Attachment 4 - VA/VHA Policy and Procedures, Rules, Regulation, etc.

The following documents are included in this Attachment:

VHA T21 - Implementation Guidance

24VA136 - Patient Medical Records

24VA19 - Privacy Act

November

FY14

Version 1.5

VHA T21 Implementation & Sustainment Guidance

Office of Strategic Integration

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The T21 Implementation Guidance is organized to focus on systems of care and intended outcomes rather than specific programmatic requirements. Although this document is intended as guidance only, its organization may be helpful to leaders when they develop their Fiscal Year (FY) 2014 performance and strategic plans.

The Major Initiatives (MI) were established by the Under Secretary for Health and funded by the Secretary of the Department of Veterans Affairs in an effort to systematically enhance the experience for America's Veterans. While acknowledging the complexity of the MI, the strategic vision of the transformation effort is one of an accessible, seamless, and coordinated system of care based on life-long relationships with patients and their families in which they are provided the tools and support to optimize their health and well-being. We will accomplish this through a variety of efforts. First, we will develop a more comprehensive, coordinated, and patient driven system of primary care, using the Patient Aligned Care Team (PACT), our medical home model, that not only focuses on disease management but on health and well-being. Second, access will be enhanced by establishing systems of care without walls (connected health) using telehealth, Secure Messaging, My Health***e***Vet, Kiosks, web and mobile applications, and social networking tools, while improving more traditional forms of access through value stream analysis and solutions (Systems Redesign and Transportation), including informatics flow applications and Flow Coordination Center (FCC) approaches for enhancement of inpatient flow and access. Third, we will align long-term care and specialty services to better support the PACT team and design long-term and specialty care options around the needs of patients instead of professional disciplines. Finally, the effort to specifically end homelessness is part of the Secretary's challenge to optimize the potential of all of America's Veterans.

The FY 2014-2019 VHA Strategic plan builds on these foundational elements, furthering VHA's vision of excellence and the Department's goals for a 21st century organization. Network leadership and Program officials must have a clear vision of how they will produce the major changes needed to bring about this transformation. It is a journey, and this guidance identifies major milestones on the path. Understandably, Network and Medical Center leadership must set priorities. While doing so, we ask that you ensure the development of a comprehensive plan and a disciplined framework for its execution over the next several years. The VHA Strategic Planning Guidance for FY14-19 provides direction for VISN planning efforts. Continued implementation and sustainment of the T21 Major Initiatives should be reflected in your VISN Strategic Plan.

In FY14, the VISN Management Reviews (VMR) will be fully integrated into the quarterly network reviews coordinated by the Deputy Under Secretary for Health Operations and Management. The Office of Strategic Integration (OSI) will continue to support this process through the provision of program office feedback and the evaluation of data as appropriate. General questions about this guidance can be directed to James Tuchschmidt of the Office of Strategic Integration, at (503) 880-7177, or vha10a5action@va.gov.

SUMMARY OF TRANSFORMATION INITIATIVES

Coordinated Health Care: PACT is the foundational hub of VA's health care delivery system. It is predicated on a team-based model that ensures timely, proactive, patient centered, comprehensive services. Prevention and wellness are a major component of this model. Health behavior coaching and motivational interviewing are critical competencies necessary to realize this vision. Secure Messaging, telephone care, and telehealth services are all important tools. The primary care team should be supported by other services to ensure they can provide truly integrated care to meet the needs of their patients, including integrated mental health (MH) services. These teams should have the resources needed to coordinate care across the entire spectrum of services and to provide intensive case management for high-risk patients. Members from a variety of disciplines (e.g., pharmacy, psychology, social work, nutrition, and chaplain) may be included as part of the extended PACT team. The PACT model should be in place wherever a clinic intends to provide primary care services, such as Women's Health, Geriatrics, General Medicine, and some specialty clinics. Complete primary care for women Veterans, including gender specific care, must be available for women at all sites. Close collaboration and coordination with Specialty Care and long-term care, as well as with initiatives to end homelessness among Veterans, are all vital to providing comprehensive, whole-person care in our PACT.

Improving Access: The improvement of access has been one of the cornerstones of VHA's strategy. Safety, quality, patient satisfaction, and cost are all adversely impacted when appropriate and timely access to care is delayed. Access to outpatient, inpatient, long-term care, and procedure-based services can be improved by applying systems redesign strategies and by expanding alternatives to facility based care, such as Secure Messaging, clinical video telehealth (CVT), home telehealth (HT) and store and forward telehealth (SFT) services, ***e***Consults, and Specialty Care Access Network-Extension for Community Healthcare Outcomes (SCAN-ECHO). Nationally, we are developing mobile applications, improving My Health***e***Vet functionality through online authentication, working on social networking tools, and developing and implementing a suite of informatics flow tools including Bed Management Solution (BMS), Emergency Department Integration Software (EDIS), and Surgery Quality and Workflow Manager (SQWM) with a focus on integrating these applications under a comprehensive flow management approach and associated business process development to optimize inpatient flow and create additional access to inpatient services across VHA.

