

HEALTH OUTCOMES MILITARY EXPOSURES REGISTRY PROGRAMS

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes authority and policy for the Health Outcomes Military Exposures (HOME) registry programs.

2. SUMMARY OF CONTENT: This directive rescinds and combines six HOME registry program directives. This directive:

a. Increases the calendar days from 30 to 90 in which all eligible individuals must be seen for their registry examination (see paragraph 3).

b. Updates and adds responsibilities to include the Assistant Under Secretary for Health for Patient Care Services, Assistant Under Secretary for Health for Operations and HOME Registry Program Manager (see paragraph 4).

c. Moves details on all six registries (including eligibility criteria and evaluation protocols), telehealth and various forms to the Department of Veterans Affairs (VA) HOME intranet. **NOTE:** For additional information, see <https://vawww.publichealth.va.gov/exposures/index.asp>. This is an internal VA website that is not available to the public.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The Office of Health Outcomes Military Exposures (12POP5) within the Office of Patient Care Services is responsible for the content of this directive. Questions may be addressed to VHA12POP5PDHSAAction@va.gov.

5. RESCISSIONS: VHA Directive 1301, Ionizing Radiation Registry (IRR) Program, dated April 6, 2017; VHA Directive 1302, Agent Orange Registry (AOR) Program, dated December 7, 2016; VHA Directive 1303, Evaluation Protocol for Veterans with Potential Exposure to Depleted Uranium (DU), dated April 6, 2017; VHA Directive 1303.01, Screening and Evaluation Protocol for Veterans with Embedded Fragments Who Served in Iraq and/or Afghanistan Post-September 11, 2001, dated April 6, 2017; VHA Directive 1325, Gulf War Registry, dated June 1, 2017; VHA Directive 1307, Airborne Hazards and Open Burn Pit Registry (AHOBPR), dated August 19, 2019; and VHA Memorandum 2016-05-14, Selection of VISN Lead Environmental Health Clinicians and Coordinators, dated May 24, 2016, are rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of March 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

March 25, 2022

VHA DIRECTIVE 1308

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

/s/ Beth Taylor, DHA, RN, FAAN, NEA-BC
Assistant Under Secretary for Health
for Patient Care Services/CNO

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

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HEALTH OUTCOMES MILITARY EXPOSURES REGISTRY PROGRAMS

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes administrative and clinical policy and responsibilities for the following Health Outcomes Military Exposures (HOME) registry programs: Agent Orange Registry (AOR), Gulf War Registry (GWR), Airborne Hazards and Open Burn Pit Registry (AHOBPR), Ionizing Radiation Registry (IRR), Toxic Embedded Fragments (TEF) Registry and Depleted Uranium (DU) Registry. Participation in any of the six registries is free and voluntary and allows eligible Veterans and, in some cases Service members, to document their military exposures and health concerns. **AUTHORITY:** 38 U.S.C. § 7301(b).

2. DEFINITIONS

a. **Electronic Health Record.** Electronic health record (EHR) is the digital collection of patient health information resulting from clinical patient care, medical testing and other care-related activities. Authorized Department of Veterans Affairs (VA) health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software, including Computerized Patient Record System (CPRS), Veterans Information Systems and Technology Architecture (VistA) and Cerner platforms. **NOTE:** *The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions platforms.*

b. **Individual Longitudinal Exposure Record.** Individual Longitudinal Exposure Record (ILER) is a web-based application that provides VA and the Department of Defense the ability to link military exposures to an individual to improve the efficiency, effectiveness and quality of health care provided.

c. **Military Exposure.** Military exposure means exposures to a wide variety of agents including nuclear, biological, chemical and non-ionizing radiation and other waves (e.g., sound, electromagnetic waves of various frequencies) that are part of the military environment, both deployed and in garrison, and that have the potential to produce adverse health effects, either alone or in combination. **NOTE:** *Military exposure is sometimes called toxic exposure. For additional information about military exposure, see <https://www.publichealth.va.gov/exposures/>.*

d. **Veteran.** A Veteran is a person who served in the active military, naval, air or space service, and who was discharged or released therefrom under conditions other than dishonorable (see 38 U.S.C. § 101(2)).

