

June 23, 2011

CLINICAL CASE REGISTRY (CCR) SOFTWARE: MAINTENANCE AND CLINICAL STAFF SUPPORT

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines local and national responsibilities for the Clinical Case Registry (CCR) software package.

2. BACKGROUND

a. The CCR software package supports patient safety, quality of care and population health management for Veterans with hepatitis C and/or Human Immunodeficiency Virus (HIV) infection. This software allows Department of Veterans Affairs (VA) medical facilities to maintain confidential registries for clinical and administrative use, and significantly enhances the ability to produce customized population based reports at the local level. Selected information from the local system is automatically securely transmitted to a national database housed at the Austin Information Technology Center (AITC) and the Center for Quality Management in Public Health (CQMPH) located at the VA Palo Alto Health Care System. National data are used for epidemiology, public health, quality and safety initiatives, and supports Veterans Equitable Reimbursement Allocation (VERA) modeling and VHA research.

b. VHA medical facilities have designated local coordinators for both the hepatitis C and HIV clinical registries. Key functions of the local registry coordinator include performing routine review to process patients into and out of the registry, to adjust local parameters as required and to serve as the local point of contact for CCR related issues. This Directive requires that this function be continued. A link to the currently-designated coordinators for each registry, which is for internal use only and not to be shared outside VA, may be found on the CQMPH intranet at:

<http://vaww.publichealth.va.gov/quality/registry.asp#coordinators>. *NOTE: This is an internal Web site and is not available to the public.*

c. The Office of Information Technology (OIT) staff develops, tests, and installs all software, ensures nightly data transmission to the national database, and provides access to the CCR for VHA staff. Local OIT staff are identified to CQMPH staff as the point of contact for all CCR issues and questions. The AITC runs the national CCR database.

d. The Employee Education System (EES) Information Technology National Training and Education Office (NTEO) provides user support, including training and web based information resources. Information on NTEO support can be found at: <http://vaww.vistau.med.va.gov/VistaU/ccr/default.htm> . *NOTE: This is an internal Web site and is not available to the public.*

3. POLICY: It is VHA policy that CCR software be installed, utilized and maintained at all facilities.

THIS VHA DIRECTIVE EXPIRES JUNE 30, 2016

4. ACTION

a. **Center for Quality Management in Public Health (COMPH)**. CQMPH staff, working in collaboration with the OIT and EES NTEO, is responsible for:

- (1) Conducting initial training and assisting EES NTEO with ongoing software training;
- (2) Providing National CCR data to the Allocation Resource Center (ARC) for VERA modeling;
- (3) Providing leadership, support, and consultation to VA medical facilities and Veterans Integrated Service Networks (VISN) in matters related to the use of CCR software.
- (4) Developing, validating, and creating National, VISN, and local reports from national CCR data to meet the needs of the Office of Public Health and Environmental Hazards (13), Public Health Strategic Healthcare Group, VHA, VISN and local leadership, local clinical staff, and other key stakeholders, including Veterans groups, Congress, and other Federal agencies.

(5) Creating and providing access to limited data sets for approved VHA researchers.

b. **Facility Director**. Each facility Director is responsible for:

- (1) Designating a local CCR coordinator for each of the hepatitis C and HIV registries.
- (2) Assigning a replacement coordinator, in the event that these individuals cannot continue this work.
- (3) Complying with all required actions and items in this Directive to include installation and training in an appropriate and timely manner.
- (4) Ensuring verification of the correct local set-up and maintenance of local parameters, nightly transmission of data to the AITC national database, and routine clinical review of patients identified for registry inclusion.
- (5) Training on the use of local software management and the reporting tools coordinated by EES NTEO and CQMPH.

c. **Facility Chief of Staff**. Each facility Chief of Staff is responsible for:

- (1) Ensuring that appropriate staff (i.e., CCR coordinator(s), lead clinicians) receive training in the use of CCR.
- (2) Ensuring that the local registry is maintained, including:
 - (a) Pending patients are reviewed and processed no less than once per month;

