AMENDED

April 15, 2025

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 1120.05(1)
Transmittal Sheet
August 29, 2024

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

1. SUMMARY OF MAJOR CHANGES:

a. Amendment dated April 15, 2025, removes the note and reference to VHA Directive 1341 to comply with EO 14168.

b. As published August 29, 2024, this directive included a title change from the Chief Consultant for Preventive Medicine, National Center for Health Promotion and Disease Prevention (NCP), to the Executive Director for Preventive Medicine, NCP.

2. RELATED ISSUES: VHA Directive 1120.02, Health Promotion and Disease Prevention Core Program Requirements, dated September 15, 2023.

3. POLICY OWNER: The National Center for Health Promotion and Disease Prevention (12NCHP), Office of Patient Care Services (12PCS), is responsible for the content of this directive. Questions may be referred to the Executive Director for Preventive Medicine, NCP, at VHA12POP4NCPAction@va.gov.

4. LOCAL DOCUMENT REQUIREMENTS: There are no local document creation requirements in this directive.

5. RESCISSIONS: VHA Directive 1120.05, The National Center for Health Promotion and Disease Prevention and the Coordination and Development of Clinical Preventive Services Guidance, dated July 31, 2020, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of August 2029. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

7. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

BY DIRECTION OF THE OFFICE OF THE UNDER SECRETARY FOR HEALTH

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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*.

DISTRIBUTION: Emailed to the VHA Publications Distribution List on September 3, 2024

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

1. POLICY

It is Veterans Health Administration (VHA) policy that the National Center for Health Promotion and Disease Prevention provides a central office for monitoring and encouraging the provision, evaluation, and improvement of preventive health services; and for promoting the expansion and improvement of clinical, research, and educational activities with respect to such services. **AUTHORITY:** 38 U.S.C. §§ 7301(b), 7318.

2. 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/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer is responsible for:

(1) Supporting the National Center for Health Promotion and Disease Prevention (NCP) with the implementation and oversight of this directive.

(2) Supporting the development of mitigation or corrective actions to address noncompliance with this directive.

(3) Establishing the Preventive Medicine Field Advisory Committee (PMFAC). ***NOTE:*** *Information about PMFAC membership can be found at https://vaww.prevention.va.gov/Preventive_Medicine_Advisory_Committee.asp. This is an internal VA website.*

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 Department of Veterans Affairs (VA) medical facilities within that VISN.

(3) Overseeing VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director for Preventive Medicine, National Center for Health Promotion and Disease Prevention.** The Executive Director for Preventive Medicine, NCP, is responsible for:

(1) Serving as VHA's designated resource for planning, development, and implementation of and revisions to guidance Clinical Preventive Services (CPS) for VA health care providers to offer Veterans.

(2) Advising the Under Secretary for Health on preventive measures including but not limited to VHA preventive medicine-related policies (e.g., VHA Directive 1015(1), Colorectal Cancer Screening, dated April 3, 2020), guidance, preventive services, and the VA/Department of Defense (DoD) clinical practice guidelines that relate to preventive medicine.

(3) Establishing priorities for CPS, which is initially based on recommendations from national expert advisory groups, such as the US Preventive Services Task Force, the Advisory Committee on Immunization Practices, and the Community Preventive Services Task Force, and guidance issued by agencies, such as the Centers for Disease Control and Prevention (CDC). In addition to clinical effectiveness, VHA burden of disease, unique needs of the Veteran population, cost effectiveness, and feasibility of delivery must also be considered. ***NOTE:*** *Recommendations from these entities can be found at: https://www.uspreventiveservicestaskforce.org/, https://www.cdc.gov/acip-recs/hcp/vaccine-specific/?CDC_AAref_Val=https://www.cdc.gov/vaccines/hcp/acip-recs/index.html, and https://www.thecommunityguide.org/index.html. These websites are outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973*.

(4) Reviewing existing VHA guidelines, policies, or quality measures for alignment with the clinical preventive service, and collaborating as needed with VHA program office Executive Directors and VHA clinical experts who have equity and subject matter expertise on a specific topic that supports the delivery or monitoring of the clinical preventive service to develop consistency between new or existing clinical preventive services organizational strategies issued or developed by the VHA program office (e.g., clinical preventive services performance measures and indicators, national Electronic Health Record – immunization and cancer screening clinical reminders) and CPS Guidance Statements (see paragraph 2.g.(1)).