3. POLICY

It is VHA policy to administer HOME registry programs and make available a free registry examination to all Veterans and Service members who are eligible to participate in these programs within 90 days from the date the Veteran requests to be seen, in order to identify health issues and advance care for Veterans. **NOTE:** *Veterans do not*

have to be eligible for or enrolled in VA health care to participate in these registries; however, the registries themselves have individual eligibility criteria. For additional information about eligibility for each registry, see the VA HOME intranet at <https://vaww.publichealth.va.gov/exposures/index.asp>. This is an internal VA website that is not available to the public.

4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for supporting the HOME program office with implementation and oversight of this directive.

c. **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) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Chief Consultant, Health Outcomes Military Exposures.** The Chief Consultant, HOME, is responsible for:

(1) Developing, coordinating and monitoring VHA activities related to HOME registry programs and oversight of policy and other issues related to military exposures for VISNs and VA medical facilities.

(2) Overseeing the DU and TEF Centers at the Baltimore VA Medical Center.

(3) Overseeing six Congressionally-mandated exposure registries: AOR, GWR, AHOBPR, IRR, TEF Registry and DU Registry. Oversight activities include:

(a) Tracking the number of registry examinations performed,

(b) Reporting to senior VHA leadership on VA medical facilities with backlogs of examinations,

(c) Working with the HOME Program Director and VISN and VA medical facility leadership to fill environmental health (EH) Coordinator and Clinician roles if vacant, and

(d) Monitoring quality of examinations performed. **NOTE:** *These activities may be used to answer Congressional and Veteran Service Organization (VSO) requests and improve Veterans' health (see paragraph 4.d.(8)). Information from the registries are also used to better understand the potential health effects of military exposures.*

(4) Overseeing the War Related Illness and Injury Study Center (WRIISC) sites and the Airborne Hazards Open Burn Pit Center of Excellence (AHBPCE). **NOTE:** *For additional information regarding oversight of the AHBPCE, see VHA Directive 1215, Standards for Veterans Health Administration Centers of Excellence, dated February 14, 2017.*

(5) Overseeing and developing educational products regarding military exposures and their health effects for VA health care providers, Veterans and other stakeholders as applicable.

(6) Promulgating policy regarding military exposures, health outcomes, registries and practice.

(7) Advising the Secretary of Veterans Affairs and other appropriate VA and VHA leadership on policy as it pertains to military exposures.

(8) Communicating with Veterans, VA health care providers, VSOs, Congress and the public on issues related to military exposures.

(9) Supervising the Epidemiology section in conducting research and surveillance of specific Veteran populations regarding military exposures and health outcomes.

(10) Overseeing the VISN Lead EH Clinicians providing quality assurance of EH clinical registry work through interviews, physical examinations and medical record review.

(11) Responding to VA medical facility inquiries forwarded from the VISN Lead EH Coordinator.

e. **Program Manager, Health Outcomes Military Exposures Registry.** The HOME Registry Program Manager is responsible for:

(1) Assisting the VA medical facility Director to resolve any backlogs that could inhibit the VA medical facility from providing an examination within 90 calendar days from the date the Veteran wishes to be seen. **NOTE:** *For more information, see paragraph 4.j.(3).*

(2) Providing information to the VISN Lead EH Coordinator and VA medical facility Director on mandatory training for the VA medical facility EH Clinicians and VA medical facility Health Coordinators (see paragraph 5).

(3) Forwarding clinical registry program information to the VISN Lead EH Clinician to be disseminated.

(4) Administering periodic (monthly, quarterly or semi-annual) national teleconferences for VISN Lead and VA medical facility EH Clinicians and Coordinators to keep them abreast of new registry program developments.

(5) Requesting information on the registry programs from the VISN Lead EH Clinicians and Coordinators as needed, including information pertaining to Veterans receiving registry examinations (e.g., scheduling appointments and follow-ups).

(6) Facilitating access to registries and ILER for VA medical facility EH Clinicians and Coordinators.

