

**COORDINATION AND DEVELOPMENT OF  
CLINICAL PREVENTIVE SERVICES**

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook designates the National Center for Health Promotion and Disease Prevention (NCP), Office of Patient Care Services (OPCS), as the VHA office responsible for clinical preventive services guidance coordination within VHA and defines procedures for establishing new and revising existing guidance for clinical preventive services provided to Veteran patients.
- 2. SUMMARY OF CONTENTS AND MAJOR CHANGES.** This is a new Handbook that describes new procedures for the establishment, revision and dissemination of clinical preventive services guidance. In other related documents, the leadership for NCP is titled Director; the title changed to Chief Consultant for Preventive Medicine because of an organizational change in OPCS. The title of Chief Consultant is used in this Handbook.
- 3. RELATED ISSUES.** VHA Directive 1120 and VHA Handbook 1120.02.
- 4. RESPONSIBLE OFFICIALS.** The National Center for Health Promotion and Disease Prevention (11NCP), Office of Patient Care Services (11), is responsible for the contents of this Handbook. Questions may be referred to Chief Consultant for Preventive Medicine at 919-383-7874, or by FAX at 919-383-7598.
- 5. RECISSIONS.** None
- 6. RECERTIFICATION.** This Handbook is scheduled for recertification on or before the last working day of October 2014.

Gerald M. Cross, MD, FAAFP  
Acting Under Secretary for Health

DISTRIBUTION: E-mailed to the VHA Publications Distribution List 10/14/2009

**CONTENTS**

**COORDINATION AND DEVELOPMENT OF  
CLINICAL PREVENTIVE SERVICES**

<b>PARAGRAPH</b>	<b>PAGE</b>
1. Purpose .....	1
2. Background .....	1
3. Definitions .....	2
4. Scope .....	3
5. Procedures .....	4
6. Responsibilities of the NCP .....	6
7. Responsibilities of VHA Program Officers .....	6
8. Responsibilities of the VISN Director .....	7
9. Responsibilities of the Facility Director .....	7
10. References.....	7

## COORDINATION AND DEVELOPMENT OF CLINICAL PREVENTIVE SERVICES

### 1. PURPOSE

This Veterans Health Administration (VHA) Handbook designates the National Center for Health Promotion and Disease Prevention (NCP), Office of Patient Care Services (OPCS), as the VHA Office responsible for clinical preventive services guidance coordination within VHA and defines procedures for establishing new and revising existing guidance for clinical preventive services provided to Veteran patients.

### 2. BACKGROUND

a. Clinical preventive services are generally delivered to patients for the primary prevention of disease or for the early detection of disease in persons with no symptoms of the target condition with the goal of preventing or minimizing future morbidity and mortality. Examples include: screening (for infectious diseases; cancers; heart and vascular diseases; injury and violence; mental health conditions and substance abuse; metabolic, nutritional, endocrine, musculoskeletal, obstetric, and gynecological conditions; and vision disorders), immunizations, health behavior counseling, and preventive medications.

b. The United States (U.S.) Preventive Services Task Force (USPSTF) is a non-Federal group of experts in clinical preventive services supported by the Agency for Healthcare Research and Quality (AHRQ) that reviews the evidence about screening, counseling, and chemoprevention services and issues recommendations or statements regarding their use. The Advisory Committee on Immunization Practices (ACIP), which is supported by the Centers for Disease Control and Prevention (CDC) and advises the Secretary of the Department of Health and Human Services (HHS), makes recommendations on immunizations. The Task Force on Community Preventive Services, also supported by CDC, makes recommendations on the implementation of clinical preventive services within health systems and communities. In addition to these groups, professional society organizations, non-profit research and advocacy organizations (e.g., American Cancer Society), and organizations involved with quality monitoring and improvement (e.g., Healthcare Effectiveness Data and Information Set (HEDIS), the National Committee for Quality Assurance (NCQA)) issue clinical recommendations or develop quality measures within the clinical preventive services domain.

c. Currently, clinical preventive services recommendations in VHA originate through a variety of organizational approaches, such as VHA Performance Management Program; joint Department of Veterans Affairs (VA)-Department of Defense (DOD) Clinical Practice Guidelines; VHA Information Letters, Handbooks, and Directives; and briefs prepared by VA Central Office and Program Offices. Further, local facilities or Veterans Integrated Services Networks (VISNs) may implement their own *de facto* recommendations (often in the form of locally-installed electronic clinical reminders), which may vary from facility to facility.

d. As part of the VHA OPCS, the NCP, located in Durham, NC, was established in 1995 as a field-based program office within the Office of Patient Care Services, VA Central Office, by Public Law 102-585 (Ch. 73, Sub. II, Sec. 7318, dated November 4, 1992), which mandates NCP to:

(1) Provide a central office for monitoring and encouraging the activities of VHA with respect to the provision, evaluation, and improvement of preventive health services; and

(2) Promote the expansion and improvement of clinical, research, and education activities of VHA with respect to such services.

