CLINICAL CONTACT CENTERS

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive provides VHA policy for established Clinical Contact Centers to improve Veterans' access to care by expanding the provision of virtual care and services.

2. SUMMARY OF CONTENT:

a. **Amendment dated June 16, 2025:**

(1) Clarifies that while Clinical Contact Centers must operate 24 hours a day, 7 days a week, virtual clinic visits and virtual pharmacy services are only required to provide services during VISN determined core hours or identified need (see note in paragraph 5.g.(2)).

(2) Removes the Configuration Control Board and replaces it with the Chair, VA Health Connect Subcommittee. ***NOTE:*** *See paragraph 5.f.(3) for non-substantive edits to the Chair's duties and VA Health Connect Subcommittee structure*.

b. **Amendment dated November 9, 2023:**

(1) Defined VISN Operational Cross-Coverage (paragraph 3).

(2) Added a VISN operational cross-coverage requirement under the VISN Director responsibilities in paragraph 5.

c. **Amendment dated October 25, 2022:**

(1) Changes the responsible program office to the Office of Integrated Veteran Care (IVC).

(2) Added a requirement for Veterans Integrated Services Network CCCs to create standard operating procedures ensuring mental health same day access, in collaboration with Department of Veterans Affairs (VA) medical facilities, as outlined in VHA Memorandum 2022-08-32, Requirements for Mental Health Same Day Access Standard Operating Procedures between VISN Clinical Contact Centers and Department of Veterans Affairs, dated August 23, 2022. See responsibilities in paragraphs 5.h. and 5.l.

d. **As published, May 16, 2022,** this directive established responsibilities and required services related to CCCs.

3. RELATED ISSUES: VHA Directive 1230, Outpatient Scheduling Management, dated June 1, 2022; VHA Directive 1231(3), Outpatient Clinic Practice Management, dated

October 18, 2019; VHA Directive 1232(5), Consult Processes and Procedures, dated August 24, 2016.

4. RESPONSIBLE OFFICE: The Office of Integrated Veteran Care (IVC) (16) is responsible for the content of this directive. Questions may be referred to the IVC Front Office at VHA16IVCSupportStaff@va.gov.

5. RESCISSIONS: None.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of May 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.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/ RimaAnn O. Nelson
Assistant Under Secretary for Health
for Operations

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 May 17, 2022.

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CLINICAL CONTACT CENTERS

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1. PURPOSE

This Veterans Health Administration (VHA) directive establishes responsibilities for Clinical Contact Centers and care provided to Veterans through VHA Clinical Contact Centers. Clinical Contact Centers provide care and services to all Veterans enrolled for health care within the Clinical Contact Center's designated centralized geographic areas (e.g., Veterans Integrated Services Network(s) (VISNs) or consortia). This directive does not apply to national Department of Veterans Affairs (VA) contact centers (e.g., Veterans Crisis Line, Caregiver Support Line, National Contact Center for Homeless Veterans, Health Eligibility Center, National Community Care Contact Centers and Health Resource Center) or virtual care or services delivered unrelated to Clinical Contact Centers. **AUTHORITY:** 38 U.S.C § 7301(b).

2. BACKGROUND

a. VHA has undertaken a Clinical Contact Center Modernization (CCCM) effort to modernize and standardize systems and improve processes and outcomes impacting Veteran access to high quality, timely, safe and effective interactions via virtual contact modalities. This effort focuses on creating a cohesive system of dedicated Clinical Contact Centers at the VISN level or higher. For the purposes of this directive, Clinical Contact Centers include both VISN and consortium Clinical Contact Centers.