Redefining what access means, VA will build a system of care without walls that, by the completion of 2014, will touch 30% of those using the VA system for their healthcare. Early data suggest that we can reduce visit rates, particularly for urgent care, and hospitalizations by improving access using telehealth-technologies and Secure Messaging. This not only improves our capacity to care for those who do need a physical visit or acute care, but it provides patients the opportunity to spend their lives

in more productive ways. Today, we have surgical teams providing post-op care by CVT, virtual specialty care clinics where local clinicians can be an active part of the team, and we are delivering psychotherapy into the patients' homes by (CVT) webcam. However, we have a lot to do to expand the use of these innovative systems of care.

Specialty Care: Leaders must ensure that specialty care services, including long-term care, are also timely, aligned with the PACT model of care in order to improve coordination and integration of care, and designed around the needs of patients. These challenges are particularly difficult in rural and underserved areas. We must invest in specialty care, including MH, to develop and sustain these vital services. Specialty Care is a critical component of VHA's comprehensive medical benefits. We must ensure that all staff are working to the top of their competency. For example, advanced practice nurses incorporated into specialty care teams can improve access and ensure that physicians are performing work that only they can do. Furthermore, mini-residencies and specialized training can develop new competencies allowing clinicians to fill critical needs, particularly in underserved areas. Training has also been made available for clinicians to gain additional specific skills and competencies in evidence-based psychotherapies and creative partnerships with community partners have the potential to improve outcomes.

The vision for Specialty Care Service (SCS)/Specialty Care Transformation (SCT) is to transform specialty care services into a more Veteran-centric environment by improving access through leveraging Telehealth and other non-face-to-face modalities for delivering care. The Specialty Care Neighborhood will interface with PACTs to provide coordinated, team-based care (Neighborhoods) in which all disciplines (e.g., nursing, pharmacy, social work, nutrition, and chaplains) are valued partners. This relationship will ensure the delivery of services across VHA is patient-centered and the coordination is timely, accessible, and of high quality. The focus will be on the Veteran experience and on shared decision-making. Specialty Care Neighborhood will leverage the use of Telehealth and other technologies to deliver care without requiring a face-to-face visit, for example, by using SCAN-ECHO and Electronic and Phone Consults. Building on the success of Secure Messaging in PACT primary care settings, full implementation across other clinical settings (e.g., Mental Health, Dentistry, Geriatrics and Extended Care) is required based on direct feedback from Veterans, many of whom indicate a strong desire to communicate electronically with "all of their VA health care providers." With the completion of implementing Secure Messaging throughout VA clinical care in 2014, increased My Health***e***Vet and Secure Messaging clinical adoption and integration will enhance patient access to care in all settings, maximizing Veteran-provider-family collaboration, and ultimately optimizing Veterans' health and serving Veterans of all ages in urban and rural settings. Broad implementation of evidence-based specialty care will reduce readmissions and unnecessary clinic appointments, and decrease Veteran travel to tertiary medical centers and unscheduled visits to the emergency room.

Non-Institutional Long Term Care: Non-institutional alternatives to traditional nursing home care for dependent Veterans of any age are preferable in terms of cost, outcomes, patient and family preferences, and satisfaction. The vision for these patient-centered non-institutional alternatives to extended care is to match up local site strengths with local Veteran preferences and needs, by offering a broadened set of options. Approaches that have been validated in the professional literature and that have now been shown to be successful in pilots offered by VA include Dementia Case Management, Transitional Care (including medication reconciliation and preventive rehabilitation approaches), Program for All-inclusive Care in the Elderly, a range of face to face and telehealth-based caregiver support models, Hospital at Home, and modifications to Home-Based Primary Care and Adult Day Health Care for highly rural settings. NILTC supports the Geri Scholars program to expand geriatric expertise in order to assist in the utilization of successful models of care as PACTs become more facile and comfortable leveraging non-institutional alternative programs as part of their plans of care for frail and dependent Veterans. In addition NILTC supports Veteran Community Partnerships (VCP). VCPs, now in partnership with the emerging Office of Community Engagement, also promote the use of locally relevant VA and non-VA non-institutional care options for supporting the needs of Veterans who prefer to remain in their own homes and in the general community.