*NOTE: Other VHA Offices that provide support for the delivery or monitoring of clinical preventive services include, but are not limited to, the: Office of Nursing Services (108), Office of Quality and Performance (10Q), Office of Public Health and Environmental Hazards (13), and other offices within OPCS (11).*

### 3. DEFINITIONS

a. **Clinical Preventive Services Guidance Statement.** A Clinical Preventive Services Guidance Statement is a statement that defines VHA recommendations regarding the delivery of individual clinical preventive services to its beneficiaries. It describes the clinical preventive service, the target population, and other factors influencing the use or non-use of the clinical preventive service.

b. **Clinical Preventive Service.** Clinical Preventive Service is a service delivered in the clinical setting for the primary prevention of disease, or for the early detection of disease in persons with no symptoms of the target condition, with the goal of preventing or minimizing future morbidity and mortality. Clinical preventive services typically include: screening (for infectious diseases; cancers; heart and vascular diseases; injury and violence; mental health conditions and substance abuse; metabolic, nutritional, endocrine, musculoskeletal, obstetric, and gynecological conditions; and vision disorders), immunizations, health behavior counseling, and preventive medications.

c. **Screening.** Screening is an examination or testing of a person with no symptoms of the target condition to detect disease at an early stage when treatment may be more effective, or to detect risk factors for disease or injury.

d. **Immunization.** Immunization is the administration of vaccines, toxoids, or immunoglobulins with the goal of protecting susceptible patients from vaccine-preventable diseases.

e. **Health Behavior Counseling.** Health Behavior Counseling consists of a variety of individualized communication techniques and strategies used by health professionals to engage patients in the process of making health behavior changes to prevent disease, promote health, and enhance the quality of life.

f. **Preventive Medications, Substances, or Devices.** Preventive medications, substances, or devices are drug products or other substances used by a person who is not known to have the target condition, with the goal of preventing future morbidity and mortality. This includes selected prevention supplies or commodities, such as condoms.

g. **Preventive Medicine Field Advisory Committee (PMFAC).** PMFAC is composed of representatives of VISN Preventive Medicine Leaders (VPMLs), other field-based clinicians who are preventive medicine subject matter experts, and representatives from VHA Offices with a prevention focus, including but not limited to: OPCS (11), Office of Public Health and Environmental Hazards (13), Office of Nursing Services (108), Office of Mental Health Services (116), Pharmacy Benefits Management (119), Office of Quality and Performance (10Q), Office of Research and Development (12), and Deputy Under Secretary for Health for Operations and Management (10N).

(1) PMFAC members are all Federal employees and are appointed by the Chief Consultant for Preventive Medicine, National Center for Health Promotion and Disease Prevention (NCP), OPCS, in consultation with the Chief Patient Care Services Officer.

(2) The PMFAC is responsible for:

(a) Serving in an advisory capacity to the Chief Consultant for Preventive Medicine on clinical and administrative issues relating to VHA health promotion and disease prevention services and activities, including clinical preventive services.

(b) Assisting in the assessment of and providing advice on new clinical techniques and preventive medicine advancements, formulation of individual clinical preventive service guidance determinations, and the monitoring of VHA prevention program performance.

(c) Helping NCP identify field preventive medicine challenges, priorities for improvement, and opportunities for disseminating and sustaining best prevention practices.

