

December 16, 2008

## NATIONAL CLINICAL REMINDER PROGRAM

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive establishes policy regarding national standardization of components of computerized clinical reminders.

### 2. BACKGROUND

a. Clinical reminders are decision support tools that assist health care providers and health care systems to implement recommended actions and practices. Reminders can direct clinicians to perform certain tests or to provide treatments appropriate for specific populations. Reminders are particularly useful for ensuring completion of tasks that may be overlooked while attending to more acute issues or specific patient concerns. Electronic clinical reminders can also allow providers to easily view when certain tests or evaluations were performed, as well as documenting when the associated care has been delivered.

b. VHA Computerized Patient Record System (CPRS) includes software that can create electronic clinical reminders. This software was developed as part of VHA's effort to implement clinical practice guidelines. Clinical reminders have proven successful in assisting VHA to achieve high levels of compliance with prevention and chronic disease management standards. They have been universally adopted across VHA Primary Care and in many other services.

c. While the primary purpose of clinical reminders has been to remind clinicians to complete specific clinical tasks for individual patients at the point of care, field staff have found a variety of other uses for this program, such as:

(1) Reminder reports have been used to identify patients for whom a specific task has not been completed allowing staff to follow-up on an individualized basis.

(2) Reminders have been used to assist in the completion of administrative tasks such as enrollment of a patient in Primary Care Management Module.

(3) Clinical Reminder software allows documentation of care received outside VHA to be recorded in a format that is readily located in CPRS, through the use of electronic data components that exist in Patient Care Encounter software such as health factors, education topics, exams, and treatments.

(4) Use of these electronic data components allows identification of patients with specific clinical characteristics that are not readily captured by other components of the record. For example, health factors used to identify patients who served in a particular conflict or who are in different stages of a disease can contribute to improved care for special populations, as well as assisting in research efforts.

**THIS VHA DIRECTIVE EXPIRES DECEMBER, 2013**

**VHA DIRECTIVE 2008-084**  
**December 16, 2008**

(5) The ability of the software to generate reports provides a powerful tool for measuring performance without the need for individual chart review.

(6) Performance measurement using clinical reminder reports can include the entire population of a medical center, clinic, or primary care team, without relying on sampling, and can include information about care received outside VHA.

d. To date, the majority of reminders have been developed and implemented at the medical center or Veterans Integrated Service Network (VISN) level. A small number of clinical reminders have been developed nationally with use mandated through a specific VHA Directive, and implemented through nationally developed software patches. Creation of reminders at the medical center and VISN level has allowed widespread familiarity with clinical reminder software and fostered innovation in reminder development. However, now after several years experience in VHA with reminders, it is found that many reminders are quite similar in their design and logic. The draw-backs of local development include the fact that the design and construction of reminders can be time consuming and require considerable effort by scarce staff with specialized skills. There is significant inefficiency in recreating similar reminders multiple times across the system. Many reminders require a high level of expertise in design and construction to accurately reflect the evidence-based guidelines. The level of local expertise varies which results in some sites have well-developed reminders while others having reminders that are poorly constructed. Optimal design of the user interface for clinical reminders also involves significant human factors engineering. Some sites have taken care to design reminders so that they can be completed easily and efficiently whereas other sites have reminders which are cumbersome and time consuming to complete. A final, but very important, drawback to local reminders is that they utilize locally-developed electronic data components and are based on locally-determined decision rules; therefore, it is not possible to measure performance nationally using electronic data components such as health factors.

e. As experience with reminders has grown, it was recognized that standardization of components of clinical reminders would provide benefits to VHA. The advantages of system-wide collaboration include:

(1) Increasing efficiency by eliminating the need to develop similar reminders at different medical centers.

(2) Ensuring that well designed and user friendly reminders are available to all medical centers and all clinicians independent of the level of local expertise.

(3) Allowing development of performance reports that could be produced at the national, facility, substation, and individual provider level, which are based on the entire population and include information about care received outside VHA. The goal of VHA has been to move to electronic collection of data rather than relying on resource intensive chart review for performance measurement. Standardization of reminder components provides an important contribution to this goal.

(4) Improving quality of care by facilitating identification of populations of patients with specific needs, thereby assisting in delivery of optimal care.

(5) Facilitating the implementation of patient-directed clinical reminders, known as “wellness reminders” pointed directly to patients who have a MyHealthVet account.

(6) Enhancing research efforts by allowing identification of specific populations through the use of electronic data components such as health factors and by allowing collection of discrete data not otherwise electronically identifiable in CPRS across the entire VHA patient population.

f. **Definitions**

(1) **Clinical Reminder.** A clinical reminder is a software decision support tool that defines evaluation and resolution logic for a given clinical activity. The evaluation logic defines conditions in the database including the presence or absence of specified criteria such as diagnoses, procedures, health factors, medications, or demographic variables (e.g., age, gender). A reminder may or may not require provider resolution, depending on its purpose and design, through a user interface, also known as a reminder dialog. Also, in accordance with the underlying logic, reminders may be used to collect specified patient information that may or may not be related to the dialog.