b. Funding for establishing and operating Clinical Contact Centers comes from General Purpose funds, per Executive Decision Memo in May 2020. The CCCM Guidebook provides context explaining that VISNs utilize an 'off the top' funding methodology for establishing and operating Clinical Contact Centers. This means that a VISN will allocate funds for the Clinical Contact Center, before distributing remaining funds to the VA medical facilities. The 'off the top' funding covers standard items such as staffing and materials to support operations. The CCCM Guidebook can be found here: https://dvagov.sharepoint.com/sites/VHAClinContacts/. ***NOTE:*** *This is an internal VA website that is not available to the public.*

c. Clinical Contact Centers deliver four virtual core services: clinical triage, clinic visits, pharmacy services, scheduling and administrative support. ***NOTE:*** *VHA Memorandum 2021-03-09, Veterans Integrated Services Network (VISN) Clinical Contact Center Expectations and Next Steps, VIEWS #04320748, dated March 11, 2021, requires all VISNs to implement a centralized Clinical Contact Center offering the four core services by December 31, 2021. The memorandum can be found here: https://vaww.va.gov/vhapublications/publications.cfm?Pub=3. This is an internal VA website that is not available to the public.*

d. Clinical Contact Center access and care goals include:

(1) Providing access 24 hours a day, 7 days a week to safe, timely and seamless virtual same-day care and support via phone, video, chat and email (secure messaging) within VA Health Connect.

(2) Ensuring Clinical Contact Center services include care coordination with other virtual and in-person VHA care and services (i.e., communicating clinical care requiring follow up to Patient Aligned Care Teams and Behavioral Health Interdisciplinary Programs).

(3) Promoting services that are clinically appropriate, high quality, and meet Veterans' needs.

(4) Ensuring consistent, high-quality metrics and continuous improvement related to Veteran experience, Veteran and employee satisfaction and health outcomes.

(5) Supporting alternatives to in-person clinic visits, when appropriate and acceptable to the Veteran, to optimize service availability, timeliness and delivery.

(6) Honoring Veteran preferences for services, including use of benefits and services related to the VA MISSION Act of 2018.

(7) Achieving meaningful First Contact Resolution (FCR) whenever possible.

3. DEFINITIONS

a. **Care Coordination.** Care coordination is a system-wide approach to the deliberate organization of all Veteran care activities between two or more participants or systems to facilitate the appropriate delivery of health care services. It can include, but is not limited to, care management and case management. Within the VHA level of care coordination framework, care coordination falls within the basic level.

b. **Clinical Decision Support Tools.** Clinical Decision Support Tools are the standardized national guidelines or algorithms utilized by clinical staff in a variety of settings to assist in the clinical decision-making process.

c. **Clinical Contact Center.** A Clinical Contact Center, also known as VA Health Connect, is a coordinated system of diverse, dedicated, and VISN-aligned administrative and clinical professionals. These professionals are aligned under the VA Health Connect organizational chart. VHA enterprise-wide standardized processes, uniform technologies and strategies provide Veterans dedicated access to care and services virtually (e.g., via telephone, video, chat, email and other non-face-to-face contact modalities) to address acute and episodic care. Clinical Contact Centers provide access to administrative and clinical staff to deliver a range of health care services with 24-hour access. Clinical Contact Centers' goal is to attain FCR of Veterans' needs through the provision of scheduling and administrative support, clinical triage, virtual clinic visits and virtual pharmacy services. Clinical Contact Centers serve as an extension of VA medical facility-based health care teams and work collaboratively to ensure continuity and care coordination utilizing clinical decision support tools. For the purposes of this directive, Clinical Contact Centers include both VISN and consortium Clinical Contact Centers.

d. **Clinical Triage.** Clinical triage is the evaluation of a patient's symptoms or health concerns using enterprise-wide standardized decision support tools and critical thinking to determine a course of action. Within a Clinical Contact Center, clinical triage is conducted by Registered Nurses (RNs).

e. **Consortium.** A consortium is comprised of several VISNs in a particular geographic area that share resources and best practices, conduct program reviews and discuss common needs. While consortium Clinical Contact Centers are not required, VISNs are encouraged to actively explore and plan with fellow VISNs within their respective consortium. For more information on Clinical Contact Center consortia, see the CCCM Guidebook available at: https://dvagov.sharepoint.com/sites/VHAClinContacts/. ***NOTE:*** *This is an internal VA website that is not available to the public.*

f. **Core Hours.** Core hours are the span of time when VISN call volume begins to rise in the morning until the time in the evening when VISN call volume reaches a steady state minimum.

