

VHA CLINICAL INVENTORY

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Directive provides policy implementing the maintenance, updating, restructuring, and redesign of a Web-based comprehensive national clinical inventory detailing services available for Veterans at each care delivery site.

2. SUMMARY OF CONTENT: This is a new VHA Directive that describes [VHA's National Clinical Inventory tool \(NCI\)](#). **NOTE:** *This is an internal VA Web site that is not available to the public.* The NCI assists to:

- a. Define the major points of clinical programs and services available across the VA health care system;
- b. Provide standardized definitions for programs and services (available within the tool) to facilitate cogent policy decisions regarding Veterans' access to health care; and
- c. Provide information to VA clinical and administrative staff making referrals for Veteran care.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The Assistant Deputy Under Secretary for Health for Informatics and Analytics (10P2) is responsible for the content of this Directive. Questions may be referred to the Office of Informatics and Analytics through the VSSC Help Desk at [VSSC Help Desk](#).

5. RESCISSIONS: None.

6. RECERTIFICATION: This VHA Directive is scheduled for recertification on or before the last working day of December 2020

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1. PURPOSE

This Veterans Health Administration (VHA) Directive provides policy implementing the maintenance, updating, restructuring, and redesign of a Web-based comprehensive national clinical inventory detailing services available for Veterans at each care delivery site.

2. BACKGROUND

a. Since 1995, Department of Veterans Affairs (VA) medical facilities have undergone extensive restructuring and realignment to improve the delivery of health care services and administrative operations. VA Central Office is responsible for working with Veterans Integrated Service Networks (VISN) in the oversight and approval of bed changes, clinical program restructuring, and changes in clinical services to coordinate and ensure that a full continuum of care is available to enrollees in each VISN.

b. A Web-based tool to identify scarce medical resources within VHA was developed between December 2007 and January 2009. In March 2009, the tool was assessed as a possible option to provide timely information to VA clinical and administrative staff making referrals for Care in the Community provider services.

c. The National Clinical Inventory Web tool project was initiated in June 2010. Aligned with the Under Secretary for Health's priorities of enhancing the Veteran experience and access to health care, as well as transforming health care delivery through health informatics, the inventory would include information on facility demographics, VHA specific clinical programs as well as clinical services, and the methods used to provide those services. (i.e., on-site, Care in the Community, contract, etc.)

d. In June 2012, responsibility for design and maintenance of the National Clinical Inventory was moved to the Office of Informatics and Analytics, VHA Support Service Center (VSSC), and a complete redesign of the database was undertaken.

(1) [The National Clinical Inventory \(NCI\)](#) was deployed VHA-wide in March 2013.

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

(2) The new NCI design incorporates data for facility demographics, available clinical services, and methodologies for updating data to the Clinical Inventory tool.

e. The National Clinical Inventory tool will:

(1) Collect and provide a listing of clinical services provided on- and off-site for an administrative parent VA medical facility and their associated facilities (Community-Based Outpatient Clinics (CBOC), Extended Care Sites, Residential Care Sites, Health Care Centers, etc.).

(2) Provide a geographic display of services.

(3) Aid in the overall selection and management of Care in the Community services.

(4) Provide data to inform the VA medical facility and VISN in their strategic planning processes for delivery of clinical services.

(5) Align with the following:

(a) VHA Directive 2009-001, Restructuring of VHA Clinical Programs, or subsequent policy issue, is to be used by VISNs in the development and approval of major programmatic changes to clinical programs or services, including, but not limited to, new service requests or major augmentations or the decrease in existing programs within the VISN.

(b) VHA Handbook 1006.02, VHA Site Classifications and Definitions, will be used to determine under what nomenclature a VA medical facility or subsection of a VA medical facility will be included in the Clinical Inventory.