Patient Centered Care: Patient centered care is embodied in a system that prioritizes the Veteran and their values, and partners with them to create a personalized, proactive strategy to optimize health and well-being. The VHA's number one strategic goal is to deliver personalized, proactive and patient-driven healthcare or "Whole Health Care". The elements of Whole Health Care include three things at the highest level: "Me", the individual person (Veteran, patient, family member, employee) and the "Experience" and "Practice" of care. The experience includes healing environments and healing relationships and the practice includes the Proactive Components of Health and Well-Being and the Personalized Health Approach. Additionally, Whole Health reaches beyond the walls of the health care facility and includes the Veteran's support system and community

Whole Health requires a shift from the predominant medical paradigm of finding and fixing disease to one focused on optimizing health and well-being. While preventive care and state-of-the-art care for illnesses and disease remain foundational to healthcare, the model of the future shifts from "what's the matter" to "what matters" to the person in their life. This shift requires a change in the conversation we have with Veterans and each other and requires additional knowledge and skills in areas that advance health and well-being. The Personal Health Inventory is a self-reflection tool about a person's whole life and is a starting place for a deeper conversation.

Communication skills taught in TEACH for Success and Motivational Interviewing are important for listening to what matters, goal setting, and behavior change. The Office of Patient Centered Care and Cultural Transformation (OPCC&CT) offers additional

experiential education based on the principles of change theory and Whole Health so healthcare teams can better:

1) partner with Veterans to proactively take action toward behavior change that is present- and future-oriented; 2) recognize that optimal health extends beyond the absence of disease; 3) seek to support the Veteran in achieving the Veteran's vision of optimal "Whole Health" including their mental, physical, and social well-being; and 4) meet the Veteran where he/she is at in their life, based on their unique goals, values, preferences, and lifestyle to develop a personalized health plan based on what matters most to the Veteran.

Additionally, the OPCC&CT has curricula, tools, and toolkits to promote Whole Health. The clinical curricula complements traditional medical approaches by building upon existing skills, resources, and evidence-based and evidence-informed therapies that will allow VHA to more fully partner with and empower Veterans and their families.
The cultural transformation will only be successful if all employees are engaged in health and well-being. Everyone has a role in creating and enhancng healing environments and developing continuous healing relationships. Pesronalfying the iCARE principles and honoring each person's values and beliefs are part of VHA's cultural transformation. Highly experiential educational modules and related resources are available to support staff in optimizing their own health and well-being and to embody the iCARE principles in their daily work. These tools are also located on the links listed above.

The Office of Patient Centered Care and Cultural Transformation has Field-based Implementation Teams (FIT) that assist VISN's and facilities, at their request, with an organizational assessment of where they are at in their patient centered care journey. These teams highlight strong practices and share innovations from across VHA and the private sector. FIT teams host Executive leader and middle manager engagement sessions focusing on creating a patient centered culture, infrastructure, and environment, engaging leaders as champions. FIT teams also hold staff engagement sessions which are experiential events that help staff members at all levels of the organization learn about healthcare from the patient's/family's perspective and highlight the important role each staff person has in the successful transformation of the culture.

One of the most crucial aspects of transformation is incorporating the voice of Veteran. The Veteran Experience Committee (VEC) and chartered subcommittees of the National Leadership Council ensure that the voice of the Veteran is at the table at the highest levels. Veterans partner with VHA through the VEC and local Veteran Councils, in designing and planning of the elements of Whole Health. An effective Veteran experience program and organizational structure supports the cultural change and ensures a positive patient experienceis a fundamental value in VHA. Veterans' service, stories, and testimonials inspire us and serve as a beacon for our work.

Tools and toolkits are available to support the field in all elements of personalized, proactive, patient-driven care and are located on the HealthforLife VA cloud at: http://healthforlife.vacloud.us/ and the OPCC&CT SharePoint at: http://vaww.infoshare.va.gov/sites/OPCC/default.aspx.

Eliminate Veteran Homelessness: VA is committed to preventing and ending homelessness among Veterans, and their families, by the end of 2015 and is poised to assist homeless and at-risk Veterans through the provision of a comprehensive continuum of care that includes: Outreach/Education, Prevention, Treatment, Income/Employment/Benefits, and Housing/Supportive Services provided in collaboration with Federal, state, local governments and community partners.

VA is positioned to assist homeless and at-risk Veterans in achieving their optimal level of functioning and quality of life through the provision of a comprehensive continuum of care that address the psychosocial factors surrounding homelessness while building the capacity of available residential, rehabilitative, transitional, and permanent housing supply. Promoting a Housing First approach, the continuum includes prevention and treatment services. These services include but are not limited to: primary and specialty medical care, mental health and substance use disorder treatment, case management, outreach, vocational rehabilitation/employment services, housing, and coordination of related services with VBA and NCA. The intent is for every eligible Veteran to have access to a safe, stable environment, and that there will be sufficient capacity so that all Veterans willing to accept services will be able to leave the streets and enter shelter/housing in order to stabilize and begin rebuilding their lives.