(5) Coordinating the development, review, and dissemination of CPS Guidance Statements with input from PMFAC. This includes prioritization of topics as outlined in Appendix A and PMFAC Charter, https://vaww.prevention.va.gov/Preventive_Medicine_Advisory_Committee.asp. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(6) Assisting with the implementation of CPS Guidance Statements by VA health care providers and administrators at VA medical facilities using the procedures outlined in Appendix A.

(7) Serving as the PMFAC Chair. This committee is established by the Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer. See paragraph 2.e. for PMFAC Chair responsibilities.

e. **Preventive Medicine Field Advisory Committee Chair.** The PMFAC Chair is responsible for:

(1) Appointing the members, convening, and maintaining the PMFAC at least quarterly, or as needed. PMFAC is composed of representatives of VISN Health Promotion and Disease Prevention (HPDP) Program 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 Services, Office of Mental Health and Suicide Prevention, Pharmacy Benefits Management Services, Office of Nursing Services, Specialty Care Program Office, Office of Research and Development, Office of Primary Care, Office of Quality and Patient Safety, and Office of the Assistant Under Secretary for Health for Operations. PMFAC members must be Federal employees.

(2) 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 CPS, through presentations and discussions held during PMFAC committee meetings (at least quarterly), and formal voting on newly developed or major revisions to CPS Guidance Statements as new evidence emerges.

(3) Assisting NCP's National Program Manager for Prevention Policy in planning, designing, integrating, implementing, modifying, disseminating, and evaluating national health promotion and disease prevention policy, programs, and performance.

(4) Identifying through the input and knowledge of committee members during meetings and ad hoc as needed, and support staff, field preventive-medicine challenges, priorities for improvement, and opportunities for disseminating and sustaining prevention best practices.

(5) Reviewing and approving each CPS Guidance Statement every 5 years, or more frequently as new evidence becomes available to NCP and the VHA program office Executive Directors that provide guidance on the CPS under consideration. See Appendix A for additional details.

f. **National Center for Health Promotion and Disease Prevention National Program Manager for Prevention Policy.** The NCP National Program Manager for Prevention Policy is responsible for planning, designing, integrating, implementing, modifying, disseminating, and evaluating national health promotion and disease prevention policy, programs, and performance. This individual provides subject matter expertise in the development or revision of individual CPS guidance determinations and the monitoring of VHA prevention program performance.

g. **VHA Program Office Executive Directors.** Executive Directors of VHA program offices that have equity and subject matter expertise on a specific topic that supports the delivery or monitoring of CPS are responsible for:

(1) Collaborating with the Executive Director for Preventive Medicine, NCP, as needed (see paragraph 2.d.(4)), to develop consistency between new or existing clinical

preventive services organizational strategies issued or developed by the VHA program office (e.g., clinical preventive services performance measures and indicators, national Electronic Health Record – immunization and cancer screening clinical reminders) and CPS Guidance Statements.

(2) Being an additional resource for VISNs and VA medical facilities, along with NCP, on CPS Guidance Statements, as appropriate (e.g., when responding to field requests, VHA program office Executive Directors may cite CPS guidance or refer these requests about CPS guidance to NCP).

(3) Maintaining communication with NCP, responding to inquiries by and updating the PMFAC when requested regarding new or existing CPS-related strategies issued by their offices. 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 electronic health record decision support for preventive services (e.g., Electronic Health Record (EHR) clinical reminders).

(4) Providing information to NCP (as described in paragraph 2.d.(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.*

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

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing the Assistant Under Secretary for Health for Patient Care Services/CNO and the Assistant Under Secretary for Health for Operations when barriers to compliance are identified.

(2) Overseeing corrective actions to address operational noncompliance at the VISN or VA medical facilities within the VISN.

(3) Designating a VISN HPDP Program Leader as outlined in VHA Directive 1120.02, Health Promotion and Disease Prevention Core Program Requirements, dated September 15, 2023, and providing feedback to NCP directly or through the VISN HPDP Program Leader, as appropriate, on CPS Guidance Statements as outlined in Appendix A and VHA Directive 1120.02.

