

**THE NATIONAL CENTER FOR HEALTH PROMOTION AND DISEASE  
PREVENTION AND THE COORDINATION AND DEVELOPMENT OF CLINICAL  
PREVENTIVE SERVICES GUIDANCE**

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive designates the National Center for Health Promotion and Disease Prevention (NCP), within the Office of Patient Care Services (PCS), as the VHA program office responsible for clinical preventive services guidance coordination within VHA and defines standards for establishing and revising existing guidance for clinical preventive services provided to Veterans.

**2. SUMMARY OF MAJOR CHANGES:** This directive:

- a. Clarifies the background and definitions (see paragraphs 2 and 3, respectively).
- b. Updates the requirements for selection, development, approval, updating and dissemination of Clinical Preventive Services Guidance Statements (see paragraph 5).

**3. RELATED ISSUES:** VHA Directive 1120.02(1), Health Promotion and Disease Prevention Core Program Requirements, dated February 5, 2018.

**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 directive. Questions may be referred to the Chief Consultant for Preventive Medicine at 919-383-7874, or by FAX at 919-383-7598.

**5. RESCISSION:** VHA Handbook 1120.05, Coordination and Development of Clinical Preventive Services Guidance, dated July 29, 2015, is rescinded.

**6. RECERTIFICATION:** This directive is scheduled for recertification on or before the last working day of July 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF THE  
UNDER SECRETARY FOR HEALTH:**

/s/ Lucille B. Beck, PhD.  
Deputy Under Secretary for Health for  
Policy and Services

July 31, 2020

VHA DIRECTIVE 1120.05

**NOTE:** *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

**DISTRIBUTION:** Emailed to the VHA Publication Distribution List on August 3, 2020.

**CONTENTS**

**THE NATIONAL CENTER FOR HEALTH PROMOTION AND DISEASE  
PREVENTION AND THE COORDINATION AND DEVELOPMENT OF CLINICAL  
PREVENTIVE SERVICES GUIDANCE**

1. PURPOSE..... 1

2. BACKGROUND..... 1

3. DEFINITIONS ..... 2

4. POLICY ..... 2

5. RESPONSIBILITIES ..... 3

6. TRAINING ..... 6

7. RECORDS MANAGEMENT..... 6

8. REFERENCES..... 6

APPENDIX A

PROCEDURES FOR THE IMPLEMENTATION OF CLINICAL PREVENTIVE  
SERVICES GUIDANCE STATEMENTS .....A-1



**THE NATIONAL CENTER FOR HEALTH PROMOTION AND DISEASE  
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## **1. PURPOSE**

This Veterans Health Administration (VHA) directive 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 requirements for establishing and revising clinical preventive services provided to Veteran patients. **AUTHORITY:** Title 38 United States Code (U.S.C.) § 7301(b) and § 7318.

## **2. BACKGROUND**

a. NCP, located in Durham, North Carolina, was established in 1995 as a field-based program office within PCS, Department of Veterans Affairs (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 educational activities of VHA with respect to such services. **NOTE:** *Additional VHA program offices that have responsibility for the delivery or monitoring of clinical preventive services include but are not limited to: other offices within PCS, Office of Nursing Services, Office of the Assistant Deputy Under Secretary for Health for Informatics and Analytics, Research and Development and Office of the Assistant Under Secretary for Health for Clinical Services.*

b. A Clinical Preventive Services (CPS) Guidance Statement defines VHA recommendations regarding the delivery of an individual clinical preventive service to its beneficiaries. To find out about individual clinical preventive services, visit the Index of Clinical Preventive Services Guidance Statements, available at:

<https://vaww.prevention.va.gov/CPS/index.asp>. **NOTE:** *This is an internal VA website that is not available to the public.*

c. The CPS Guidance Statement describes: the clinical preventive service, VHA recommendations, the target population, the type of service (e.g., screening, immunization), the clinical area the guidance pertains to, the frequency of the recommendations, acceptable methods (i.e., of screening), considerations for practice, background of evidence, size of target population, any existing VHA guidance or policy, tools for implementation (patient tools, staff tools, system tools), VHA program office stakeholders, VHA subject matter experts, references to support guidance and disclaimers, all of which influence the use or non-use of the clinical preventive services. These services typically include screening (for cancers, heart and vascular diseases and many other conditions), immunizations, health behavior counseling and preventive medication.

### 3. DEFINITIONS

a. **Clinical Preventive Service.** 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 but are not limited to: 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. More information is available at:

[http://vaww.prevention.va.gov/CPS/Guidance\\_on\\_Clinical\\_Preventive\\_Services.asp](http://vaww.prevention.va.gov/CPS/Guidance_on_Clinical_Preventive_Services.asp).

