, "Credentialing and Privileging" prior to the actual provision of services.
2. While providing clinical services at the Veterans Health Administration (VHA) facility, the PHS Commissioned Corps Officers remain subject to all provisions of all applicable law and regulation, including facility and VA-wide policies, procedures, rules and laws. This includes (but is not limited to) licensing requirements, appointment authorities (VA Directive and Handbook 5005, Staffing), credentialing and privileging pursuant to the requirements of VHA Handbook 1100.19, and reporting requirements (for example, VHA Handbook 1100.17, National Practitioner Data Bank Reports; and VHA Handbook 1100.18, Reporting and Responding to State Licensing Boards .
3. If approved for this detail, the PHS Officer who will be permitted to independently provide patient care services will be granted professional and administrative privileges comparable to those granted to VHA staff in the same profession with comparable qualifications, training and experience, who are permitted by law and the facility to practice independently.

ATTACHMENT B

INSTRUCTIONS FOR SECURITY REQUIREMENTS

1. All Public Health Service (PHS) Commissioned Corps Officers are required to complete the Department of Veterans Affairs (VA)'s on-line Security Awareness Training Course:

Internal - <https://vaww.ees.aac.va.gov>

External - <https://www.ees-learning.net>

This requirement is in addition to any other orientation or training that may be required.

2. Upon completion of the training, PHS Officers are able to print certificates that need to be retained for the fiscal year. PHS Officers will retain the certificates. VA's Employee Education System (EES) is responsible for the VHA Privacy Policy Training web site. **NOTE:** *Issues or difficulty accessing the course or registering for the course should be directed by email to the EES Privacy Help Desk at eeslibrixhelp@lrn.va.gov.*

ATTACHMENT C

INSTRUCTIONS FOR BACKGROUND INVESTIGATIONS

1. Department of Veterans Affairs (VA) and Veterans Health Administration (VHA) Directives 0710 provide the personnel suitability and security program policy pertaining to VA applicants, appointees, employees, and contract personnel.
2. Executive Order (EO) 10450, Security Requirements for Government Employment, and related Office of Personnel Management (OPM) regulations (Title 5 Code of Federal Regulations (CFR) Part 731 and Part 732) provide that all Federal appointments are subject to investigation. The lowest level of formal investigation used in VA is the National Agency Check with Written Inquiries (NACI), which includes a check of Federal Bureau of Investigation (FBI) fingerprint files, with written inquiries to former employers and supervisors, and schools attended by the person under investigation. However, VHA Directive 0710 also requires the use of a Special Agreement Check (SAC) for certain categories of positions (see par. 6).
3. Guidelines issued by the National Institute of Standards and Technology (NIST) direct Federal agencies to conduct appropriate background screenings of individuals, both employees and non-employees, who have access to non-national security, sensitive information (including patient records). In addition, the Joint Commission on Accreditation of Health Organizations 2004 Hospital Standards requires facilities to verify information on the criminal background of appointees. *NOTE: Most VHA appointees and health care contractors have access to VA computer systems and patient or other sensitive information.*
4. OPM exempts certain positions from EO 10450, provided agencies conduct such checks they determine appropriate to ensure employment and retention are consistent with national security interests. VA requested and received permission from OPM to exempt certain low risk, non-sensitive positions from the investigative requirements of EO 10450, provided VA conducts such checks as appropriate to ensure that the employment or retention of such individuals in these positions is consistent with the interests of national security. Included in the exempt category are contract and WOC health care practitioners who work for 6 months (180 days) or less; medical consultants who are appointed for 1 year or less and not to be reappointed; medical consultants who are appointed for more than 1 year or reappointed after a year with no break in service, but work less than 30 days per calendar year; purchase and hire employees appointed for 6 months or less; and all employees appointed in either a single continuous appointment or series of appointments that do not exceed an aggregate of 180 days. Physicians appointed as medical residents are exempt from this requirement provided they do not exceed 1 year of continuous service at a VA facility, regardless of the duration of the residency program.
5. These exemptions are discussed in both VA and VHA Directive 0710 and most PHS officers will be covered by these exemptions.
6. VHA Directive 0710 requires that individuals covered by the exemptions are to be subjected to Special Agreement Check (SAC) for Fingerprint Only. Therefore, investigations requirements for most PHS Officers will be satisfied by a SAC. *NOTE: If PHS can provide evidence of a*

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completed NACI Investigation by providing a copy of the Certificate of Investigation, then a VA initiated SAC may not be necessary.

7. When evidence of NACI cannot be obtained from PHS, then a SAC must be initiated prior to entry on duty for each new individual who is exempt from the requirement to have a NACI background investigation. The results of the SAC must be adjudicated not later than 5 workdays after the results are received.