g. **First Contact Resolution.** FCR is the satisfaction of a Veteran's concerns during their initial contact with a Clinical Contact Center. Clinically meaningful FCR specifically refers to care during which Clinical Contact Center\ clinical staff have satisfied and managed the Veteran's health needs in a clinically appropriate manner.

h. **Non-Core hours.** Previously referred to as Weekend, Holiday, Evening, Nights (WHEN) Hours, non-core hours are the span of time when VISN call volume begins to fall in the evening until the time in the morning when VISN call volume reaches a steady state.

i. **Screening.** Screening is when a predetermined question or series of questions are utilized to determine the Veteran request or concern and transfer to the appropriate level of care.

j. **Virtual Care.** Virtual care is any health care service provided to a Veteran remotely. Virtual care is conducted using telehealth and other mobile technologies.

k. **Virtual Clinic Visits.** Within Clinical Contact Centers, virtual clinic visits are health care appointments conducted by Clinical Contact Center providers to evaluate symptoms or health care concerns, determine course of care and address patient health care needs. Virtual clinic visits can be conducted via telephone, video, chat and other authorized communication platforms.

l. **VISN Operational Cross-Coverage.** VISN Operational Cross-Coverage references a model in which VISN Clinical Contact Center staff answer calls and access the Electronic Health Record for all sites within a VISN Clinical Contact Center.

4. POLICY

It is VHA policy that Veterans receiving VA health care have access 24 hours a day, 7 days a week to care via telephone and other virtual modalities to obtain clinical and administrative information, clinical triage and medical care and services.

5. 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 Integrated Veteran Care.** The Assistant Under Secretary for Health for Integrated Veteran Care is responsible for:

(1) Supporting the Office of Integrated Veteran Care (IVC) with implementation and oversight of this directive.

(2) Collaborating and providing guidance to the Assistant Under Secretary for Health for Operations to ensure compliance with 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 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. **Director, VA Office of Information and Technology.** The Director, VA OIT agrees to be responsible for:

(1) Partnering with VISNs to acquire the necessary infrastructure to integrate and support alternate virtual modalities within Clinical Contact Centers.

(2) Ensuring Clinical Contact Centers have the technical capacity to perform the core Clinical Contact Center services.

(3) Ensuring appropriate technology solutions are in place to meet regular and high contact demand.

(4) Collaborating with Clinical Contact Centers to ensure technology resources and capabilities support Clinical Contact Center programs and initiatives.

(5) Ensuring the Clinical Contact Center technological platforms are configured within vendor specifications, security baselines and VHA business requirements.

e. **Executive Director, Integrated Access, Office of Integrated Veteran Care.** The Executive Director, Integrated Access, IVC is responsible for:

(1) Providing ongoing consultative Clinical Contact Center guidance and communicating with senior VHA and Clinical Contact Center leadership on an ongoing basis.

(2) Establishing, implementing, and maintaining Knowledge Management and Customer Relationship Management (CRM) systems for Clinical Contact Centers.

(3) Overseeing Clinical Contact Centers through implementation of the Clinical Contact Center QM Program. This includes:

(a) Assessing VHA Clinical Contact Center efficiency and effectiveness based on QM metrics and established service criteria defined by IVC. A QM summary can be found at: https://dvagov.sharepoint.com/sites/VHAClinContacts/Library%20Documents/Forms/VAHC%20Newsletters.aspx?id=%2Fsites%2FVHAClinContacts%2FLibrary%20Documents%2FQuality%20Management%2FCCC%20QMP%20Framework%209%2E2022%5Ffinal%20%28002%29%2Epdf&parent=%2Fsites%2FVHAClinContacts%2FLibrary%20Documents%2FQuality%20Management. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(b) Developing enterprise wide and VISN standardized reports through the use of the VA Health Connect CRM platform (and other quality technologies) for viewing and tracking Clinical Contact Center data, outcomes and trends.

(c) Providing a summary report, with findings and recommendations, to pertinent stakeholders (e.g., senior VHA leadership, the Contact Center Executive Advisory Board under the Veterans Experience Office (VEO), VISN Directors, VA medical facility Directors) at least once a year.