3. POLICY

It is VHA policy that the NCI will be used to detail specified programs and services available for Veterans at each care delivery site, including those provided within VA medical facilities, through Care in the Community, by contract and through VA-Department of Defense (DoD) sharing agreements. This capability is fundamental for identifying essential patient services in real time and for gauging VHA's potential service capacities and gaps.

4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health, or designee, is responsible for approving major changes to any clinical programs or restructuring of services within the VISNs per the current Assistant Deputy Under Secretary for Health for Clinical Operations (10NC) clinical restructuring process, per Directive 2009-001, or subsequent policy issue.

b. **Principal Deputy Under Secretary for Health.** The Principal Deputy Under Secretary for Health is responsible for reviewing and concurring on all requests and business plans for major changes in any clinical programs or restructuring of services with the VISNs to ensure there are appropriate clinical indications for change and appropriate program support.

c. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for:

(1) Reviewing the data provided by the VA medical facilities and program offices in the NCI on an at least annual basis via reports provided by 10P2 to ensure that it aligns with information held by 10N.

(2) Reviewing and acting on requests for data changes that come through the tool.

(3) Reaching a consensus with the office of the Deputy Under Secretary for Health for Policy and Services (10P) in those program areas where there is overlap of jurisdiction.

d. **Deputy Under Secretary for Health for Policy and Services.** The Deputy Under Secretary for Health for Policy and Services is responsible for:

(1) Reviewing the data provided by the VA medical facilities and program offices via reports provided by 10P2 in the NCI on an at least annual basis to ensure that it aligns with information held by 10P.

(2) Reviewing and acting on requests for data changes that come through the tool.

(3) Reaching a consensus with the office of 10NC in those program areas where there is overlap of jurisdiction.

e. **VHA Program Offices.** VHA program offices that participate in the Clinical Inventory are responsible for ensuring that program offices complete a comprehensive review of the NCI on an at least annual basis for those sections for which they are assigned source/review responsibility:

(1) Program Office Source Responsibilities:

(a) Program offices that supply the data for the fields in their assigned categories will review and update these lists on an annual basis.

(b) Changes that need to be made outside of the annual review will be processed through change request process that can be initiated at either the VA medical facility or the program office level.

(2) Program Office Review Responsibilities:

(a) Program offices that receive facility-entered data for the fields in their assigned categories will review the data on an annual basis and provide feedback regarding the continued usefulness of the included program section fields.

(b) The Program Offices will review the data on an at least fiscal year (FY) basis.

(c) Changes that need to be made outside of the annual review will be processed through a change request process that can be initiated at either the facility or the program office level. Requests for data changes will be reviewed and acted on in a timely manner.

f. **VISN Directors.** VISN Directors are responsible for:

(1) Ensuring that VA medical facilities within the VISN complete a comprehensive review of the NCI on an at least annual basis that includes ensuring that there is alignment and agreement with VHA Central Office program offices and facility information. This annual review will be coordinated with the Office of Informatics and Analytics (OIA) and, upon completion, the program office will certify accuracy.

(2) Reviewing and acting on requests for data changes that come through the tool.

(3) Ensuring there is a process flow established for communication to the NCI database manager from facility NCI points of contact (POC).

(4) Ensuring there is an established approval process for NCI data entry.

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

(1) Ensuring that their parent and associated facilities complete a comprehensive review of the NCI on an at least annual basis.

(2) Ensuring that requests for changes in services and the associated approval processes are complete before the change is actually implemented.

(3) Ensuring there is a process flow established for communication to the network clinical inventory coordinator (VISN Points of Contact) from facility NCI points of contact.

(4) Ensuring there is an established approval process for NCI data recommendations to the network NCI coordinator.

5. REFERENCES

a. VHA Handbook 1006.02, VHA Site Classifications and Definitions.

b. VHA Directive 2009-001, Restructuring of VHA Clinical Programs, or subsequent policy issue.

c. Deputy Under Secretary for Health for Operations and Management Memo: Advancement of Facility Mission Without Sufficient Clinical Support, January 24, 2008.