

## COORDINATION AND DEVELOPMENT OF CLINICAL PREVENTIVE SERVICES GUIDANCE

- 1. REASON OF ISSUE:** This Veterans Health Administration (VHA) Handbook designates the National Center for Health Promotion and Disease Prevention (NCP), Office of Patient Care Services (PCS), as the VHA program 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 MAJOR CHANGES:** This is a revised Handbook that describes procedures for the establishment, revision, and dissemination of clinical preventive services guidance. Changes were made to the procedures for selection, development, approval, updating, and dissemination of clinical preventive services guidance statements.
- 3. RELATED ISSUES:** VHA Directive 1120 and VHA Handbook 1120.02.
- 4. RESPONSIBLE OFFICE:** The National Center for Health Promotion and Disease Prevention (10P4N), Office of Patient Care Services (10P4), is responsible for the contents of this Handbook. Questions may be referred to the Chief Consultant for Preventive Medicine at 919-383-7874, or by FAX at 919-383-7598.
- 5. RESCISSIONS:** VHA Handbook 1120.05, dated October 13, 2009, is rescinded.
- 6. RECERTIFICATION:** This Handbook is scheduled for recertification on or before the last working day of July 2020.

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## COORDINATION AND DEVELOPMENT OF CLINICAL PREVENTIVE SERVICES GUIDANCE

**1. PURPOSE** This Veterans Health Administration (VHA) Handbook designates the National Center for Health Promotion and Disease Prevention (NCP), Office of Patient Care Services (PCS), as the VHA program 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. **AUTHORITY:** 38 United States Code 7301(b), 7318.

### 2. BACKGROUND:

a. Clinical preventive services are generally delivered to patients for the primary prevention of disease or for secondary prevention, which is 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 include screening for diseases or health conditions, immunizations, health behavior counseling, and preventive medications.

b. The 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 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, makes recommendations on immunizations. The Task Force on Community Preventive Services, also supported by the 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), the National Committee for Quality Assurance ) issue clinical recommendations or develop quality measures within the clinical preventive services domain.

c. The NCP, located in Durham, North Carolina, was established in 1995 as a field-based program office within PCS, VA Central Office, by 38 U.S.C 7318, 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 organizations that have responsibility for the delivery or monitoring of clinical preventive services include, but are not limited to: other sections within PCS (10P4), Nursing (10A1), Office of the Assistant Deputy Under Secretary for Health for

*Informatics and Analytics (10P7), Public Health (10P3), Research and Development (10P9), and Office of the Assistant Deputy Under Secretary for Health for Clinical Operations (10NC).*

### 3. DEFINITIONS:

a. **Clinical Preventive Service.** A CPS 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. 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; neurological disease; and vision disorders), immunizations, health behavior counseling, and preventive medications.

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

c. **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.

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

e. **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.

f. **Preventive Medicine Field Advisory Committee.** Preventive Medicine Field Advisory Committee (PMFAC) is composed of representatives of Veterans Integrated Service Network (VISN) Health Promotion and Disease Prevention (HPDP) Leaders, other field-based clinicians who are preventive medicine subject matter experts, and representatives from VHA organizations with a prevention focus, including but not limited to: other sections within PCS, Office of Nursing Services, Office of Informatics and Analytics, Office of Public Health, Office of Research and Development, Office of Quality, Safety and Value, and Office of the Deputy Under Secretary for Health for Operations and Management. 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), PCS.

g. **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.

**4. SCOPE:** This Handbook defines the procedures that NCP 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 VA that:

a. Engages all relevant VHA stakeholders and subject matter experts, including appropriate PCS Chief Consultants and National Program Directors and other appropriate personnel in Nursing, Office of the Assistant Deputy Under Secretary for Health for Informatics and Analytics, Public Health, Research and Development, and Office of the Assistant Deputy Under Secretary for Health for Clinical Operations, as well as VISN HPDP Leaders, facility HPDP Program Managers, 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 the VA/DOD Clinical Practice Guidelines, the USPSTF, ACIP, the Community Task Force, and other groups as appropriate. Mention of guidelines from professional society or advocacy groups will be considered for inclusion if they strengthen the statement in some way. There is no expectation that all such external guidelines will be reviewed as part of the guidance statement development.

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, older, disabled, or seriously ill Veterans, 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 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 VA medical facilities in the delivery of clinical preventive services with respect to both underutilization of effective clinical preventive services and overutilization of ineffective clinical preventive services; and Disseminates clinical preventive guidance determinations in the form of approved Clinical Preventive Services (CPS) Guidance Statements and supporting implementation resources in a timely manner.

**5. PROCEDURES:** The following procedures must be followed to develop, approve, update, and disseminate CPS Guidance Statements:

a. **Selection of Topics for CPS Guidance Statements.** Requests for CPS Guidance Statement topics may originate from NCP, the PMFAC, VISN HPDP Leaders, senior VHA leadership, or other VHA organizations. Prioritization of topics is done by NCP with input from the PMFAC. The final selection of topics is made by NCP.

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 organizations 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 VISN HPDP Leaders, 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 organizations 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 organizations, the draft CPS Guidance Statement must be reviewed and approved by a majority vote of the PMFAC (see paragraph 10h). Once a CPS guidance statement is approved by the PMFAC and

posted to the NCP Intranet Web site per the procedures outlined in paragraph 5e, it is considered an approved VHA guidance statement.