(4) Identifying intersections with other VA and VHA national program offices and initiatives.

(5) Appointing members to the Clinical Contact Center Configuration Control Board (CCB).

f. **Chair, VA Health Connect Subcommittee.** The Chair, VA Health Connect Subcommittee is responsible for:

(1) Leading and managing the subcommittee, including but not limited to: chairing meetings, publishing pre-read materials and the agenda, establishing and prioritizing the agenda, and overseeing communication of subcommittee decisions.

(2) Escalating recommendations, decisions, and issues to IVC and other program offices as needed (e.g., VA Office of Information and Technology (OIT), VEO, Connected Care).

(3) Managing monthly meetings of the VA Health Connect Subcommittee to ensure cross collaboration across program offices in VA, and advise, assist, support, and advocate for VA Health Connect Clinical Contact Centers on matters that will strengthen VA Health Connect Clinical Contact Center modernization and services across VISNs and the enterprise as stated in the VA Health Connect Subcommittee Charter: https://dvagov.sharepoint.com/:b:/r/sites/vhaovacstaff/Clinical%20Contact%20Centers/VA%20Health%20Connect%20Subcommittee/HDC-VAHCS.pdf?csf=1&web=1&e=ohgVAs ***NOTE:*** *This is an internal VA website that is not available to the public. The VA Health Connect Subcommittee is the governing body for the VA Health Connect Clinical Contact Center Modernization program and reports to the VHA Governance Board. Chair and Co-Chairs are a permanent position. Any rotation to the Chair and/or Co-Chair will be brought to VHA Access Committee for adjudication.*

g. **Veterans Integrated Services Network Directors.** The VISN Directors are 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) Establishing and operating a Clinical Contact Center that delivers a coordinated system of diverse, dedicated, and VISN-aligned administrative and clinical professionals 24 hours a day, 7 days a week; scheduling and administrative support; clinical triage; virtual clinic visits; and virtual pharmacy services and pharmacy support, accessible via a toll-free number. ***NOTE:*** *While the Clinical Contact Centers must operate 24 hours a day, 7 days a week, virtual clinic visits and virtual pharmacy services are only required to provide services during VISN determined core hours or identified need. As appropriate, VISNs may decide to partner with other VISNs to form consortium-based Clinical Contact Centers or work in partnership with other VHA entities to operate their Clinical Contact Centers. If operating as part of a consortium model, it is a shared responsibility for each VISN Director within that consortium.*

(3) Ensuring the Clinical Contact Center employs a VISN aligned operational cross-coverage model to best achieve First Contact Resolution for all four core services.

(4) Ensuring Clinical Contact Center Directors employ dedicated individuals to staff the Clinical Contact Center

(5) Ensuring the Clinical Contact Center achieves identified performance and QM goals and outcomes as outlined under the Clinical Contact Center QM Framework: https://dvagov.sharepoint.com/sites/VHAClinContacts/Library%20Documents/Forms/VAHC%20Newsletters.aspx?id=%2Fsites%2FVHAClinContacts%2FLibrary%20Documents%2FQuality%20Management%2FCCC%20QMP%20Framework%209%2E2022%5Ffinal%20%28002%29%2Epdf&parent=%2Fsites%2FVHAClinContacts%2FLibrary%20Documents%2FQuality%20Management. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(6) Ensuring the Clinical Contact Center employs customer relationship management software (VA Health Connect CRM), tools, and processes necessary to collect Clinical Contact Center utilization and quality metrics for all four core services.

(7) Ensuring a clinically and administratively qualified Clinical Contact Center team member or employee reviews and escalates QM reports and incidents as outlined under the Clinical Contact Center QM Framework: https://dvagov.sharepoint.com/sites/VHAClinContacts/Library%20Documents/Forms/VAHC%20Newsletters.aspx?id=%2Fsites%2FVHAClinContacts%2FLibrary%20Documents%2FQuality%20Management%2FCCC%20QMP%20Framework%209%2E2022%5Ffinal%20%28002%29%2Epdf&parent=%2Fsites%2FVHAClinContacts%2FLibrary%20Documents%2FQuality%20Management. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(8) Ensuring coverage of all four core services is available to meet performance targets as outlined in the Data and Metrics standard operating procedure (SOP). ***NOTE:*** *The Data and Metrics Guidance can be found at: https://dvagov.sharepoint.com/:f:/s/VHAClinContacts/EuAcc5Mkn9RPq7kUXLzx2EwBhlYyEabW9xagQ0jfAmY2eA?e=JneTOF. This is an internal VA website that is not available to the public.*