(4) Confirming that VA medical facility Directors are routinely making available recommended CPS for Veterans, consistent with the CPS Guidance Statements, e.g., through VISN HPDP Program Leader distribution or presentation of new or revised CPS Guidance Statements to clinical staff.

i. **Veterans Integrated Service Network Health Promotion and Disease Prevention Program Leader.** The VISN HPDP Program Leader is responsible for receiving feedback from the VISN Director on new or revised CPS recommendations

and providing feedback related to implementation to NCP as requested on CPS-related topics.

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

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

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

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

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

(1) Collaborating with VA medical facility staff to develop consistency between VA medical facility strategies (e.g., ensure that Veterans receive comprehensive health education, appropriate CPS as defined by CPS Guidance Statements, coaching for health behavior change and support for self-management to prevent the onset of or limit the effect of chronic diseases). This includes developing and implementing a process to provide guidance to VA medical facility clinical staff regarding CPS Guidance Statements. ***NOTE:*** *Refer to VHA Directive 1120.02 for a complete list of required HPDP training*.

(2) Sharing input received regarding feasibility and implementation of CPS with NCP.

3. OVERSIGHT AND ACCOUNTABILITY

a. **Internal Controls.** The internal controls in this directive are:

(1) Leadership oversight as outlined in paragraph 2 of this directive.

(2) As PMFAC Chair, the Executive Director of Preventive Medicine, NCP, ensures that new CPS Guidance Statements and changes to CPS Guidance Statements are reviewed and approved by two-thirds vote of all voting PMFAC members.

(3) The VISN Director, VA medical facility Director, and VA medical facility HPDP Program Manager ensure that VA medical facilities make CPS available to Veterans, consistent with CPS Guidance Statements.

b. **Metrics.** The metrics in this directive that assess the directive or program effectiveness are:

(1) As PMFAC Chair, the Executive Director for Preventive Medicine, NCP, ensures that PMFAC convenes at least quarterly.

(2) As PMFAC Chair, the Executive Director for Preventive Medicine, NCP, ensures that PMFAC will review each approved CPS Guidance Statement every 5 years.

(3) Measure specifications for VHA Performance Measures that have associated CPS Guidance Statements should align with CPS Guidance Statements.

4. TRAINING

There are no formal training requirements associated with this directive.

5. BACKGROUND

NCP leads VHA's HPDP Program which is designed to ensure that Veterans receive comprehensive health education, appropriate CPS as defined by CPS Guidance Statements, coaching for health behavior change, and support for self-management to prevent the onset of or limit the effect of chronic diseases. Established in 1995, NCP is a field-based program office within 12PCS, VHA Central Office, under the authority of 38 U.S.C. § 7301(b) and 7318, which mandates NCP to:

a. Provide a central office for monitoring and encouraging the activities of VHA with respect to the provision, evaluation, and improvement of CPS for Veterans; and

b. Promote the expansion and improvement of clinical, research, and educational activities of VHA with respect to such services. ***NOTE:*** *Additional VHA program office Executive Directors that have responsibility for the delivery or monitoring of CPS include but are not limited to: other offices within the Office of Patient Care Services (12PCS), Office of Nursing Services, Office of the Assistant Deputy Under Secretary for Health for Quality and Patient Safety, Office of Research and Development and Office of the Assistant Under Secretary for Health for Clinical Services.*

6. DEFINITIONS

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; mental health conditions and substance use disorder; metabolic, nutritional, endocrine, musculoskeletal, obstetric, and gynecological conditions; neurological disease), immunizations, health behavior counseling, and preventive medications. More information is available at: 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.*

7. RECORDS MANAGEMENT

All records regardless of format (for example, 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 can be addressed to the appropriate Records Officer.

8. REFERENCES

a. 38 U.S.C. §§ 7301(b), 7318.

b. VHA Directive 1015(1), Colorectal Cancer Screening, dated April 3, 2020.

c. VHA Directive 1120.02, Health Promotion and Disease Prevention Core Requirements, dated September 15, 2023.

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

e. Community Preventive Services Task Force Community Guide: 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*.

f. NCP Intranet website: https://vaww.prevention.va.gov/. ***NOTE:*** *This is an internal VA website that is not available to the public.*

g. NCP Internet website: https://www.prevention.va.gov/.

h. Preventive Medicine Field Advisory Committee Charter, February 5, 2024: https://vaww.prevention.va.gov/Preventive_Medicine_Advisory_Committee.asp. ***NOTE:*** *This is an internal VA website that is not available to the public.*

i. 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*.