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

(1) Each approved CPS Guidance Statement must be reviewed approximately every five years or more frequently, as needed, by NCP and the other VHA organizations 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.

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

(4) Dissemination of the updated CPS Guidance Statements occurs through the procedures outlined in paragraph 5e.

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

(1) Through a section of the NCP Intranet Web site devoted to dissemination of CPS Guidance Statements and tools for implementation at: <http://vaww.prevention.va.gov/>.

**NOTE:** *This is an internal VA Web site that is not available to the public.*

(2) To VISN CMOs and facility Chiefs of Staff through the Office of the Assistant Deputy Under Secretary for Health for Clinical Operations.

(3) By distribution to VISN HPDP Leaders and Facility HPDP Program Managers.

(4) Through a Rich Site Summary (RSS) feed that provides updates on new and revised CPS guidance statements. VHA employees can subscribe to this RSS feed, which is available at:

[http://vaww.prevention.va.gov/RSS\\_Feeds\\_on\\_the\\_NCP\\_Intranet\\_Site.asp](http://vaww.prevention.va.gov/RSS_Feeds_on_the_NCP_Intranet_Site.asp). **NOTE:** *This is an internal VA Web site that is not available to the public.*

f. **Dissemination of Patient Versions of CPS Guidance Statements.** NCP disseminates patient versions of approved CPS Guidance Statements on its public Web site ([www.prevention.va.gov](http://www.prevention.va.gov)).

## **6. RESPONSIBILITIES:**

a. **National Center for Health Promotion and Disease Prevention.** NCP is responsible for:

(1) Convening, maintaining, and supporting the PMFAC.

(2) Coordinating the development, approval, updating, and dissemination of CPS Guidance Statements (see paragraph 5).

(3) Working with relevant VHA organizations to align developed guidance on individual clinical preventive services with new or existing organizational strategies (e.g., performance measures, national clinical reminders).

b. Assisting with implementation of guidance statements by VA clinicians and administrators at the medical facilities by:

(1) Identifying additional resources and tools for field implementation of clinical preventive services that are recommended for routine use in VA. 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 Intranet Web site devoted to dissemination of CPS Guidance Statements and tools for implementation.

(3) Disseminating patient versions of approved CPS Guidance Statements on its public Web site ([www.prevention.va.gov](http://www.prevention.va.gov)).

(4) Collaborating with appropriate VHA and Information Technology 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. This collaboration includes the revision of clinical reminders and reminder components that relate to revised CPG guidance statements.

c. **VHA Program Offices.** Each VHA Program Office that has a role in supporting the delivery or monitoring of clinical preventive services is responsible for:

(1) Collaborating with NCP (as described in paragraph 5) to develop CPS Guidance Statements.

(2) Being listed as an additional resource for the field, if desired, along with NCP, on (the same) CPS Guidance Statements.

(3) Communicating to 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-Department of Defense Clinical Practice Guidelines; VHA Information Letters, Handbooks, and Directives; VA Central Office-prepared briefs; national clinical reminders; etc.

(4) Collaborating with NCP (as described in paragraph 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) and CPS Guidance Statements.

(5) Providing information to NCP (as described in paragraph 5) about organizational strategies for strong delivery practices in health care settings (e.g., hyperlinks) on the NCP Clinical Preventive Services page on the NCP Web site at:

<http://vaww.prevention.va.gov/> . **NOTE:** *This is an internal VA Web site that is not available to the public.*

d. **Veteran Integrated Service Network Director.** Each Veteran Integrated Service Network (VISN) Director is responsible for:

(1) Providing input to NCP directly or through the HPDP Leader, when requested, on feasibility and implementation of clinical preventive services.

(2) Ensuring routinely recommended clinical preventive services are available to patients and consistent with the CPS Guidance Statements.

e. **VA Medical Facility Director.** Each VA medical facility Director is responsible for:

(1) Providing input to NCP directly or through the HPDP Program Manager, when requested, on feasibility and implementation of clinical preventive services.

(2) Ensuring routinely recommended clinical preventive services are available to patients and consistent with the CPS Guidance Statements.

f. **Preventive Medicine Field Advisory Committee.** The PMFAC is responsible for:

(1) Serving in an advisory capacity to the Chief Consultant for Preventive Medicine on clinical and administrative issues relating to VHA HPDP services and activities, including clinical preventive services.

(2) 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.

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

## 7. REFERENCES:

a. 38 U.S.C. 7318.

b. VHA Directive 1120, Responsibilities of the National Center for Health Promotion and Disease Prevention (NCP).

c. VHA Handbook 1120.02, Health Promotion and Disease Prevention Core Program Requirements.

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

e. U.S. Preventive Services Task Force Web site:  
<http://www.uspreventiveservicestaskforce.org/>.

f. Advisory Committee on Immunization Practices Web site:  
<http://www.cdc.gov/vaccines/acip/index.html>.

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

h. Preventive Medicine Advisory Committee Charter, April 6, 2008:  
[http://vaww.prevention.va.gov/Preventive\\_Medicine\\_Advisory\\_Committee.asp](http://vaww.prevention.va.gov/Preventive_Medicine_Advisory_Committee.asp). **NOTE:**  
*This is an internal VA Web site that is not available to the public.*