(9) Eliminating the use of voicemail within Clinical Contact Centers. ***NOTE:*** *Ensuring dedicated staff are readily available to respond to incoming calls/contacts will reduce the number of abandoned calls and eliminate the need for voicemail.*

(10) Ensuring Clinical Contact Centers or other identified resources providing coverage to other Clinical Contact Centers (e.g., during core and non-core hours) accept and act on all incoming calls or contacts in accordance with the CCCM Guidebook. ***NOTE:*** *Mechanisms must be in place to ensure action and communication with appropriate team members.*

(11) Providing readily available resources (including people, processes and technology) to maintain adequate service levels to address Clinical Contact Center operations. ***NOTE:*** *Refer to the CCCM Guidebook for assistance determining appropriate staffing levels, identifying contingency plans for managing surges or emergency situations and other useful information. The CCCM Guidebook is available at:* https://dvagov.sharepoint.com/sites/VHAClinContacts/. *This is an internal VA website that is not available to the public.*

(12) Ensuring contingency plans are in place to address incidents and events that require alternative arrangements to provide care to Veterans.

h. **Director, Clinical Contact Center.** Clinical Contact Center Directors are responsible for:

(1) Ensuring operational oversight of Clinical Contact Center staff and providers.

(2) Cooperating and collaborating with the VISN Director, VA medical facility Chief of Staff and VA medical facility Associate Director for Patient Care Services (ADPCS) in the implementation and execution of Clinical Contact Center operations.

(3) Employing VISN clinical staff and administrative staff who are dedicated to answering and managing incoming calls/contacts.

(4) Routinely assessing ongoing strategic planning and improvement efforts to ensure adequate contact access and timely response to incoming contacts, regardless of modality (e.g., telephone, video, email) in accordance with the Data and Metrics Guidance: https://dvagov.sharepoint.com/sites/VHAClinContacts/. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(5) Ensuring clinical staff handling calls/contacts document each encounter in the electronic health record (EHR) and any other program that directly interfaces with the EHR according to VHA Health Information Management (HIM) guidance. For additional information see HIM Practice Brief, Guidelines for Coding Clinical Care: Telephone Calls/Encounters at: https://dvagov.sharepoint.com/sites/vhahealth-information-management/SitePages/Health-Information-Management-Home-Page.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(6) Ensuring a clinically and administratively qualified Clinical Contact Center team member reviews and escalates, with collaboration of the VISN QM office, QM reports and incidents to the Clinical Contact Center Director and VISN Director as appropriate, as outlined the Clinical Contact Center QM Framework: https://dvagov.sharepoint.com/sites/VHAClinContacts/Library%20Documents/Forms/VAHC%20Newsletters.aspx?id=%2Fsites%2FVHAClinContacts%2FLibrary%20Documents%2FQuality%20Management%2FCCC%20QMP%20Framework%209%2E2022%5Ffinal%20%28002%29%2Epdf&parent=%2Fsites%2FVHAClinContacts%2FLibrary%20Documents%2FQuality%20Management. ***NOTE:*** *This is an internal VA website that is not available to the public. Peer review and other oversight groups must be involved, as necessary.*

(7) Executing VISN strategies on staffing and training to:

(a) Ensure delivery 24 hours a day, 7 days a week of clinical triage, scheduling and administrative support; and core hour (or extended hours beyond core hours due to call volume) support for virtual clinic visits and virtual pharmacy services;

(b) Optimize FCR, Veteran experience and other performance metrics; and

(c) Meet Veteran call/contact volume. The CCCM Guidebook provides the staffing requirements for Clinical Contact Centers: https://dvagov.sharepoint.com/sites/VHAClinContacts/. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(8) Establishing effective and efficient administrative and clinical interfaces (i.e., processes, procedures, SOPs and workflows). Important elements and examples of strong interface processes include:

(a) Algorithms to achieve FCR by contact type – outline a process that clarifies how specific calls/contacts must be managed, including roles and responsibilities of involved staff (e.g., medication renewals, scheduling, clinical symptoms).