(7) Responding to inquiries from VA medical facility EH Clinicians forwarded by the VISN Lead EH Clinician or EH Coordinator.

f. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Immediately designating an acting position and appointing a permanent position within 90 days when there is a vacancy in either the VISN Lead EH Clinician or VISN Lead EH Coordinator roles.

(3) Notifying the Chief Consultant, HOME when either the VISN Lead EH Clinician or the VISN Lead EH Coordinator have changed. **NOTE:** *The notification must be made within 10 business days of the change and include the new name, title, VA medical facility and commercial telephone and fax numbers with area code.*

(4) Ensuring that VISN Lead EH Clinicians have at least 16 hours of dedicated time for training (see paragraph 5) and administration of the HOME registry programs each month.

g. **Veterans Integrated Services Network Lead Environmental Health Coordinator.** The VISN Lead EH Coordinator is responsible for:

(1) Serving as the VISN point of contact for HOME registry programs.

(2) Disseminating registry program administrative information received from HOME to the VA medical facility EH Coordinator.

(3) Collecting administrative data and other registry information requested by HOME in collaboration with the VISN Lead EH Clinician.

(4) Responding to inquiries within their level of expertise from the VA medical facility EH Coordinator in their VISN or forwarding them to the Chief Consultant, HOME for a response as appropriate.

(5) Ensuring newly assigned VA medical facility EH Coordinators receive training about military exposures (see paragraph 5) and have access to applicable registry databases.

(6) Consulting as needed with the HOME Registry Program Manager to establish requested training about military exposures (see paragraph 5).

(7) Notifying the HOME Registry Program Manager when the VA medical facility EH Coordinator or Clinician has changed at any site within the VISN within 10 business days of the change, including the new name, title, mail routing symbol and commercial telephone and fax numbers with the area code. **NOTE:** *This information must be submitted to HOME via email.*

(8) Participating in national periodic (monthly, quarterly, or semi-annual) teleconferences to keep abreast of new registry program developments.

(9) Coordinating with the VISN Lead EH Clinician to select appropriate EH professionals within their VISN catchment area to attend training conferences.

(10) Maintaining records of VA medical facility EH Coordinator contact information, including address and telephone number, and completion of mandatory registry training (see paragraph 5). **NOTE:** *Information on the mandatory training can be obtained from the HOME Registry Program Manager.*

(11) Overseeing all registry programs in the VISN and improving them through coordination with the VA medical facility EH Health Coordinators.

h. Veterans Integrated Services Network Lead Environmental Health Clinician.

The VISN Lead EH Clinician is responsible for:

(1) Disseminating clinical registry program information forwarded from HOME, primarily by the HOME Registry Program Manager.

(2) Collecting information on the registry programs as requested by the HOME Registry Program Manager.

(3) Responding to inquiries from VA medical facility EH Clinicians or forwarding them to the Program Manager, HOME for a response as appropriate.

(4) Providing appropriate quality assurance of EH clinical registry work through interviews, physical examinations and medical record review.

(5) Coordinating with the VISN Lead EH Coordinator to select EH professionals within their VISN catchment area to attend training conferences (see paragraph 5).

i. Director, VHA War Related Illness and Injury Study Center. The Director, WRIISC is responsible for:

(1) Providing consultation to VA medical facility EH Clinicians for treatment of Veterans who have chronic, medically unexplained symptoms that Veterans believe are related to their deployment and have completed basic work ups for symptoms or exposure concerns. **NOTE:** *As part of the registry examination, providers may identify Veterans whose treatment would benefit from this consultation service. Providers may request a consultation at:*

<https://www.warrelatedillness.va.gov/WARRELATEDILLNESS/index.asp>.

(2) Providing educational services and materials for VA medical facility EH Clinicians and Veterans on post-deployment health, including military exposure content included in VA health care providers' training. **NOTE:** *Educational materials are available at:*

<https://www.warrelatedillness.va.gov/WARRELATEDILLNESS/index.asp>.

(3) Creating the AHOBPR data management and operations reports to the Chief Consultant, HOME for AHBPC (AHBPCE WRIISC New Jersey site only).

j. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Designating one or more VA medical facility EH Clinicians, EH Coordinators and alternate personnel.

