Department of Veterans Affairs **VHA DIRECTIVE 2005-016**
Veterans Health Administration
Washington, DC 20420 **March 29, 2005**

VHA NATIONAL INTER-FACILITY COORDINATED CARE POLICY

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes the VHA National Inter-facility Coordinated Care Policy.

2. BACKGROUND

a. This Directive establishes a system-wide approach for the delivery and coordination of medical care; the handling of medical information; the provision of medications, prosthetics, and supplies; and limitations on referrals for specialty care for veterans seeking assistance at a Department of Veterans Affairs (VA) facility other than their preferred facility.

b. As an increasing number of eligible veterans reach retirement, the number of veterans who travel extensively, or who reside in more than one location, is increasing. This poses unique problems for the eligible veteran as well as for their providers and VA as a whole. Ideally, each veteran has a single primary care provider who oversees all aspects of care and that provider is at the veteran's preferred facility. Some veterans see providers at facilities other than their preferred facility because they are referred for specialty care or need primary care, but have temporary residence distant from their preferred facility. The care outside the preferred facility frequently involves renewal of prescriptions for pharmaceuticals. This policy is intended to provide guidance to maximize continuity of care and consistent, appropriate, and safe care for all veterans using VA medical services.

c. Veterans enrolled in the VA health care system are eligible for care at any VA facility; however, at the time of enrollment veterans are asked to identify their preferred facility. In order to provide safe and consistent care to the maximum number of veterans needing care, veterans are encouraged to coordinate the majority of their care through their preferred facility and their primary care provider.

d. Eligible veterans who travel away from their preferred treating facility and who need medical care or treatment, or who are referred to another facility for specialty treatment, should follow the procedures outlined in this Directive. VA will provide care to veterans who are away from their preferred facility and primary care provider team for an extended period, as well as those who receive care from both VA and the community, in accordance with present VHA policy.

e. Veterans who receive primary care at more than one VA facility need to be enrolled in the Primary Care Management Module (PCMM) only at the preferred facility, except in unusual circumstances in which the veteran lives for a significant part of the year (5 to 6 months) in two places, and must be seen frequently at each site to provide critical monitoring of laboratory results, vital signs, or other parameters for chronic illness.

THIS VHA DIRECTIVE EXPIRES MARCH 31, 2010

f. **Definitions**

(1) **Inter-facility Coordinated Care.** Inter-facility coordinated care is care provided to veterans who receive the majority of their care at a preferred facility, but also receive care at other VA facilities. This may be due to referral for specialty care or individual travel by the veteran.

(2) **Preferred Facility.** A preferred facility is that VA facility in which the veteran expresses preference for care and in which the major portion of their primary care is provided.

(3) **Primary Care Provider.** The primary care provider is the provider at the preferred facility in whose PCMM panel the veteran is enrolled.

3. **POLICY:** It is VHA policy that all eligible veterans receiving care at more than one VA facility must have that care coordinated by the preferred facility.

4. ACTION

a. **Medical Center Director.** The Medical Center Director is responsible for ensuring that:

(1) Necessary processes are in place to provide inter-facility coordinated care.

(2) The Remote Data Access capability in the facility Computerized Patient Record System (CPRS) is activated to facilitate data retrieval between VA facilities. ***NOTE:*** *It is expected that all medical records generated by care received at a non-preferred VA facility are sent to the preferred VA facility and the veteran's primary care provider.*

(3) The facility performing laboratory testing assumes responsibility for the immediate treatment of veterans that have critical laboratory values. If this testing occurs at a non-preferred facility, collaboration with the veteran patient's preferred facility and primary care provider is appropriate, desirable, and encouraged. ***NOTE:*** *Laboratory tests and other necessary monitoring for high-risk medications such as warfarin, anti-arrhythmics, lithium, chemotherapy, etc., need to be done in relatively close proximity to where the veteran is located. As these are anticipated needs, arrangements need to be made in advance through contact between the preferred facility and the temporary facility. Veterans need to present at the testing facility with a written order from a VA provider clearly identifying the test requested, the provider's name and professional designation (e.g., Doctor of Medicine (M.D.), Registered Nurse (R.N.), Certified Nurse practitioner (C.N.P.), etc), and the preferred VA facility name. Results from the testing need to be returned electronically or by fax to the laboratory of the preferred facility. That laboratory is then responsible for entering the data into the facility database and/or ensuring that the result is transmitted to the ordering provider.*

(4) The medical center has a designated "Referral Case Manager" to be the point of contact for assisting veterans and referring medical center staff in scheduling appointments, transferring records, arranging provider-to-provider contact, if necessary and generally facilitating the care

needs of veterans presenting at their non-preferred VA medical centers. ***NOTE:*** *The Referral Case Manager's name and phone number should be immediately available to telephone operators and clinic staff to facilitate the smooth referral of veteran patients regardless of the specialty requested.*

(5) All prescriptions written by a VA provider are processed and filled by the VA facility of that provider or assigned Consolidated Mail Outpatient Pharmacy (CMOP) for that provider.