(b) Scripting to standardize call/contact responses and processes that provide a level of flexibility to allow staff to tailor and personalize the interaction to better address the unique needs of each Veteran.

(c) Communication pathways between service lines to increase FCR, including outlining modalities for real-time and delayed communications. Pathways include mutually agreeable expectations to ensure access to and responses from all involved services with the proper prioritization in the continuum of care.

(9) Establishing SOPs in collaboration with mental health leadership at each VA medical facility and all associated points of care to meet same-day access and screening requirements for Veterans with mental health concerns.

i. **Clinical Contact Center Director, Supervisor and Manager.** Clinical Contact Center Directors, Supervisors and Managers are responsible for:

(1) Ensuring dedicated Clinical Contact Center staff are trained in accordance to the content in the CCCM Guidebook: https://dvagov.sharepoint.com/sites/VHAClinContacts/. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(2) Ensuring incoming calls/contacts are handled by appropriately trained staff to address and resolve the Veteran's reason for contacting the Clinical Contact Center. ***NOTE:*** *Symptom-related concerns must be managed by clinical staff with direct access to Veteran records regardless of time of day.*

(3) Ensuring VHA Clinical Contact Center health care professionals under their supervision are delivering care and services via the telephone and other contact modalities within their scope of practice and license, and in accordance with Federal laws, regulations, VHA policy and local SOPs. ***NOTE:*** *Providing Veterans with appropriate access to clinical care is a VA health care service standard.*

(4) Ensuring clinical and administrative Clinical Contact Center team members adhere to all compliance, business integrity and business operations guidelines for effective Clinical Contact Center outcomes.

j. **Clinical Contact Center Providers, Pharmacists, Pharmacy Technicians and Medical Support Assistants.** Clinical Contact Center Providers, Pharmacists, Pharmacy Technicians and Medical Support Assistants (MSAs) are responsible for:

(1) Delivering care and services via the telephone and other contact modalities within their scope of practice and license, and in accordance with Federal laws, regulations, VHA policy, local SOPs and State laws where applicable.

(2) Receiving escalated calls/contacts from administrative staff or other clinical staff who have screened the call for the appropriate level of care.

(3) Following the clinical and administrative content found in the CCCM Guidebook: https://dvagov.sharepoint.com/sites/VHAClinContacts/. ***NOTE:*** *This is an internal VA website that is not available to the public. This includes the clinical decision trees, call flows, trainings and QM program.*

k. **Clinical Contact Center Registered Nurse.** Clinical Contact Center RNs are responsible for:

(1) Delivering care and services via the telephone and other contact modalities within their scope of practice and license, and in accordance with Federal laws, regulations, VHA policy and local SOPs.

(2) Receiving inbound and escalated symptom calls/contacts from administrative staff or other clinical staff who have screened the call for the appropriate level- of- care. Calls will be answered in priority call-order and addressed in an efficient and expedited manner, to prevent delayed triage. Queuing Veteran calls for triage call-back at some time in the future is not permitted. ***NOTE:*** *Each Clinical Contact Center may choose whether inbound clinical triage call/contacts are answered directly by RNs or screened first by MSAs.*

(3) Following the clinical and administrative content found in the CCCM Guidebook: https://dvagov.sharepoint.com/sites/VHAClinContacts/. ***NOTE:*** *This is an internal VA website that is not available to the public. This includes the clinical decision trees, call flows, trainings and QM program*.

l. **VA Medical Facility Director.** VA medical facility Directors are responsible for:

(1) Ensuring all VA medical facilities and Community-Based Outpatient Clinics (CBOCs) direct incoming pharmacy needs, appointment requests for appropriate services and general inquires typically addressed by an MSA to their respective Clinical Contact Center. VA medical facilities and CBOCs must maximize Clinical Contact Centers' 24 hours a day, 7 days a week capability to manage telephone and virtual care in real time, eliminating the need for voicemail and prevent repeated calls/contacts for the same issue. ***NOTE:*** *VA medical facility Directors must ensure that VA medical facility staff are readily available to respond to the Clinical Contact Center's inquiries and follow-up with Veterans, as needed.*

(2) Ensuring general VA onboarding, orientation and related activities are provided to Clinical Contact Center employees aligned to the VA medical facility.

