

February 14, 2002

**NATIONAL CLINICAL PRACTICE GUIDELINE COUNCIL (NCPGC)**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive establishes the National Clinical Practice Guideline Council (NCPGC) to function in a coordinating role for the adoption, implementation and evaluation of clinical practice guidelines throughout the system.

**2. BACKGROUND**

a. The implementation of clinical practice guidelines is one strategy VHA has embraced to reduce variation in practice and systematize quality of care. Guidelines, as generic tools to improve the processes of care for patient cohorts, serve to reduce errors, and provide consistent quality of care and utilization of resources throughout the system. Guidelines also are cornerstones for accountability and facilitate learning and the conduct of research. In October 1997, an Advisory Council was established to oversee the adoption, development, and implementation of guidelines throughout VHA. In February 1999, the Department of Defense (DOD)-Department of Veterans Affairs (VA) Clinical Practice Guideline Working Group was also established to advise the DOD-VA Executive Council on the use of guidelines.

b. NCPGC is a standing VHA committee appointed by the Under Secretary for Health.

**3. POLICY:** It is VHA policy that NCPGC advise the Chief Officers, Quality and Performance and Patient Care regarding the development, implementation and evaluation of clinical practice guidelines.

**4. ACTION**

a. **Responsibilities**

(1) **NCPGC.** The NCPGC will:

(a) Prioritize clinical areas for which guidelines need to be developed or adapted and/or adopted;

(b) Oversee and participate in guideline development and/or adaptation;

(c) Assure maintenance and timely revision of existing guidelines;

(d) Collaborate with the Department of Defense (DOD) regarding the use of guidelines to improve the quality of care and health management across VHA and the Military Health System;

(e) Facilitate implementation of guidelines by coordinating dissemination, consulting on studies, promoting education and identifying and eliminating barriers to guideline implementation;

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(f) Prioritize recommendations for performance measures and oversee and prioritize the development of national clinical reminders related to clinical guidelines;

(g) Review aggregated results of data pertaining to guideline implementation and/or performance and make recommendations to maximize performance improvement;

(h) Foster integration of practice guidelines with health promotion, disease prevention initiatives and programmatic priorities; and

(i) Champion the development of clinical reminders, the electronic record and associated databases that will make guidelines and clinical data readily available for clinical management and system wide performance evaluation.

(2) VHA Central Office Offices of Quality and Performance and Patient Care Services share joint responsibility for recommending the adoption of non-VHA guidelines and for the development and/or adaptation of guidelines within VHA.

b. **Membership**

(1) VHA Central Office Offices of Quality and Performance, Patient Care Services and the Assistant Deputy Under Secretary for Health will make recommendations to the Under Secretary for Health regarding the appointment of Council members.

(2) Field-based members of the Council serve a 3-year term appointment. The Chairperson of the Council, also a field-based position, serves a 2-year term as Chair. The third year of the term appointment will be served as Past Chair in support of the new Chairperson.

(a) Seated positions on the Council include the:

1. Chairperson, Medical Advisory Panel to the Pharmacy Benefits Program, as Vice Chair and Chairperson of the Development and Review sub-group;

2. Director, Health Services Research and Development;

3. Senior Medical Officer, Office of Quality and Performance;

4. Director, External Peer Review Program, Office of Quality and Performance;

5. Representative, Employee Education System; and

6. Director, National Center for Health Promotion and Disease Prevention.

(b) Term-appointed and rotating members of the Council include:

1. The Chairperson;

2. A representative from Patient Care Services;
3. A representative from the Office of Information;
4. A representative from the Assistant Deputy Under Secretary for Health;
5. One Veterans Integrated Service Network (VISN) Director;
6. One VISN Clinical Manager;
7. One VISN Quality Management Officer;
8. Four field-based representatives from Health Services Research and Development;
9. Four field-based representatives;
10. DOD Co-Chair of DOD-VA Clinical Practice Guideline Working Group; and
11. Three DOD-appointed representatives.

(3) The Chair and Vice Chair of the Council will provide leadership to the DOD-VA Clinical Practice Guideline Working Group and will rotate responsibility for chairing this Work Group with the Lead Agent appointed by the Army.

(4) Sub-groups of the Council will be appointed by the Chairpersons with the approval by the Chief Officers, Office of Quality and Performance and Patient Care Services and the Assistant Deputy Under Secretary for Health. Chairpersons of the sub-groups will serve as members of the greater Council.

(5) Members of the Council will attend meetings on a regular basis. Consistent inability to attend, defined as two consecutive absences from face-to-face meetings, or 50 percent of scheduled conference calls in twelve consecutive months, is to be construed as a resignation. The Council chair must approve alternates in advance.

c. **Procedures**

(1) The Council meets face-to-face at least quarterly to assure sufficient oversight and coordination of the initiative. Conference calls are scheduled for each month in which there is no face-to-face meeting. The Office of Quality and Performance provides administrative support and general coordination for the Council. Meetings will be pre-scheduled on an annual basis.

(2) The Chairperson of each sub-group will brief the group on the progress of the group to date.

(3) Prior to review by the Council, at least three trained VA-DOD reviewers will evaluate the guideline and provide feedback to the Guideline Champions. This feedback, plus that from other users, is to be the subject of discussion when the guideline is presented to the Council.

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(4) On an annual basis, each member of the Council must submit a conflict of interest disclosure statement.

(5) Minutes of the committee's deliberations and recommendations must be maintained and submitted to the Chief Officers, Office of Quality and Performance and Patient Care Services, and the Assistant Deputy Under Secretary for Health.

**5. REFERENCES:** None.

**6. RESPONSIBILITY:** The Office of Quality and Performance (10Q) is responsible for the contents of this Directive.

**7. RESCISSION:** None. This VHA Directive expires February 28, 2007.

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