

CLINICAL CASE REGISTRY SOFTWARE: MAINTENANCE AND CLINICAL STAFF SUPPORT

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive provides policy and guidance for the use of the Clinical Case Registry (CCR) software package for population health management activities.

2. SUMMARY OF MAJOR CHANGES:

a. Amendment dated March 29, 2019:

(1) Replaces the National HIV CCR with VHA Support Services Center (VSSC) Human Immunodeficiency Virus (HIV) Clinical Cube as the data source for Veterans Equitable Resource Allocation (VERA) allocation. **NOTE:** *There is no change to the hepatitis C virus (HCV) CCR;* and

(2) Removes the requirement for the local HIV CCR Coordinator to review and confirm pending HIV patients.

(3) It is still required that this function be continued for HCV. This function is now optional for HIV. The CCR software will continue to be supported, therefore any facility wishing to use their local HIV CCR will need to continue confirming HIV patients into the CCR for their local use. A future patch is in development so that HIV patients selected by the software will be automatically confirmed into the CCR.

(4) The responsibilities of facility level staff have been reduced and training activities for the CCR have been consolidated under the program office.

b. Amendment dated May 12, 2020:

(1) Removes the VHA Support Services Center (VSSC) HIV Clinical Cube and the National HCV CCR as the data source for VERA allocation. **NOTE:** *The Allocation Resource Center (ARC) has converted to an internal data source for VERA allocation.*

(2) The CCR software has been updated such that HIV and HCV patients selected by the software will be automatically confirmed into the CCR.

(3) Removes the requirement for the local HCV CCR Coordinator to review and confirm pending HCV patients.

(4) The CCR software will continue to be supported, thus regular software updates and patch installations will continue to be the responsibility of local facility IT.

(5) The roles and responsibilities of the Local CCR Coordinators and Lead Clinicians

have been removed and the responsibilities of the Population Health Services in the Office of Patient Care Services, the VA medical facility Director, the facility Chief of Staff, and the facility Automatic Data Processing Application Coordinators have been reduced appropriately given the aforementioned changes.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: Population Health Services (10P4V) is responsible for the content of this directive. Questions can be addressed to 650-849-0365.

5. RESCISSIONS: VHA Directive 2011-026, dated June 23, 2011, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of November 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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1. PURPOSE

This Veterans Health Administration (VHA) directive defines local and national responsibilities for the Clinical Case Registry (CCR) software package. The CCR software operates at the local and national levels to support delivery of medical care and treatment of Veterans. **AUTHORITY:** Title 38 U.S.C. 7301(b).

2. BACKGROUND

a. The CCR software package, originally released in 2004 for tracking Veterans with Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) infections at the facility level, uses local diagnoses, procedures, and laboratory test results to identify populations of Veterans with select conditions. At the time of this directive amendment dated (DATE), there are 51 condition-based populations in the local CCR at each facility. Additional information on the current list of conditions can be found at <https://dvagov.sharepoint.com/sites/VACOVHAPublicHealth/pophealth/ccr/SitePages/Home.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

b. VA medical facilities, Veterans Integrated Service Networks (VISNs), and national program offices work cooperatively with staff at all levels of the VA Office of Information and Technology (OIT) to assure that CCR software is current and operational at all facilities. Population Health Services (10P4V), as the business owner, provides Subject Matter Experts (SMEs) and other support as required for ongoing maintenance and updating of the CCR software.

c. The CCR software package supports patient safety, quality of care, and population health management for Veterans with specific conditions of interest. The software allows VHA medical facilities to maintain confidential registries for clinical and administrative use and provides robust capability for customized population-based reports at the local level. Selected information from the local electronic health record (EHR) system regarding patients with HCV and HIV infection is automatically securely transmitted to a national database housed at the Austin Information Technology Center (AITC) and at Population Health Services located at the Department of Veterans Affairs (VA) Palo Alto Health Care System. National data for these two specific populations are used for epidemiology, public health, quality and safety initiatives, and Congressional reporting.

d. The CCR software has been updated such that HIV and HCV patients selected by the software will be automatically confirmed into the CCR.

e. This directive requires that regular software updates and patch installations will continue, to support the CCR software at each facility.

f. In accordance with Amendment (1) to this directive, the National HCV CCR will no longer be the source for VERA funding, and the HCV CCR Coordinators are no longer

required to confirm pending HCV patients into the CCR for VERA funding.

g. In accordance with Amendment (1) to this directive, the VHA Support Services Center (VSSC) HIV Clinical Cube will no longer be the source for VERA funding.

3. POLICY

It is VHA policy that CCR software be installed, utilized, and maintained at all VA medical facilities.

4. RESPONSIBILITIES

a. **Population Health Services, Office of Patient Care Services.** Population Health Services staff, working in collaboration with OIT, are responsible for:

(1) Providing ongoing software user support, training resources, and consultation.

(2) Providing leadership, support, and consultation to VHA Program Offices, medical facilities, Regions, and Veterans Integrated Service Networks (VISNs) in matters related to the use of CCR software for population health management.

(3) Developing, validating, and creating national, VISN, and local reports from national CCR data to meet the needs of VHA, Veterans Affairs Central Office (VACO) Programs and Offices, VISN and local leadership, local clinical staff, and other key stakeholders, including Veterans groups, Congress, and other Federal agencies.

(4) Providing clinical, technical, and operational support to VA and VHA OIT staff related to CCR.

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

(1) Assuring compliance with all required actions and items in this directive to include installation and updates required for CCR software maintenance in an appropriate and timely manner.

(2) Ensuring verification of the correct local set-up and maintenance of local parameters, and nightly transmission of data to the AITC national database.

(3) Ensuring local access to user training and support resources provided through Population Health Services.

c. **Facility Chief of Staff.** Each VA facility Chief of Staff or Associate/Assistant Director for Patient Care Services/Nurse Executive (ADPCS/NE) in facilities where ADPCS/NE has oversight of providers is responsible for ensuring that appropriate staff (i.e., lead clinicians, clinical and administrative staff who could benefit from using CCR reports) receive training in the use of CCR.

d. **Facility Automatic Data Processing Application Coordinators.** The appropriate facility Automatic Data Processing Application Coordinator (ADPAC) is responsible for ensuring that Laboratory services complete appropriate computer functions including verification of the format used to report results of registry laboratory tests for HCV and HIV. CCR uses an algorithm which recognizes as positive results reported in the result field (and NOT in comment field) that contain “p”, “positive”, “pos,” or “react” and does not contain “No”, “not,” or “neg”. The current algorithm is in the technical manual at <http://www.va.gov/vdl/application.asp?appid=126>.

5. REFERENCES

a. 38 U.S.C. 7301(b).

b. Clinical Case Registry SharePoint,
<https://vaww.vha.vaco.portal.va.gov/sites/PublicHealth/pophealth/ccr/SitePages/Home.aspx>. **NOTE:** This is an internal VA Web site that is not available to the public.

c. 2015 National Hepatitis C Registry Reports
https://spsites.cdw.va.gov/sites/OPH_LDD/Pages/HCV-Data.aspx **NOTE:** This is an internal VA Web site that is not available to the public.

d. 2016 National HIV Registry Reports
https://spsites.cdw.va.gov/sites/OPH_LDD/Pages/HIV-Cube.aspx **NOTE:** This is an internal VA Web site that is not available to the public.