TACTICAL REQUIREMENTS

1. LEADING TRANSFORMATIONAL CHANGE:

a. Ensure that service line leadership understands the vision and has an appropriate plan to support PACT, SC PACT (Neighborhoods) Specialty Care, and MH needs of Veterans.

b. Ensure that mechanisms are in place to identify and advance strong practices, and that teams, particularly in PACT, SC PACT (Neighborhoods)Specialty Care, and Mental Health, have the time to systematically improve their clinical process.

c. Ensure the adoption of My Health***e***Vet, Secure Messaging, and Telehealth programs that provide Veterans convenient alternatives to face-to-face care, improve access and reduce travel, particularly in support of PACT, Specialty Care, and Mental Health. This includes maintaining a MHV Voluntary Service Assistant Program to recruit volunteers and coordinate their outreach/training efforts to promote awareness of and participation in MHV, Secure Messaging, and other VA Connected Health products.

d. Develop within PACT new processes of care that improve the outcome for high risk, complex patients by using the Patient Care Assessment System (link will be forwarded when available), intensive case management, and telehealth (CVT, HT and SFT) services.

e. VHA recently adopted the strategic goal of providing Veterans personalized, proactive, patient driven healthcare. Review, enhance, and update, as appropriate, the facility PCC strategic plan developed in FY12. Ensure that it is in alignment with this new VHA goal, includes approaches to transforming business and clinical processes for patient-driven health care, and specifically addresses how the facility will elicit the voice of the Veteran in a structured and consistent manner (to include patient and family advisory councils and VSOs/POAs, listening sessions, patient rounding, patient shadowing). The plan should identify measures of outcome.

f. Ensure that all necessary resources to support the continued rapid expansion of Clinical Video Telehealth are in place. During FY13, the CVT into the Home program was piloted and at the close of FY13 more than 2,000 unique Veterans were seen using this process. CVT into the Home service are forecasted to reach more than 10,000 unique Veterans in FY14.

g. Ensure that local strategic planning adequately addresses the capacity, services, skills, and facility infrastructure to meet the needs of a growing female Veteran population.

h. Ensure that all T21 NILTC clinics have the NILC four character alpha code (CHAR4) on the Decision Support System (DSS) clinic feeder keys for programs

implemented with T21T NILTC funding. The NILC code will be included in the GEC Non-Institutional Care (NIC) performance metrics beginning in FY2014. All clinics for all programs initiated with T21T NILTC funds should have this code. The code should not be removed when T21T funding ends and it should be added to any new clinics established for programs that were implemented with T21T NILTC funds. This is the means of following the continuation and expansion of these programs after the T21 funding ends.

2. STAFF COMPETENCIES AND RESILIENCY:

a. Ensure that PACT, including Women's Health, Special Populations, and Specialty Care PACT (also referred to as SC Neighborhoods) staff have completed training to acquire the competencies, skills, and ability to achieve the desired PACT outcomes.

b. Ensure that appropriate clinical staff have completed training and acquired the Veteran-centered communication and health coaching competencies and skills emphasized in TEACH for Success, and Motivational Interviewing training.

c. Ensure that teams caring for women Veterans have received appropriate training to be able to provide comprehensive primary care to women and that these services are available at all sites of care.

d. Ensure that staff have had appropriate training in the use of Secure Messaging and that they can integrate this modality into their clinical and business practices, with a suggested goal of 30% of Primary Care encounters through Secure Messaging by 2017.

e. Ensure that staff have Advanced Clinic Access and Systems Redesign competencies, including training in Rapid Process Improvement, the time to actively improve access, reduce no-show rates, increase systems efficiency, and improve quality of care.

f. Ensure that Specialty Care Mini-Residency master preceptor staff (primary care providers) have completed training necessary to acquire the competencies, skills, and ability to achieve the desired Specialty Care outcomes.

g. Medical centers should work with the Office of Patient Centered Care to continue to develop and implement their PCC strategic plan. Resources are available through the OPCC/CT SharePoint site:(http://vaww.infoshare.va.gov/sites/OPCC/default.aspx).

h. Ensure appropriate staff have training and competency in the use of Telehealth for safe and efficient operations of quality CVT, HT, and/or SFT programs. National Training requirments and resources are available and can be accessed at http://vaww.infoshare.va.gov/sites/telehealth/default.aspx.

i. Ensure that My Health***e***Vet Coordinators and other staff with access to the My Health***e***Vet Administrative portal receive appropriate education and re-education (as appropriate) on My Health***e***Vet functionality, security, and privacy.

j. Ensure that PACT and Inpatient discharge planning staff are familiar with the range of non-institutional alternatives to long-term care including Geri PACT, both to promote patient-centered models of long-term care and to ensure that cost-effective options are employed.

k. Ensure that staff has the necessary geriatric expertise to provide optimal geriatric care to all elderly Veterans by encouraging staff participation in the NILTC supported Geri Scholars program.