(6) All prescription refills are requested from the veteran's "preferred" facility utilizing the automated refill request line, a refill request form, the internet refill request option in My HealtheVet, or by contacting the outpatient pharmacy during normal business hours.

(7) If the veteran is at a temporary address, non-emergent need prescriptions and routine prescription refills are processed and sent to the eligible veteran by the preferred facility using the CMOP when possible.

(8) Every effort is made to ensure that a veteran requiring a prescription refill while on travel, receives the medication without any disruption in therapy. ***NOTE:*** *An Express mail option needs to be considered to ensure timely receipt of medication, particularly in the event of an unplanned episode where a patient is stranded and away from home.*

b. **Primary Care Provider.** The primary care provider or team is responsible for ensuring:

(1) Documentation of a plan of care in the veteran's medical record (i.e., CPRS) when an extended absence is known. The plan of care should address any necessary monitoring of the patient's medical condition or drug therapy, as well as obtaining refills of medications or supplies. The patient should be provided with a brief clinical summary to accompany the patient for the purpose of informing health care personnel, as necessary, during his extended absence from his primary care provider.

(2) Arrangements are coordinated with the reciprocal VA facility for veterans who are traveling away from their preferred facility and who have anticipated needs for treatment or evaluation during their absence. This may be done through contact between primary care clinics, referral case managers, or through community health nursing at both the preferred facility and the referral facility. Medical records need to be made available through CPRS, Web Top, fax, or hard copy transfer.

(3) Unanticipated and emergent care at the reciprocal VA facility is facilitated whenever possible. Only when VA facilities are not available to provide the needed care or in emergency situations should treatment be arranged at a community facility. ***NOTE****: No provision of this policy authorizes or implies that VA assumes payment responsibility for non-VA care. Such determinations are covered in separate regulations predominately under Fee Provisions.*

(4) The provision of controlled substances for veteran patients is closely monitored. These should only be prescribed by a provider who is familiar with the veteran's health status, preferably the veteran's primary care provider. The primary care provider and the preferred

facility that is familiar with the veteran's health status have primary responsibility for refills of controlled substances. If the status of the veteran's health is unclear and a concurrent evaluation is thought to be necessary, the veteran should be directed to seek that care through the closest VA facility. The primary care provider and the preferred facility need to facilitate that evaluation, as necessary. Only when VA facilities are not available, or in emergency situations, should community facilities be utilized.

(5) Arrangements for laboratory tests and other necessary monitoring for high-risk medications are made in advance of the veteran's travel through contact with the reciprocal facility. Veterans should be given a written order clearly identifying the test requested.

(6) Veterans are informed of their responsibilities in the coordination of this care in situations where the veteran receives care at more than one facility.

c. **Specialty Provider at Referral Facility.** The specialty provider is responsible for ensuring that necessary specialized medications or supplies are provided by the referral facility to veterans seen in specialty clinics at the facility. Medical records and treatment recommendations should be sent to the preferred (referring) facility and the primary care provider in a timely manner, and prior to the recommended return appointment with the primary care provider. Treatment recommendations for specialty medications should include doses, any precautions, and monitoring requirements. Direct contact between the specialist and the primary care provider should be used to assure smooth transfer of responsibility for the patient.

d. **Veteran**

(1) The veteran is responsible for:

(a) Informing the primary care clinic and the pharmacy of the veteran's preferred facility when the veteran anticipates extended travel outside the immediate VA service area.

(b) Leaving a temporary address and phone number, as appropriate, with the primary care clinic and the pharmacy along with the starting date and the anticipated date of return.

(2) Routine refills can be sent to the veteran via their preferred facility and the CMOP, if appropriate. It is the veteran's responsibility to allow sufficient time for the refills (approximately 2 weeks) to arrive at the veteran's home via mail delivery.

(3) In the event the veteran has a change in medical condition or seeks medical advice, the veteran needs to first attempt to contact the primary care provider at the preferred facility. If the veteran is unable or unwilling to contact the primary care provider at the preferred facility, the veteran may seek urgent care at the VA facility nearest to the veteran's present location. ***NOTE:*** *Emergency treatment may be obtained at the nearest VA or community emergency treatment center if failure to do so would result in serious morbidity or mortality. Payment for non-VA services is not authorized or implied by this policy.*

(4) The veteran who is planning an extended absence from his home and preferred site of care should obtain a copy of his last clinic progress note or a brief clinic summary from the Release of Information office at the preferred site of care. This information should be used when presenting to a non-preferred VA site of care for an appointment and/or urgent care.

5. REFERENCES

a. Public Law 104-262, VA Healthcare Eligibility Rules.

b. General Counsel Opinion (Op. G.C.), Medications Prescribed by Private Physicians, Op. G.C. 19-2002, October 24, 2002.

6. FOLLOW-UP RESPONSIBILITY: The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for the contents of this Directive. Questions may be directed to 402-484-3205.

7. RESCISSIONS: None. This VHA Directive expires March 31, 2010.

S/ Jonathan B. Perlin, MD, PhD, MSHA, FACP
Acting Under Secretary for Health

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