#### **4. SCOPE**

This Handbook defines the procedures that VHA staff must follow to determine clinical guidance related to individual clinical preventive services provided to Veteran patients. The goal of these procedures is to implement a coordinated and effective process for the provision of guidance on clinical preventive services in the VHA that:

a. Engages all relevant VHA stakeholders including appropriate OPCS Chief Consultants and National Program Directors, the Office of Quality and Performance (10Q), the Office of Public Health and Environmental Hazards (13), the Office of Nursing Services (108), Office of Mental Health Services (116), Pharmacy Benefits Management (119), Office of Information (19), the Office of Research and Development (12), Office of Academic Affiliations (14), the Deputy Under Secretary for Health for Operations and Management (10N), VPMLs and Facility Prevention Coordinators, front-line providers, and clinicians to develop and implement sound guidance statements to guide and promote clinical preventive services for Veterans.

b. Combines the best available scientific evidence on clinical preventive service interventions for the Veteran population from VHA, the USPSTF, ACIP, the Community Task Force, and other groups as appropriate.

c. Considers clinical effectiveness, cost-effectiveness, and issues surrounding patient-provider communication, shared decision making, and patient health education.

d. Incorporates organizational considerations such as VHA burden of disease, resources, feasibility, and the unique health needs of Veteran patients, including special populations of Veterans e.g., women, racial, ethnic and other minorities when determining guidance.

e. Identifies user-friendly tools to assist the field in successful implementation of clinical preventive services and supports their dissemination.

f. Responds rapidly to new recommendations appropriate for the Veteran population.

g. Identifies optimal standards of clinical preventive service delivery so as to ensure a high level of quality across the system and reduce unnecessary variation among facilities in the delivery of clinical preventive services with respect to both under utilization of effective clinical preventive services and over utilization of ineffective clinical preventive services; and

h. Disseminates clinical preventive guidance determinations in the form of approved Clinical Preventive Services Guidance Statements and supporting implementation resources in a timely manner.

## 5. PROCEDURES

The following procedures must be followed to develop, approve, update, and disseminate Clinical Preventive Services (CPS) Guidance Statements:

a. **Selection of topics for CPS Guidance Statements.** Requests for CPS Guidance Statement topics may originate from the NCP, the PMFAC, VPMLs, or other VHA offices. The PMFAC must approve the selection of all CPS Guidance Statement topics by a majority vote.

b. **Development of CPS Guidance Statements.** NCP drafts CPS Guidance Statements on approved topics that succinctly summarize recommendations for use, or non-use, of the clinical preventive service, including recommended frequency and methods of clinical preventive service delivery by:

(1) Reviewing VHA policy or other VHA guidance in place for the clinical preventive service and relevant USPSTF, ACIP, or other recommendations.

(a) NCP closely coordinates these reviews with other VHA offices that provide guidance on the clinical preventive service under consideration, and other offices as indicated, in order to avoid unnecessary duplication of effort.

(b) The evidence-based recommendations of the USPSTF and ACIP must be included, unless there are reasons to differ from these recommendations, such as: existing VHA policy, unique characteristics of the VHA population, VHA specific implementation issues, or more recent compelling evidence.

(2) To the extent possible, establishing the size of the potential target population, feasibility and cost of the intervention, implementation issues, and the likely magnitude of benefit to VHA and the Veterans it serves by implementing the clinical preventive service.

(3) Inviting VPMLs, VISN Chief Medical Officers (CMOs), and other VHA clinical experts, as appropriate, to review and comment on draft CPS Guidance Statements

(4) Communicating, when necessary, with additional content experts for the particular clinical preventive service under evaluation. Content experts who are not Federal employees may provide individual advice or may meet with VHA officials to exchange facts or information on relevant subjects, but will not be part of the PMFAC, or take part in the decision making.

(5) Incorporating input and reaching consensus on content with the other VHA offices that provide guidance on the clinical preventive service under consideration.

c. **Approval of CPS Guidance Statements.** Once consensus has been reached between NCP and other appropriate VHA Offices, the draft CPS Guidance Statement must be reviewed and approved by a majority vote of the PMFAC (see subpar. 10h). Approved guidance statements are certified as such by signature of the Chief Consultant for Preventive Medicine.

d. **Updating of Approved CPS Guidance Statements**

(1) Each approved CPS Guidance Statement must be reviewed at least yearly by NCP and the other VHA offices that provide guidance on the clinical preventive service under consideration.

(2) Changes to the Guidance Statements (other than minor wording or grammatical changes) must be reviewed and approved by a majority rule vote of the PMFAC. Approved, revised guidance statements must be certified as such by signature of the Chief Consultant for Preventive Medicine.