(2) **Health Factor.** A health factor is a computerized component that captures patient information that for which no standard code exists, such as Family History of Alcohol Abuse, Lifetime Non-smoker, No Risk Factors for Hepatitis C, etc.

(3) **Mental Health Assistant.** The Mental Health Assistant is a national VA software package that is used for administration and scoring of standardized self report questionnaires and tests. It is integrated with clinical reminders in that mental health assistant instruments can be administered through a reminder dialog. Also the results of a specific instrument overall score, scale score, or specific item response can be used as a finding in reminder logic. This is the mechanism, for presenting questionnaires for screening for common mental health issues such as the AUDIT-C for alcohol misuse.

(4) **Reminder Component.** A reminder component is any element, or part thereof, of a reminder, including the reminder’s definitions, dialogs, findings, terms, cohort logic or resolution logic.

(5) **Reminder Definition.** The reminder definition is the internal logic of the reminder. It describes the patients the reminder applies to, how often it is given, and what resolves or satisfies the reminder. It is comprised of the predefined set of finding items used to identify patient cohorts and reminder resolutions.

(6) **Reminder Dialog.** The reminder dialog is the display, which is seen by the user in the CPRS Graphical User Interface (GUI), when opening a reminder. Reminder dialogs are used in CPRS to allow clinicians to select actions that satisfy or resolve reminders for a patient. Information entered through reminder dialogs updates progress notes, places orders, and updates

## VHA DIRECTIVE 2008-084

December 16, 2008

other data in the patient's medical record. A reminder dialog is created by the assembly of components in groups into an orderly display.

(7) **Reminder Finding.** Reminder finding is a type of data element in the Veterans Health Information and Technology Architecture (VistA) that determines a reminder's status.

(8) **Reminder Term.** A reminder term is a predefined finding item(s) that are used to map local findings to national findings, providing a method to standardize these findings for national use.

**3. POLICY:** It is VHA policy that components of clinical reminders must be standardized nationally through a National Clinical Reminders Committee to ensure that clinicians are accountable for using the clinical reminder system to document identified components of care.

### 4. ACTION

a. **VHA Chief Patient Care Services Officer.** The VHA Chief Patient Care Services Officer is responsible for establishing a National Clinical Reminders Committee (see Att. A), which identifies components of reminders that will be standardized nationally.

(1) An entire reminder may be standardized or only certain part(s) of it, such as required components of the reminder definition or dialog. National electronic data components such as health factors with standardized definitions may be identified and their use required.

(2) While those components which are nationally standardized must be used throughout VHA, the medical centers and VISNs are permitted to continue to develop local reminders for items where no national standardization is in place and to determine local practices for those components, which are not standardized.

b. **Chief Officer, VHA Office of Information.** The Chief Officer, VHA Office of Information is responsible for appointing a National Clinical Reminders Coordinator, who is responsible for overseeing a network of enterprise level, facility-based, clinical application coordinators to develop national clinical reminders, national prototype clinical reminders, and standardized national electronic data components as health factors.

c. **Facility Director.** Each facility Director is responsible for ensuring:

(1) Clinical reminders at the medical center incorporate the standardized components of clinical reminders.

(2) The appropriate medical center staff completes any mandated national clinical reminders and inputs national health factors and other standardized data components into CPRS. As national health factors and other standardized data components are used as part of the national performance measures, the absence of a required national data component in an individual patient chart is considered evidence that the identified intervention has not been completed.

***NOTE:** Other forms of data entry, such as free text in a progress note, do not meet the standard for required documentation for the purposes of performance measurement.*

(3) Appropriate medical center staff utilizes reminders or other mechanisms, such as templated progress notes or Mental Health Assistant tools to document those components of care that have been standardized.

**5. REFERENCES:** VHA Software Document Library for Clinical Reminders, which can be found at: <http://www.va.gov/vdl/application.asp?appid=60>

**6. FOLLOW-UP RESPONSIBILITY:** Chief Patient Care Services Officer (11) is responsible for the contents of this Directive. Questions may be directed to the Chief Consultant, Primary Care at 202-461-7182.

**7. RESCISSIONS:** None. This VHA Directive expires December 31, 2013.

Michael J. Kussman, MD, MS, MACP  
Under Secretary for Health

Attachments

DISTRIBUTION CO: E-mailed 12 /17/08  
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 12/17/08

## ATTACHMENT A

### CHARTER FOR NATIONAL CLINICAL REMINDERS COMMITTEE

1. **Purpose.** To manage VHA National Clinical Reminder Program.