(2) Notifying the VISN Lead EH Clinician and the VISN Lead EH Coordinator when the VA medical facility EH Clinicians or VA medical facility EH Coordinator have changed within 10 business days of the change. **NOTE:** *Notification should include the new name, title, mail routing symbol and commercial telephone and fax numbers. This information must be submitted to HOME via email.*

(3) Ensuring that the VA medical facility EH Clinicians conduct examinations within 90 calendar days from the date the Veteran wishes to be seen. **NOTE:** *The 90 calendar day period restarts if the Veteran needs to postpone or cancel their appointments or for circumstances beyond the control of the Veteran or the provider e.g., (weather, connectivity issues.) If the VA medical facility is unable to meet the time standard, the VA medical facility Director must explore all alternatives (e.g., referrals to other VA medical facilities, additional staff hours to perform these examinations) in order to bring the VA medical facility into compliance with the time standard. The VA medical facility Director must request assistance from the HOME Registry Program Manager via email to resolve any registry examination backlogs.*

(4) Ensuring that the VA medical facility EH Clinicians possess appropriate clinical training in the potential health effects of military exposures. **NOTE:** *This can be met by a combination of formal professional training, certifications and continuing education. Specific training requirements can be obtained by contacting the HOME Registry Program Manager and in paragraph 5.*

(5) Ensuring that the VA medical facility EH Clinicians and Coordinators receive at least 8 hours of dedicated time per month for HOME training and administrative tasks.

(6) Ensuring that at least one member of EH staff within the VA medical facility has and is trained in the use of an ILER account, for example VA medical facility EH Clinicians and Coordinators.

(7) Ensuring the VA medical facility EH Coordinator or Clinician sends a Post-Evaluation follow up letter to the Veteran within 30 days of the initial appointment.

k. **VA Medical Facility Environmental Health Clinician.** The VA medical facility EH Clinician is responsible for:

(1) Providing clinical management of HOME registry programs.

(2) Advising the VISN Lead EH Clinician, VISN Lead EH Coordinator and other stakeholders regarding administrative management of HOME registry programs.

(3) Completing initial and ongoing recommended clinical training in the potential health effects of military exposures. **NOTE:** *Provider training information is posted at <https://vaww.publichealth.va.gov/exposures/training.asp> and listed in paragraph 5.*

(4) Providing counseling and clinical services for each registry examination, such as:

(a) Advising Veterans on all aspects of registry examinations, including the purpose of the examination and its limitations.

(b) Ensuring that participating Veterans receive the registry examination, including a thorough medical history, physical examination, interview and documentation in EHR. **NOTE:** *These examinations can usually be done through telehealth. For additional information about telehealth, see https://vaww.publichealth.va.gov/docs/hazard_exposures/Coronavirus_Veteran_Risk.pdf. This is an internal VA website that is not available to the public.*

(c) Ensuring that registry examinations are done in a clinically sufficient manner to complete the exam and provide specialty consultation or testing as needed, whether it is done within the VA medical facility EH Clinician's clinic or primary care. **NOTE:** *This may include assisting with other primary care providers to complete requirements, including recording the encounter using the AHOBPR Clinical Template which should be loaded into CPRS. Contact your local IT department if this template is not available in TMS.*

(d) Recommending follow-up examinations when appropriate and either providing the follow-up examination or ensuring it is provided by appropriate specialists.

(e) Ensuring that, as appropriate, Veterans are referred to specialty and sub-specialty consultations to evaluate for a suspected diagnosis or assess difficult-to-diagnose symptoms.

(f) Informing the Veteran how the data supplied by and obtained during each registry examination may be used by:

1. Advising the Veteran that the information supplied by the Veteran and the medical data obtained during the examination allows VHA to track patient demographics, medical diagnosis and related medical data for workload analysis to assist in budget planning and possibly generating hypotheses for future research studies.

2. Informing the Veteran that by participating in the registry, the Veteran is consenting for the use and disclosure of information outside of VA to Federal, State and local government agencies to the extent permitted by the Privacy Act.