(3) Collaborating with the Clinical Contact Center to provide the necessary space and equipment as outlined in the Clinical Contact Center Space & Equipment Guidelines, available at: https://dvagov.sharepoint.com/:f:/r/sites/VHAClinContacts/Library%20Documents/Staffing%20and%20Resources?csf=1&web=1&e=UAjmgU. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(4) Reviewing and updating same-day access SOPs for all mental health points of care (including CBOCs and other VA clinics) and ensuring that clinical care warm handoffs from VISN Clinical Contact Centers are integrated into same-day access SOPs.

m. **VA Medical Facility Chief of Staff and VA Medical Facility Associate Director for Patient Care Services.** The VA medical facility Chief of Staff or VA medical facility ADPCS, depending on the VA medical facility, is responsible for coordinating with the VISN Director and Clinical Contact Center Director to ensure bi-directional communication channels are in place that support coordination and Veteran follow up by VA medical facility staff in response to Clinical Contact Center staff inquiries and vice versa.

6. TRAINING

Each Clinical Contact Center is required to use standardized training frameworks, checklists and competencies found in the CCCM Guidebook, to implement the national Clinical Contact Center training plan for both established Clinical Contact Center employees and new hires, allowing for customization to address local operational and QM needs. The CCCM Guidebook is accessible at: https://dvagov.sharepoint.com/sites/VHAClinContacts/. ***NOTE:*** *This is an internal VA website that is not available to the public.*

7. 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.

8. REFERENCES

a. 38 U.S.C § 7301(b).

b. VHA Directive 1160.01, Uniform Mental Health Services in VHA Medical Points of Service, dated April 27, 2023.

c. Clinical Contact Center Configuration Control Board Charter. https://dvagov.sharepoint.com/:f:/r/sites/VHAClinContacts/Library%20Documents/CCC

%20Configuration%20Control%20Board?csf=1&web=1&e=JE53f6. ***NOTE:*** *This is an internal VA website that is not available to the public.*

d. CCCM Guidebook. https://dvagov.sharepoint.com/sites/VHAClinContacts/. ***NOTE:*** *This is an internal VA website that is not available to the public.*

e. Clinical Contact Center QM Framework. https://dvagov.sharepoint.com/sites/VHAClinContacts/Library%20Documents/Forms/VAHC%20Newsletters.aspx?id=%2Fsites%2FVHAClinContacts%2FLibrary%20Documents%2FQuality%20Management%2FCCC%20QMP%20Framework%209%2E2022%5Ffinal%20%28002%29%2Epdf&parent=%2Fsites%2FVHAClinContacts%2FLibrary%20Documents%2FQuality%20Management. ***NOTE:*** *This is an internal VA website that is not available to the public.*

f. Clinical Contact Center Space and Equipment Guidelines. https://dvagov.sharepoint.com/:f:/r/sites/VHAClinContacts/Library%20Documents/Staffing%20and%20Resources?csf=1&web=1&e=UAjmgU. ***NOTE:*** *This is an internal VA website that is not available to the public.*

g. Data and Metrics Guidance (under Operational and Clinical Guidance): *https://dvagov.sharepoint.com/:f:/s/VHAClinContacts/EuAcc5Mkn9RPq7kUXLzx2EwBhlYyEabW9xagQ0jfAmY2eA?e=JneTOF*. ***NOTE:*** *This is an internal VA website that is not available to the public.*

h. HIM Practice Brief. Guidelines for Coding Clinical Care: Telephone Calls/Encounters. https://dvagov.sharepoint.com/sites/vhahealth-information-management/SitePages/Health-Information-Management-Home-Page.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*