3. BUSINESS CAPABILITIES:

a. Ensure the existence and sustainment of a robust Health Promotion, Disease Prevention (HPDP) program that embraces the Healthy Living messages and integrates them into clinical care. Ensure that appropriate clinical staff have Veteran- centered communication competencies and skills emphasized in TEACH for Success and Motivational Interviewing training programs.

b. Ensure specialty services are designed around the needs of patients and in partnerships that optimally support the PACT teams.

c. Ensure that female Veterans have access to gender specific services regardless of the site or circumstances of care, e.g. PACT clinic, Emergency Department, MH, or inpatient service.

d. Develop robust and disciplined approaches to systems redesign to improve access and continuity of care, inpatient bed utilization/flow, and Surgical and Emergency Department flow.

e. Ensure that the portfolio of Inpatient Informatics Flow Tools developed during FY 11-13, including the Bed Management Solution (BMS) and the Emergency Department Integration Software (EDIS), are fully implemented and actively in use in all VAMCs with inpatient beds and emergency departments, to ensure data transparency, availability, and support for patient flow improvement efforts.

f. Ensure a Veteran-centric environment by improving access through leveraging telehealth (HT, CVT, SFT) and other non-face-to-face modalities, e.g., Secure Messaging, SCAN-ECHO, E-Consult, for delivering care in an effort to ensure that 30% of unique Veterans are engaged in these modalities of care by the end of FY 14.

g. Ensure that local strategic planning adequately addresses the capacity, services, skills, and facility infrastructure to meet the needs of aging Veterans, particularly

in non-institutional settings, while advocating for patient-driven and personalized models of care.

h. Develop a robust plan to eliminate Veteran homelessness by establishing a "no wrong door" approach in serving homeless Veterans and Veterans at-risk of becoming homeless. Implement outreach initiatives targeting chronically homeless Veterans and special homeless Veteran population groups (e.g., the seriously mentally ill; OEF/OIF/OND; women Veterans; Veterans with families; rural Veterans; etc.). Establish 24/7 rapid re-housing and support services, and right-size VA's continuum of care to address the prevention, treatment, rehabilitation, and supportive housing needs of homeless and at-risk Veterans.

i. Incorporate appropriate use of protocols and standing orders to support all team members practicing to the fullest extent of their education, experience and competence.

j. Ensure that mental health informatics tools (e.g., Mental Health Suite, evidence-based psychotherapy progress note templates, patient record flags for suicide risk and for high risk patients, etc.) are fully implemented.

k. Ensure that the NILC code as indicated in tactical requirements, is being collected in the DSS CHAR4 data cube. This is the means of following the continuation and expansion of the T21 NILTC programs after the T21 funding ends. The NILC code will be included as part of the GEC NIC performance metrics beginning in FY2014.

4. BUILDING COALITIONS TO ENHANCE SERVICES

a. Build collaborative efforts with academic partners to improve the integration of training into the PACT model, including training in inter-professional care and the integration of MH in the PACT setting.

b. Develop an active support network of community partnerships and collaborations to eliminate Veteran homelessness and ensure that Veterans have access to timely MH services.

c. Integrate Veterans Benefit Administration and National Cemeteries Administration services in support of ending homelessness among Veterans.

d. Collaborate with Department of Defense to provide seamless transition from active service to Veteran status.

5. IMPLEMENTATION GOALS:

a. Meet or exceed the Primary Care Operations (10NC3) PACT Implementation Dashboard metrics.

b. Meet or exceed the Virtual Care Metric, including the use of Secure Messaging, telehealth (CVT, HT and SFT), eConsults, and SCAN-ECHO (*Target 30% for FY 14*).

c. Expand SCAN-ECHO access by increasing the number of Veterans in PACT clinics treated by providers through participation in SCAN-ECHO sessions. SCAN-ECHO clinics should be fully integrated teams that can provide comprehensive treatment planning and consultation.

d. Ensure that at least 16% of Veterans receive telehealth-based services (HT, CVT, SFT) by the end of FY 14.

e. Ensure that at least 50% of patients are registered with My Health***e***Vet and 25% opt-in for Secure Messaging by the end of FY 14.