2. **Responsibilities**

a. Developing processes for submission and review of requests from services within VHA for national reminder components.

b. Prioritizing of action on approved requests. Prioritizing should include consideration of the suitability of clinical reminders for assisting in the completion of the identified clinical task, contribution of the clinical task to improved clinical outcomes, coordination with national performance measures and VHA strategic priorities.

c. Developing processes for development of national reminders or standardized components of clinical reminders, such as: national health factors, reminder dialogs, or reminder definitions to include adequate testing and opportunities for feedback from end users.

d. Developing processes for dissemination of national reminder components.

e. Developing processes for maintenance of national reminders components and continuous improvement of the preceding processes.

f. Posting Charter minutes on an identified intranet or internet site.

g. Maintaining a readily-available inventory of national reminder components.

h. Monitoring implementation and utilization of national reminder components.

i. Recommending improvements for the clinical reminder software package.

j. Providing guidance for facility and VISN clinical reminder practices.

3. **Membership**

a. Members are appointed by the Chief Patient Care Services Officer, who also selects the Chairperson to serve a 2-year term, with the opportunity for reappointment.

(1) Members include: representatives of Patient Care Services, VHA Office of Information including the National Clinical Reminders Coordinator, Field-based Clinical Staff, Field-based Clinical Applications Coordinators or other individuals involved in creating clinical reminders, Office of Quality and Performance, Office of Nursing Services, Environmental Hazards and Public Health, Office Research and Development, and other services as indicated.

**VHA DIRECTIVE 2008-084**  
**December 16, 2008**

(2) A majority of members must be practicing clinicians who use clinical reminders on a regular basis in their practice.

b. Members are appointed for a 3-year term with the opportunity for reappointment for a second term. Participation in a majority of meetings is a requirement for membership. Rotating terms of the Chairperson and members must overlap to allow for continuity and overlap.

**4. Meetings.** Meetings, held at the call of the Chairperson, are conducted by teleconference or in person; minutes must be posted on the website at: <http://vaww.primarycare.wss.va.gov/clinicalreminders/default.aspx>. **NOTE:** *This is an internal VA website, not available to the public.*

**5. Evaluation.** An annual evaluation of the committee is conducted by the Chairperson consisting of a review of Committee activities, accomplishments, and membership. **NOTE:** *This evaluation is shared with the Chief Patient Care Services Officer.*

**ATTACHMENT B**

**FREQUENTLY ASKED QUESTIONS**

*1. Will all clinical reminders now be developed and implemented nationally?*

**No.** Only selected components of certain clinical reminders will be standardized. While those components which are nationally standardized must be used throughout the Veterans Health Administration (VHA), medical centers and Veterans Integrated Service Networks (VISNs) are free to continue to develop local reminders for items where no national standardization is in place.

*2. Can you give an example where “components” of a clinical reminder are standardized, but not the entire reminder?*

a. One example might be obtaining an annual HgbA1c in diabetics. Almost all medical centers have in place a clinical reminder for this, as this is an important and widely-used quality indicator. The National Clinical Reminders Committee may identify this as an area where standardization is of value.

(1) The Committee may identify:

(a) A standard set of codes to define the “diabetic population,” and this taxonomy would then need to be used at all medical centers.

(b) Standard health factors to identify HgbA1c tests obtained outside VA.

(2) These national health factors would need to be incorporated into the HgbA1c reminders at all medical centers. However the appearance and other components of the reminder could continue to be tailored to local preferences and practices.

b. The Committee will ensure, however, that prototype reminders are available for use whenever reminders for a particular issue are addressed. The prototype reminders are designed and built by national experts to be user-friendly and technically accurate, so that individual medical centers and or VISNs may adopt the national prototype reminders if they choose.

*3. We have been using local reminders that have local health factors. Will providers have to re-enter data all over again when a reminder component is standardized nationally?*

**Although there may be rare exceptions, in general the answer is no.** Whenever possible local health factors entered in the past will be mapped to new nationally standardized reminder terms. For many clinical issues addressed by reminders, annual action is required. In such cases the change can be implemented and standardization will occur on its own over the course of 1 year.

**VHA DIRECTIVE 2008-084**

**December 16, 2008**

*4. In Primary Care our providers feel there are too many reminders and this interferes with their ability to address patient concerns. Won't this national program worsen "reminder overload?"*

The problem of "reminder overload" is a serious one and needs to be addressed within VHA. It is hoped this national program and the work of the National Reminder Committee can alleviate this problem, not worsen it. By utilizing experts in clinical reminder design, reminders can be designed to be easier to use and complete. Guidance can be provided on building reminders that can be utilized by appropriate support staff and not require input by providers alone. It has been found that many sites implement clinical reminders for a wide variety of issues, not all of which are appropriate for this tool. By providing guidance on facility and VISN clinical reminder practices it is hoped that inappropriate use of reminders can be reduced and the expected workload of front-line clinicians lightened.