(5) Ensuring the provider who conducted the examination signs the Post-Evaluation follow-up letter that provides the results of the registry laboratory studies or tests and of the registry examination to the Veteran. **NOTE:** *The VA medical facility EH Coordinator typically prepares the follow-up letters (see paragraph 5.1.(5)), however in VA medical facilities where there is a temporary absence of the VA medical facility EH Coordinator because of a lag in hiring actions ,the VA medical facility EH Clinician or other staff prepare the follow-up letters.*

(6) Communicating with the HOME Registry Program Manager to facilitate enrollment in the electronic mail distribution group for VA medical facility EH Coordinators and Clinicians.

(7) Responding to inquiries about registry examinations from Veterans and the VA medical facility staff, and, as necessary, forwarding inquiries to the VISN EH Clinician for a response.

(8) In collaboration with the VA medical facility EH Coordinator, ensuring that Patient Aligned Care Teams (PACTs) and other VA medical facility staff as needed are aware of HOME registry programs and how to refer Veterans who are eligible to participate in these programs for a registry examination through the VA medical facility EH Coordinator.

I. **VA Medical Facility Environmental Health Coordinator.** The VA medical facility EH Coordinator is responsible for:

(1) Ensuring a medical record is established and updated as needed in the EHR and in the appropriate registry for each Veteran who receives a registry examination.

(2) Entering data into the Environmental Agents Service (EAS) Registry database where applicable.

(3) Reviewing records, such as EAS Registry examination worksheets, for accuracy and completion to ensure that data from the worksheets, letters and other records pertaining to the registry examination are included in the EHR as applicable.

(4) Ensuring that military exposure questionnaires and diagnostic examinations (e.g., laboratory tests or X-rays) are completed prior to the registry examination by the clinician.

(5) Preparing follow-up letters to Veterans on the results of their registry examinations.

(6) Interviewing and determining Veterans' eligibility for registry examinations.

(7) Referring Veterans to Veterans Benefits Administration if they wish to file a claim for a service-connected disability.

(8) Completing initial and ongoing training concerning registry programs. See paragraph 5.

(9) Assisting Veterans, as needed, in accessing the online AHOBPR questionnaire and scheduling the optional health examination with the VA medical facility's EH clinician or a primary care provider.

(10) In collaboration with the VA medical facility EH Clinician, ensuring that PACTs and other VA medical facility staff, as needed, are aware of HOME registry programs and how to refer Veterans who are eligible to participate in these programs for a registry examination through the VA medical facility EH Coordinator.

5. TRAINING

Newly assigned or hired EH Clinicians and Coordinators at both the VISN and VA medical facility levels are required to complete registry trainings in VA Talent Management System (TMS) within 1 year of employment or assignment. **NOTE:** *Specific training requirements, including links to TMS courses and information about required annual training conferences, can be found on the VA HOME intranet at <https://vaww.publichealth.va.gov/exposures/training.asp>. This is an internal VA website that is not available to the public.*

6. RECORDS MANAGEMENT

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

7. REFERENCES

- a. P.L. 99-576.
- b. P.L. 100-687.
- c. P.L. 102-585 §§ 702, 703.
- d. P.L. 103-446.

e. P.L. 112-260 § 201.

f. 38 U.S.C. §§ 101(2), 527, 1112(c), 1116, 1117, 1710(e), 1720E, 7301(b).

g. VHA Directive 1215, Standards for Veterans Health Administration Centers of Excellence, dated February 14, 2017.

h. Coronavirus/Veteran Risk and Use of Telemedicine.

https://vaww.publichealth.va.gov/docs/hazard_exposures/Coronavirus_Veteran_Risk.pdf. **NOTE:** This is an internal VA website that is not available to the public.

i. Individual Longitudinal Exposure Record: <https://iler.csd.disa.mil/iler>. **NOTE:** This is an internal VA website that is not available to the public.

j. VHA Military Exposures: <https://vaww.publichealth.va.gov/exposures/index.asp>. **NOTE:** This is an internal VA website that is not available to the public.

k. VHA War Related Illness and Injury Study Center:
<https://www.warrelatedillness.va.gov/WARRELATEDILLNESS/index.asp>.