f. Ensure that Community Based Outpatient Clinics (CBOCs) have at least three of the following services, not available on site, initiated via CVT and regularly available as clinically appropriate:
    i. Diabetes Consultation or case management or group classes
    ii. Pain Consultation or case management or group classes
    iii. Dermatology (CVT and/or SFT)
    iv. Cardiology Consultation
    v. Geriatric Consultation and Assessment
    vi. Palliative Care Consultation
    vii. GI consultation or Pre-colonoscopy group visit
    viii. Other Medical or Surgical Specialty consultation
    ix. Respiratory follow-up or group visits (e.g. COPD, sleep apnea, home oxygen)
    x. Neurology Consultation including follow-up for chronic neurologic conditions (Parkinson's, seizures, MS)
    xi. Nutrition Consult or group classes
    xii. Clinical Pharmacist visits
    xiii. Social Work visits
    xiv. MH assessment, diagnosis, and delivery of evidence-based psychotherapies
    xv. Pre-op Visit or evaluation
    xvi. Post-op Visit
    xvii. Wound Care
    xviii. MOVE! Weight Management Program
    xix. Primary Care Women's Health (consultation for providers with experienced Women's Health Provider)
    xx. Gynecology

g. 70% of all PACTs in a VISN will have ≥ 1.5% of their assigned panel enrolled in HT and the aggregate percentage of all VISN PACT patients enrolled in HT will exceed 1.6%.

h. Engage at least 6% of each PACT team's assigned panel in MH evaluation and treatment as appropriate.

i. Implement HPDP Program Handbook (1120.02) and meet or exceed the associated HPDP metrics (T21 performance measures) and Prevention metrics

j. Demonstrate or maintain improvement in the percent of obese patients engaged in the MOVE! Program (MOV6) and the percent of patients who receive intense and sustained treatment (MOV7).

k. NILTC programs should meet or exceed 25% of target unique Veterans by the end of quarter 1, 50% of target by the end of quarter 2, 75% of target by the end of quarter 3 and 100% of target by the end of quarter 4. Monitoring of this performance measure will be completed through the monthly Temperature Check reports that all currently funded T21 NILTC programs are required to update on the NILTC SharePoint site.

l. Reduce No-Show Rates by 2%.

m. Fully implement use of Bed Management Solution (BMS) and Emergency Department Integration Software (EDIS) in support of daily operations in all VA Medical Centers with inpatient beds and Emergency Departments, respectively.

n. Implement Emergency Department (ED) performance metrics utilizing the Emergency Department Integration Software (EDIS) application as the primary data source. These objectives include: 1) Reduce median elapsed time of ED/UCC visits (Metric 1.1: Reduction in median ED Length of Stay (LOS) for all patients not admitted to < 3 hours (median) by the end of FY 14.); 2) Reduce missed opportunities (Metric 2.1: Reduce Left Without Being Seen (LWOBS) in EDs to <4% by end of FY 14); and 3) Standardize ED/UCC operations to maximize efficiency (Metric 3.1: Reduce door to doc time to < 45 minutes by the end of FY 14; Metric 3.2: Reduce the door to triage time to < 15 min by the end of FY 14).

o. Fully implement the Uniform MH Services Handbook in all facilities and CBOCs and partner with MH Services and MH Operations in identifying and improving practice variations. Benchmark: 100% of facilities will achieve and maintain 95% implementation.

p. Establish and maintain at least one Behavioral Health Interdisciplinary Program team.

q. 90% of HUD-VASH vouchers allocated will result in a Veteran becoming housed by September 30, 2014 (*NDPP Performance Measure*).

r. 65% of Veterans served in Grant Per Diem and Domiciliary Care for Homeless Veterans programs will discharge to independent housing (*NDPP Performance Measure*).

s. 65% of Veterans served in Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) will meet criteria for chronic homelessness at the time of admission to the HUD-VASH program (*NDPP Performance Measure*).

t. 25% of Veterans engaged by VHA Homeless Programs will be unsheltered homeless Veterans (New *NDPP Performance Measure).*

u. At least 1 Women's Health Provider trained in Women's Health Mini-Residency (or equivalent training) from every site of care (Medical Center and CBOC).

24VA19

Patient Medical Records (Formally known as 24VA136)-VA

System location:
Records are maintained at each VA health care facility (in most cases, back-up information is stored at off-site locations). Subsidiary record information is maintained at the various respective services within the health care facility (e.g., Pharmacy, Fiscal, Dietetic, Clinical Laboratory, Radiology, Social Work, Psychology, etc.) and by individuals, organizations, and/or agencies with whom VA has a contract or agreement to perform such services, as VA may deem practicable.

Address locations for VA facilities are listed in Appendix 1 of the biennial publication of the VA Privacy Act Issuances. In addition, information from these records or copies of these records may be maintained at the Department of Veteran Affairs Central Office, 810 Vermont, NW., Washington, DC 20420, VA National Data Centers, in the VA Health Data Repository (HDR) [located at the VA National Data Centers], VA Chief Information Office (CIO) Field Offices, Veterans Integrated Service Networks, Regional and General Counsel Offices.