- (b) Local registry parameters are kept up to date; and
- (c) Compliance with all required actions and items in this Directive.

d. **Facility Automatic Data Processing Application Coordinator (ADPAC)**. The facility ADPAC is responsible for ensuring that the following services complete appropriate computer functions:

(1) **Laboratory Services**. Laboratory services are responsible for ensuring:

(a) Verification of Logical Observation Identifiers Names and Codes (LOINC®) codes. CCR software uses LOINC® codes to identify patients for registry entry. Laboratory staff must ensure that they have mapped the correct local lab test names to the LOINC® codes used by the CCR. The current list of laboratory tests used by the CCR can be found at the following internal Web site at: <http://vaww.vistau.med.va.gov/VistaU/ccr/default.htm>.

NOTE: Currently all available antibody tests for the two registries (hepatitis C and HIV) have LOINC codes.

(b) Verification of the format used to report results of registry laboratory tests. CCR uses an algorithm which recognizes as positive results reported in a format that contains “p” as “positive,” “pos,” or “react” and does not contain “non” or “neg”. The current algorithm may be found at: <http://vaww.vistau.med.va.gov/VistaU/ccr/default.htm>. *NOTE: This is an internal Web site and is not available to the public.*

(c) Maintaining ongoing contact with local registry coordinators to make sure that any changes in local procedures that affect CCR function (e.g., change in assay used or result report format for a registry test) are communicated to the Registry Coordinator.

(2) **Pharmacy Service**. Pharmacy Service is responsible for ensuring:

(a) Appropriate class coding for investigational agents used in the care of hepatitis C or HIV patients. Registry reports related to pharmacy activity require that correct class coding has been done prior to the dispense date. In this system, investigational medications for hepatitis C are in class IN140, while those for HIV are classified as IN150.

(b) Maintaining ongoing contact with local registry coordinators to make sure that changes (e.g., introduction of new registry medications) which affect registry performance are communicated and coordinated in a timely manner.

e. **Local CCR Coordinator(s)**. The local coordinator(s) is responsible for:

(1) Managing all registry functions in a manner that maintains confidentiality of patient information.

(2) Receiving initial software training and requesting support as needed. Support resources are available at the EES NTEO Web site at:

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<http://vaww.vistau.med.va.gov/VistaU/ccr/default.htm> . *NOTE: This is an internal Web site and is not available to the public.*

(3) Encouraging other local staff who currently use, or would benefit from using, the CCR to participate in the EES NTEO-run training.

(4) Setting up and maintaining local registry parameters.

(5) Serving as point-of-contact for communication with CQMPH on issues related to CCR.

(6) Maintaining registry patient lists by routinely reviewing patients selected for the registry and adding, deleting, or editing as required in accordance with instructions from CQM.

f. **Lead Clinicians.** Lead clinicians in hepatitis C and HIV have specific responsibilities to CCR; these include:

(1) Familiarizing themselves with CCR software and its functions and features in order to determine how it could be incorporated in the management of their practice.

(2) Providing consultation and support as necessary to the designated local registry coordinator.

(3) Reviewing periodic national reports created from national CCR data that can be found at <http://vaww.hepatitis.va.gov/data-reports/ccr-index.asp> for hepatitis C and <http://vaww.hiv.va.gov/data-reports/ccr-index.asp> for HIV. *NOTE: These are internal Web sites and are not available to the public.*

5. REFERENCES: Training Web site at:
<http://vaww.vistau.med.va.gov/VistaU/ccr/default.htm>

6. FOLLOW-UP RESPONSIBILITY: The Director, CQMP (13B), is responsible for the contents of this Directive. Questions may be directed to (650) 849-0365.

7. RESCISSION: VHA Directive 2006-011 is rescinded. This VHA Directive expires June 30, 2016.

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