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

b. **Health Behavior Change.** Health behavior change is the process of considering, initiating, achieving and maintaining change in health behavior(s), e.g., tobacco use, risky alcohol use, unhealthy diet, weight management and physical inactivity.

c. **Health Behavior Counseling.** Health behavior counseling is 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. Examples of include: TEACH for Success (TEACH) and Motivational Interviewing (MI). For more information on TEACH and MI visit: -

[https://dvagov.sharepoint.com/sites/VHAPrevention/NCP\\_Training\\_Resources/Shared%20Documents/Cascading%20\(local\)%20Courses/NCP-Training-Value-Background-v06.docx](https://dvagov.sharepoint.com/sites/VHAPrevention/NCP_Training_Resources/Shared%20Documents/Cascading%20(local)%20Courses/NCP-Training-Value-Background-v06.docx). **NOTE:** This is an internal VA website that is not available to the public.

d. **Immunization.** Immunization is the administration of vaccines, toxoids or immunoglobulins with the goal of protecting susceptible patients from 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. **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. POLICY

It is VHA policy to establish and maintain guidance about CPS for VA health care providers to offer Veterans, and to coordinate the development of this guidance through NCP.

## 5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for:

- (1) Ensuring overall VHA compliance with this directive.
- (2) Providing oversight of NCP to ensure the execution and compliance with directive.

b. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

- (1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).
- (2) Providing assistance to VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.
- (3) Providing oversight of VISNs to assure compliance with this directive, relevant standards and applicable regulations.
- (4) Disseminating newly developed CPS Guidance Statements to VISN Chief Medical Officers (CMO) and VA medical facility Chiefs of Staff.

b. **Deputy Under Secretary for Health for Policy and Services.** The Deputy Under Secretary for Health for Policy and Services is responsible for supporting the implementation and oversight of this directive across VHA.

c. **Chief Consultant for Preventive Medicine, National Center for Health Promotion and Disease Prevention.** The Chief Consultant for Preventive Medicine, NCP, is responsible for:

- (1) Establishing and maintaining guidance about CPS for VA health care providers to offer Veterans, serving as VHA's central resource for planning, development, guidance and implementation.
- (2) Advising the Under Secretary for Health on preventive measures including but not limited to: VHA preventive medicine related policies, guidance, preventive services and some of the VA-Department of Defense (DoD) clinical practice guidelines that may relate to preventive medicine.
- (3) Collaborating with other VHA clinical and administrative program office directors on prevention policy and services, specifically those related to topics in health promotion and disease prevention.
- (4) Coordinating the development, review and dissemination of CPS Guidance Statements, and assisting with the implementation of guidance statements by VA health

care providers and administrators at VA medical facilities using the processes as outlined in Appendix A.

(5) Appointing, convening, maintaining and supporting the Preventive Medicine Field Advisory Committee (PMFAC) at least every 3 months, or as needed. PMFAC is composed of representatives of VISN, Health Promotion and Disease Prevention (HPDP) leaders, representatives from VHA program offices with a prevention focus and other field-based clinicians who are preventive medicine subject matter experts, as appropriate, including but not limited to: Office of Patient Care Services, Women's Health, Office of Mental Health and Suicide Prevention, Pharmacy Benefits Management, Office of Nursing Services, Office of Specialty Care Services, Office of Research and Development, Office of Primary Care, Office of Quality Safety and Value and Office of the Assistant Under Secretary for Health for Operations. PMFAC members are all Federal employees.

(6) Serving as the PMFAC Chair, to include:

(a) Ensuring PMFAC serves in a scientific and clinical advisory capacity to NCP for preventive medicine on clinical and administrative issues relating to VHA HPDP services and activities, including clinical preventive services.

(b) Ensuring PMFAC assists 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.

(c) Ensuring PMFAC identifies, through the input and knowledge of committee members and support staff, field preventive medicine challenges, priorities for improvement and opportunities for disseminating and sustaining prevention best practices.

(d) Reviewing and approving draft CPS Guidance Statements by a quorum vote.

(e) Reviewing each approved CPS Guidance Statement approximately every 5 years, or more frequently, as new evidence becomes available to NCP and VHA program offices that provide guidance on the CPS under consideration.

(f) Reviewing and approving changes to CPS Guidance Statements (other than minor wording or grammatical changes) by a quorum vote.

d. **VHA Program Office Directors.** VHA program office Directors that have a role in supporting the delivery or monitoring of clinical preventive services are responsible for:

(1) Collaborating with the Chief Consultant for Preventive Medicine and NCP (as described in paragraph 5.d.(3)) to develop CPS Guidance Statements.