Categories of individuals covered by the system:

1. Veterans who have applied for health care services under Title 38, United States Code, Chapter 17, and members of their immediate families.
2. Spouse, surviving spouse, and children of veterans who have applied for health care services under Title 38, United States Code, Chapter 17.
3. Beneficiaries of other Federal agencies.
4. Individuals examined or treated under contract or resource sharing agreements.
5. Individuals examined or treated for research or donor purposes.
6. Individuals who have applied for Title 38 benefits but who do not meet the requirements under Title 38 to receive such benefits.
7. Individuals who were provided medical care under emergency conditions for humanitarian reasons.
8. Pensioned members of allied forces provided health care services under Title 38, United States Code, Chapter I.

Categories of records in the system:

The patient medical record is a consolidated health record (CHR) which may include:

i. An administrative (non-clinical information) record (e.g., medical benefit application and eligibility information) including information obtained from Veterans Benefits Administration automated records such as the Veterans and Beneficiaries Identification and Records Locator Subsystem-VA (38VA23) and the Compensation, Pension, Education and Rehabilitation Records-VA (58VA21/22/28), and correspondence about the individual;
ii. A medical record (a cumulative account of sociological, diagnostic, counseling, rehabilitation, drug and alcohol, dietetic, medical, surgical, dental, psychological, and/or psychiatric information compiled by VA professional staff and non-VA health care providers), and
iii. Subsidiary record information (e.g., tumor registry, dental, pharmacy, nuclear medicine, clinical laboratory, radiology, and patient scheduling information). The consolidated health record may include identifying information (e.g., name, address, date of birth, VA claim number, social security number), military service information (e.g., dates, branch and character of service, service number, medical information), family information (e.g., next of kin and person to notify in an emergency; address information, name, social security number and date of birth for veteran's spouse and dependents; family medical history information), employment information (e.g., occupation, employer name and address), financial information (e.g., family income; assets; expenses; debts; amount and source of income for veteran, spouse and dependents), third-party health plan contract information (e.g., health insurance carrier name and address, policy number, amounts billed and paid), and information pertaining to the individual's medical, surgical, psychiatric, dental, and/or psychological examination, evaluation, and/or treatment (e.g., information related to the chief complaint and history of present illness; information related to physical, diagnostic, therapeutic, special examinations, clinical laboratory, pathology and x-ray findings, operations, medical history, medications prescribed and dispensed, treatment plan and progress, consultations; photographs taken for identification and medical treatment; education and research purposes; facility locations where treatment is provided; observations and clinical impressions of health care providers to include identity of providers and to include, as appropriate, the present state of the patient's health, an assessment of the patient's emotional, behavioral, and social status, as well as an assessment of the patient's rehabilitation potential and nursing care needs). Abstract information (e.g., environmental, epidemiological and treatment regimen registries, etc.) is maintained in auxiliary paper and automated records.

Authority for maintenance of the system:
Title 38, United States Code, Section 501(b) and Section 304.

Purpose(s):
The paper and automated records may be used for such purposes as: Ongoing treatment of the patient; documentation of treatment provided; payment; health care operations such as producing various management and patient follow-up reports; responding to patient and other inquiries; for epidemiological research and other health care related studies; statistical analysis, resource allocation and planning; providing clinical and administrative support to patient medical care; determining entitlement and eligibility for VA benefits; processing and adjudicating benefit claims by Veterans Benefits Administration Regional Office (VARO) staff; for audits, reviews and investigations conducted by staff of the health care facility, the networks, VA Central Office, and the VA Office of Inspector General (OIG); sharing of health information between and among Veterans Health Administration (VHA), Department of Defense (DoD), Indian Health Services (IHS), and other government and private industry health care organizations; law enforcement investigations; quality assurance audits, reviews and investigations; personnel management and evaluation; employee ratings and performance evaluations, and employee disciplinary or other adverse action, including discharge; advising health care professional licensing or monitoring bodies or similar entities of activities of VA and former VA health care personnel; accreditation of a facility by an entity such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and, notifying medical schools of medical students' performance and billing.

Routine uses of records maintained in the system, including categories of users and the purposes of such uses:

To the extent that records contained in the system include information protected by 45 CFR Parts 160 and 164, i.e., individually identifiable health information, and 38 U.S.C. 7332, i.e., medical treatment information related to drug abuse, alcoholism or alcohol abuse, sickle cell anemia or infection with the human immunodeficiency virus, that information cannot be disclosed under a routine use unless there is also specific statutory authority in 38 U.S.C. 7332 and regulatory authority in 45 CFR Parts 160 and 164 permitting disclosure.