IMPLEMENTATION OF CLINICAL PREVENTIVE SERVICES GUIDANCE STATEMENTS

1. CLINICAL PREVENTIVE SERVICES GUIDANCE STATEMENT

A Clinical Preventive Services (CPS) Guidance Statement defines Veterans Health Administration (VHA) recommendations regarding the delivery of an individual CPS to all its beneficiaries. To find out about individual CPS, visit the Index of CPS 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.*

The CPS Guidance Statement describes the CPS, VHA recommendations, the type of service (e.g., screening, immunization), the clinical subject 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, existing VHA guidance or policy, tools for implementation (e.g., patient tools, staff tools, system tools), VHA program office partners, VHA subject matter experts, references to support guidance and disclaimers, all of which influence how the CPS is used. These services typically include screening (i.e., for cancers, heart and vascular diseases, and many other conditions), immunizations, health behavior counseling, and preventive medications.

2. SELECTION OF TOPICS FOR CLINICAL PREVENTIVE SERVICE GUIDANCE STATEMENTS

Requests for 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 VHA leadership or other VHA program office Executive Directors. Prioritization of topics is done by the Executive Director for Preventive Medicine, NCP, with input from the PMFAC (see paragraph 2.d.(4) in the body of the directive). The final selection of topics is approved by NCP.

3. DEVELOPMENT OF CPS GUIDANCE STATEMENTS

a. NCP drafts CPS Guidance Statements on approved topics that succinctly summarize recommendations for use of the CPS, including recommended frequency and methods of CPS by:

(1) Reviewing VHA policy or VHA guidance in place for the CPS and relevant U.S. Preventive Service Task Force (USPSTF), Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP), or other recommendations.

(2) Closely coordinating these reviews with other VHA program office Executive Directors that provide guidance on the CPS under consideration, and other offices, as indicated, to avoid unnecessary duplication of effort.

(3) Considering the evidence-based recommendations of the USPSTF, the CDC, and ACIP, 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.

b. To the extent possible, NCP establishes the size of the potential target population, feasibility of the intervention, identifies potential health disparities by demographic characteristics (e.g., race, ethnicity, birth sex, geography), implementation issues, and the likely magnitude of net benefit to VHA and the Veterans it serves by implementing the CPS.

c. Inviting VHA clinical experts, VISN HPDP Program Leaders, and key stakeholders, as appropriate, to review and comment on draft CPS Guidance Statements.

d. Communicating, when necessary, with additional content experts for the CPS 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.

e. Issuing guidance is necessary but not sufficient to ensure consistent, systematic delivery of CPS.

(1) To that end, NCP has either created or provided links to tools or existing mechanisms in each CPS Guidance Statement to help VA health care providers implement the CPS within VA medical facilities. Examples include: national EHR clinical reminders, patient health education materials, staff training materials, and continuing education opportunities.

(2) The impetus for developing CPS Guidance Statements is 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 CPS. ***NOTE:*** *NCP does not have the authority to mandate compliance. VA health care providers may use individual decision making on a case-by-case basis.*

f. 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 CPS are available through Analytics and Performance Integration (API) and monitoring takes place.

4. APPROVAL OF CPS GUIDANCE STATEMENTS

Once NCP and other appropriate VHA program office Executive Directors and partners (e.g., VHA clinical experts, VISN HPDP Program Leaders, and key stakeholders) reach consensus through collaborative feedback and edits, the CPS Guidance Statement draft must be reviewed and approved by two-thirds vote of all voting PMFAC members (see paragraph 2.7.(e)). Once a CPS Guidance Statement is approved by the PMFAC and posted to the NCP Intranet website per the standards outlined in paragraph 5 (below), it is considered an approved CPS Guidance Statement.

5. UPDATING 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 two-thirds vote of all voting PMFAC members (see paragraph 4 in the Appendix).

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

6. DISSEMINATION OF NEWLY DEVELOPED CPS GUIDANCE STATEMENTS

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

a. 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/CPS/Guidance_on_Clinical_Preventive_Services.asp.
NOTE: *This is an internal VA website that is not available to the public.*

b. By distribution to VISN HPDP Program Leaders and VA medical facility HPDP Program Managers.

7. 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, and public-facing USPSTF and CDC materials. The key VHA patient resource is the Staying Healthy Recommendation Charts that list clinical preventive care Veterans should receive based on age, assigned sex at birth, and the type of preventive health service (e.g., screenings, preventive medications, health counseling, and vaccines).