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

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.


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 This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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DISTRIBUTION: Emailed to the VHA Publications Distribution List on December 6, 2017.
CONTENTS

CLINICAL CASE REGISTRY SOFTWARE: MAINTENANCE AND CLINICAL STAFF SUPPORT

1. PURPOSE ............................................................................................................... 1
2. BACKGROUND ....................................................................................................... 1
3. POLICY .................................................................................................................... 2
4. RESPONSIBILITIES ................................................................................................ 2
5. REFERENCES ........................................................................................................ 4
CLINICAL CASE REGISTRY 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. 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, there are 34 condition-based populations in the local CCR at each facility. Additional information on the current list of conditions can be found at [https://vaww.vha.vaco.portal.va.gov/sites/PublicHealth/pophealth/ccr/SitePages/Home.aspx](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.

   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 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, Veterans Equitable Reimbursement Allocation (VERA) modeling, and Congressional reporting.

   d. VA medical facilities designate local coordinators for only the HCV and HIV registries. The key function of the local registry coordinator is performing routine review to process patients into and out of the registry. This directive requires that this function be continued. Links to the roster of currently-designated
coordinators for each registry, for internal use only and not to be shared outside VA, can be found at 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.

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 national CCR data to the Allocation Resource Center (ARC) for VERA modeling.

   (3) 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.

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

   (5) 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) Designating a local CCR coordinator for the HCV and HIV registries.

   (2) Assigning a replacement coordinator in the event that these individuals cannot continue this work.

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

c. **Facility Chief of Staff.** Each 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:

   (1) Ensuring that appropriate staff (i.e., CCR coordinator(s), lead clinicians, clinical and administrative staff who could benefit from using CCR reports) receive training in the use of CCR.

   (2) Ensuring that the local registries are maintained, including:

      (a) Ensuring that pending patients for HCV and HIV are reviewed and processed no less than once per month;

      (b) Ensuring 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 Coordinators.** The appropriate facility Automatic Data Processing Application Coordinators (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 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](http://www.va.gov/vdl/application.asp?appid=126). **NOTE:** This is an internal VA Web site that is not available to the public.

      (b) 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/test name used or result report format for a registry test) are communicated to the Registry Coordinator in a timely manner.

   (2) **Pharmacy Service.** ADPAC is responsible for 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 registry functions in a manner that maintains confidentiality of patient information.
(2) Receiving initial software training and requesting ongoing support as needed.

(3) Encouraging other local staff who currently use, or would benefit from using, the CCR to participate in training available from Population Health Services.

(4) Maintaining local registry parameters by updating them when there is a change in local laboratory process that affects registry function.

(5) Serving as a point of contact for communication with Population Health Services on issues related to HCV and HIV registries.

(6) Routinely—at least monthly—reviewing and processing pending patients selected for the HCV and HIV registries in accordance with instructions from Population Health Services.

f. Lead Clinicians. Lead clinicians in HCV and HIV have the following responsibilities related to their facility CCR:

(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 HCV and http://vaww.hiv.va.gov/data-reports/ccr-index.asp for HIV. **NOTE:** These are internal VA Web sites that are not available to the public.

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 (http://vaww.hepatitis.va.gov/data-reports/ccr-index.asp). **NOTE:** This is an internal VA Web site that is not available to the public.

d. 2016 National HIV Registry Reports (http://vaww.hiv.va.gov/data-reports/ccr-index.asp). **NOTE:** This is an internal VA Web site that is not available to the public.