(3) Changes to the accompanying information on implementation resources must be approved by agreement between the NCP and the other VHA offices that provide guidance on the clinical preventive service under consideration.

e. **Dissemination of approved CPS Guidance Statements.** The NCP disseminates the approved CPS Guidance Statements along with supporting implementation resources:

(1) Through a section of the NCP Web site devoted exclusively to dissemination of CPS Guidance Statements and tools for implementation at: <http://vaww.prevention.va.gov/> . **NOTE:** *This is an internal Web site and not available to the public.*

(2) To VISN Chief Medical Officers and facility Chiefs of Staff through the office of the Deputy Under Secretary for Health for Operations and Management (10N).

(3) By distribution to VPMLs and Facility Prevention Coordinators.

## **6. RESPONSIBILITIES OF THE NCP**

The NCP is responsible for:

- a. Convening, maintaining and supporting the PMFAC.
- b. Coordinating the development, approval, updating and dissemination of Clinical Preventive Services Guidance Statements (see par. 5).
- c. Working with relevant VHA offices to align developed guidance on individual clinical preventive services with new or existing organizational strategies (e.g., performance measures, national clinical reminders, etc.).
- d. Assisting with implementation of guidance statements by VHA clinicians and administrators in the field by:

(1) Identifying additional resources and tools for field implementation of clinical preventive services that are recommended for routine use in the VHA. This includes patient and caregiver health education and self-management activities and materials, staff training opportunities, implementation toolkits and implementation best practices.

(2) Disseminating the approved clinical guidance statements along with supporting implementation resources through a section of the NCP website devoted exclusively to dissemination of CPS Guidance Statements and tools for implementation.

(3) Collaborating with appropriate VHA and Information Technology (IT) offices, committees, and workgroups to support implementation of clinical preventive services guidance through the development of nationally-standardized, prevention-focused clinical reminders and reminder components (such as health factors) to allow national performance assessment and benchmarking.

## **7. RESPONSIBILITIES OF VHA PROGRAM OFFICES**

Each VHA Program Office who has a role in supporting the delivery or monitoring of clinical preventive services is responsible for:

- a. Collaborating with the NCP (as described in par. 5) to develop CPS Guidance Statements.
- b. Being listed as an additional resource for the field, if desired, along with the NCP, on (the same) CPS Guidance Statements.

c. Identifying to the NCP, when requested, new or existing organizational strategies issued by their VHA offices related to clinical preventive services. Examples of such strategies include: VHA Performance Measures or Indicators; joint VA-DOD Clinical Practice Guidelines; VHA Information Letters, Handbooks, and Directives; VA Central Office-prepared briefs; national clinical reminders; etc.

d. Collaborating with NCP (as described in par. 5) to develop consistency between new or existing organizational strategies issued or developed by the VHA office (e.g., performance measures and indicators, national clinical reminders, etc.) and CPS Guidance Statements.

e. Providing information to NCP (as described in par. 5) about organizational strategies for inclusion (for example, hyperlinks) on the NCP Clinical Preventive Services page on the NCP website at: <http://vaww.prevention.va.gov/>. *NOTE: This is an internal web site and is not available to the public.*

## **8. RESPONSIBILITIES OF THE VISN DIRECTOR**

Each VISN Director is responsible for:

a. Providing input to NCP directly or by the Preventive Medicine Leader (VPML), when requested, on feasibility and implementation of clinical preventive services.

b. Ensuring routinely recommended clinical preventive services are available to patients consistent with the CPS Guidance Statements.

## **9. RESPONSIBILITIES OF THE FACILITY DIRECTOR**

Each facility Director is responsible for:

a. Providing input to NCP directly or by the Prevention Coordinator, when requested, on feasibility and implementation of clinical preventive services.

b. Ensuring routinely recommended clinical preventive services are available to patients consistent with the CPS Guidance Statements.

## **10. REFERENCES**

a. Public Law 102-585 Chapter 73, Subchapter II, Section 7318, November 1992.

b. VHA Directive 1120.

c. VHA Handbook 1120.02.

d. National Center for Health Promotion and Disease Prevention web site at: <http://www.prevention.va.gov/>.

e. U.S. Preventive Services Task Force website: <http://www.ahrq.gov/clinic/uspstfix.htm>.

f. Advisory Committee on Immunization Practices website:  
<http://www.cdc.gov/vaccines/recs/acip/default.htm> .

g. Task Force on Community Preventive Services website:  
<http://www.thecommunityguide.org/index.html> .

h. Preventive Medicine Advisory Committee Charter, April 6, 2008.