(2) Being an additional resource for VISNs and VA medical facilities, along with NCP, on CPS Guidance Statements, as appropriate.



(3) Maintaining communication with NCP, in order to provide updates and responses to inquiries regarding new or existing organizational strategies issued by their offices related to clinical preventive services when requested by the PMFAC. Examples of such strategies include: VHA performance measures or indicators; joint VA-DoD Clinical Practice Guidelines and directives; VA Central Office-prepared memos, briefs and national clinical reminders.

(4) Collaborating with NCP (as described in paragraph 5.e.(3)) to develop consistency between new or existing organizational strategies issued or developed by the VHA program office (e.g., performance measures and indicators, national clinical reminders) and CPS Guidance Statements.

(5) Providing information to NCP (as described in paragraph 5.e.(3)) about organizational strategies for strong delivery practices in health care settings (e.g., hyperlinks) on the NCP Clinical Preventive Services page on the NCP website at: <https://vaww.prevention.va.gov/>. **NOTE:** *This is an internal VA website that is not available to the public.*

e. **Veterans Integrated Service Network Director.** Each VISN Director is responsible for:

(1) Providing resources and oversight of VA medical facilities to ensure compliance with this directive.

(2) Providing feedback to NCP directly, or through the VISN HPDP Program Leader, as appropriate on clinical preventive services.

(3) Confirming that VA medical facility Directors are routinely making available recommended clinical preventive services for Veterans, consistent with the CPS Guidance Statements.

f. **Veterans Integrated Service Network Health Promotion and Disease Prevention Program Leader.** The VISN HPDP Program Leader is responsible for receiving feedback and providing feedback as requested on topics related to clinical preventive services.

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

(1) Providing oversight to ensure that VA medical center staff comply with this directive.

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

(3) Ensuring recommended clinical preventive services are available to Veterans and consistent with the CPS Guidance Statements.

**h. VA Medical Facility Health Promotion and Disease Prevention Program Manager.** The VA medical facility HPDP Manager is responsible for:

(1) Collaborating with VA medical facility staff to develop consistency between VA medical facility strategies (e.g., local procedures, local protocols, clinical reminders and standardized templates) and VHA CPS Guidance Statements. This includes developing and implementing a process to provide guidance to VA medical facility clinical staff in VHA CPS guidance statements. **NOTE:** Refer to VHA Directive 1120.02(1), Health Promotion and Disease Prevention (HPDP) Core Requirements, dated February 5, 2018, for a complete list of required HPDP training.

(2) Sharing input received regarding feasibility and implementation of clinical preventive services with NCP.

## **6. TRAINING**

There are no formal training requirements associated with this directive.

## **7. RECORDS MANAGEMENT**

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

## **8. REFERENCES**

a. 38 U.S.C. § 7301(b) and § 7318.

b. VHA Directive 1120, Responsibilities of the National Center for Health Promotion and Disease Prevention (NCP), dated July 30, 2015.

c. VHA Directive 1120.02., Health Promotion and Disease Prevention (HPDP) Core Requirements, dated February 5, 2018.

d. Centers for Disease Control and Prevention. Advisory Committee on Immunization Practices website: <https://www.cdc.gov/vaccines/acip/index.html>.

e. National Center for Health Promotion and Disease Prevention (NCP) Intranet website: <https://vaww.prevention.va.gov/>. **NOTE:** This is an internal VA website that is not available to the public.

f. NCP Internet website: <https://www.prevention.va.gov/>.

g. Preventive Medicine Field Advisory Committee Charter, March 11, 2019: [https://vaww.prevention.va.gov/Preventive\\_Medicine\\_Advisory\\_Committee.asp](https://vaww.prevention.va.gov/Preventive_Medicine_Advisory_Committee.asp). **NOTE:** This is an internal VA website that is not available to the public.

h. U.S. Preventive Services Task Force website:

<https://www.uspreventiveservicestaskforce.org/>. **NOTE:** *This website is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*

i. Task Force on Community Preventive Services website:

<https://www.thecommunityguide.org/index.html>. **NOTE:** *This website is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*



## **IMPLEMENTATION OF CLINICAL PREVENTIVE SERVICES GUIDANCE STATEMENTS**

### **1. SELECTION OF TOPICS FOR CLINICAL PREVENTIVE SERVICE GUIDANCE STATEMENTS**

Requests for Clinical Preventive Service (CPS) Guidance Statement topics may originate from the National Center for Health Promotion and Disease Prevention (NCP), the Preventive Medicine Field Advisory Committee (PMFAC), Veterans Integrated Service Network (VISN) Health Promotion and Disease Prevention (HPDP) Leaders, senior Veterans Health Administration (VHA) leadership or other VHA program offices. Prioritization of topics is done by NCP with input from the PMFAC (see paragraph 5.h.(3) in the body of the directive). The final selection of topics is made by NCP.

### **2. DEVELOPMENT OF CPS GUIDANCE STATEMENTS**

a. 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:

b. Reviewing VHA policy or VHA guidance in place for the clinical preventive service, and relevant U.S. Preventive Service Task Force (USPSTF), Advisory Committee on Immunization Practices (ACIP) or other recommendations.

(1) Closely coordinating these reviews with other VHA program offices that provide guidance on the clinical preventive service under consideration, and other offices as indicated, to avoid unnecessary duplication of effort.

(2) The evidence-based recommendations of the USPSTF and ACIP must be considered, unless there are reasons to differ from these recommendations, such as: VHA policy, unique characteristics of the VHA population, VHA-specific implementation issues or more recent compelling evidence.

c. To the extent possible, establishing the size of the potential target population, feasibility of the intervention, implementation issues and the likely magnitude of net benefit to VHA and the Veterans it serves by implementing the clinical preventive service.

d. Inviting VISN HPDP Leaders, VISN Chief Medical Officers (CMOs), VISN Chief Nursing Officers (CNOs) and other VHA clinical experts, as appropriate, to review and comment on draft CPS Guidance Statements.

e. Communicating, when necessary, with additional content experts for the 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 decision making.

f. Issuing guidance is necessary but not sufficient to ensure consistent, systematic delivery of clinical preventive services.

(1) To that end, NCP has either created or provided links to tools or existing mechanisms in each guidance statement to help VA medical facilities and clinicians implement the delivery of services within VA medical facilities. Examples include: national clinical reminders, patient health education materials, staff training materials and continuing education opportunities.

(2) The impetus for developing guidance statements was to provide a coordinated and evidence-based approach to policy-making, to help ensure a high level of access and quality across the system and to reduce unnecessary variation among VA medical facilities in the delivery of clinical preventive services. **NOTE:** *NCP does not have the authority to mandate compliance – health care providers may use individual decision making on a case by case basis.*

g. NCP hosts meetings on metrics during national calls. Information may include immunization rates, or Preventive Care Composite Measures for various screenings and immunizations. Performance Metrics related to clinical preventive services available through Reporting, Analytics, Performance, Improvement and Deployment (RAPID) and monitoring takes place.

### 3. APPROVAL OF CPS GUIDANCE STATEMENTS

Once consensus has been reached between NCP and other appropriate VHA program offices and stakeholders, the draft CPS Guidance Statement must be reviewed and approved by a quorum vote of the PMFAC (see paragraph 5.h.). Once a CPS Guidance Statement is approved by the PMFAC and posted to the NCP Intranet website per the standards outlined in paragraph 4 (below), it is considered an approved CPS Guidance Statement.

### 4. UPDATING OF APPROVED CPS GUIDANCE STATEMENTS

a. PMFAC reviews each approved CPS Guidance Statement every 5 years, or more frequently, as new evidence becomes available to NCP and VHA program offices that provide guidance on the CPS under consideration.

b. Changes to CPS Guidance Statements (other than minor wording or grammatical changes) must be reviewed and approved by a quorum vote of the PMFAC.

c. Changes to the accompanying information on implementation resources must be approved by agreement between NCP and VHA program offices that provide guidance on the CPS under consideration.

## 5. DISSEMINATION OF NEWLY DEVELOPED CPS GUIDANCE STATEMENTS

a. NCP disseminates the approved CPS Guidance Statements along with supporting implementation resources:

b. Through a section of the NCP Intranet website devoted to dissemination of CPS Guidance Statements and tools for implementation at: <https://vaww.prevention.va.gov/>.

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

c. To VISN CMOs and VA medical facility Chiefs of Staff through the Office of the Assistant Under Secretary for Health for Clinical Services.

d. By distribution to VISN HPDP leaders and VA medical facility HPDP Program Managers.

## 6. DISSEMINATION OF PATIENT RESOURCES

NCP disseminates patient versions of approved resources on its public website (<https://www.prevention.va.gov/>) including: patient-facing materials developed by other VHA program offices, tool kits for patients, public-facing .U.S. Preventive Services Task Force and Centers for Disease Control materials. The key patient version is the combined Recommendation Charts for Men and Women that lists all the clinical preventive care they should receive based on age, gender, the type of preventive health service (screenings, medications, health counseling and vaccines).