1. Disclosure of health care information as deemed necessary and proper to Federal, state and local government agencies and national health organizations in order to assist in the development of programs that will be beneficial to claimants, to protect their rights under law, and assure that they are receiving all benefits to which they are entitled.
2. Disclosure of health care information furnished and the period of care, as deemed necessary and proper, to accredited service organization representatives and other approved agents, attorneys, and insurance companies to aid claimants whom they represent in the preparation, presentation and prosecution of claims under laws administered by VA, state or local agencies.
3. VA may disclose on its own initiative any information in this system, except the names and home addresses of veterans and their dependents, which is relevant to a suspected or reasonably imminent violation of law, whether civil, criminal or regulatory in nature, and whether arising by general or program statute or by regulation, rule or order issued pursuant thereto, to a Federal, state, local, tribal, or foreign agency charged with the responsibility of investigating or prosecuting such violation, or charged with enforcing or implementing the statute, regulation, rule or order. On its own initiative, VA may also disclose the names and addresses of veterans and their dependents to a Federal agency charged with the responsibility of investigating or prosecuting civil, criminal or regulatory violations of law, or charged with enforcing or implementing the statute, regulation, rule or order issued pursuant thereto.
4. A record from this system of records may be disclosed to a Federal agency or the District of Columbia government, in response to its request, in connection with the hiring or retention of an employee and the issuance of a security clearance as required by law, the reporting of an investigation of an employee, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision.
5. Disclosure of individually-identifiable health care information may be made by appropriate VA personnel to the extent necessary and on a need-to-know basis, consistent with good medical- ethical practices, to family members and/or the person(s) with whom the patient has a meaningful relationship.
6. In response to an inquiry about a named individual from a member of the general public, disclosure may be made to establish the patient's presence (and location when needed for visitation purposes) in a medical facility or to report the patient's general condition while hospitalized (e.g., satisfactory, seriously ill).
7. Relevant information may be disclosed in the course of presenting evidence to a court, magistrate or administrative tribunal, in matters of guardianship, inquests and commitments; to private attorneys representing veterans rated incompetent in conjunction with issuance of Certificates of Incompetency; and to probation and parole officers in connection with Court required duties.
8. Relevant information may be disclosed to a guardian ad litem in relation to his or her representation of a claimant in any legal proceeding.
9. Disclosure may be made to a Congressional office from the record of an individual in response to an inquiry from the Congressional office made at the request of that individual.
10. The name(s) and address(es) of present or former members of the armed services and/or their dependents may be disclosed under certain circumstances: (a) To any nonprofit organization if the release is directly connected with the conduct of programs and the utilization of benefits under Title 38, and (b) to any criminal or civil law enforcement governmental agency or instrumentality charged under applicable law with the protection of the public health or safety, if a qualified representative of such organization, agency or instrumentality has made a written request that such name(s) or address(es) be provided for a purpose authorized by law; provided, further, that the record(s) will not be used for any purpose other than that stated in the request and that organization, agency or instrumentality is aware of the penalty provision of 38 U.S.C. 5701 (f).
11. The nature of the patient's illness, probable prognosis, estimated life expectancy and need for the presence of the related service member may be disclosed to the American Red Cross for the purpose of justifying emergency leave.
12. Any relevant information may be disclosed to attorneys, insurance companies, employers, third parties liable or potentially liable under health plan contracts, and to courts, boards, or commissions, only to the extent necessary to aid VA in preparation, presentation, and prosecution of claims authorized under Federal, state, or local laws, and regulations promulgated thereunder.
13. Disclosure of health information, excluding name and home address, (unless name and address is furnished by the requester) for research purposes determined to be necessary and proper, to epidemiological and other research entities approved by the Under Secretary for Health.
14. In order to conduct Federal research necessary to accomplish a statutory purpose of an agency, at the written request of the head of the agency, or designee of the head of that agency, the name(s) and address(es) of present or former personnel of the Armed Services and/or their dependents may be disclosed (a) to a Federal department or agency or (b) directly to a contractor of a Federal department or agency. When a disclosure of this information is to be made directly to the contractor, VA may impose applicable conditions on the department, agency and/or contractor to insure the appropriateness of the disclosure to the contractor.
15. Relevant information may be disclosed to the Department of Justice and United States Attorneys in defense or prosecution of litigation involving the United States, and to Federal agencies upon their request in connection with review of administrative tort claims filed under the Federal Tort Claims Act, 28 U.S.C. 2672.
16. Health care information may be disclosed by the examining VA physician to a non-VA physician when that non-VA physician has referred the individual to the VA for medical care.
17. Patient medical records may be disclosed to the National Archives and Records Administration (NARA) and the General Services Administration (GSA) in records management inspections conducted under authority of 44 U.S.C.
18. Health care information concerning a non-judicially declared incompetent patient may be disclosed to a third party upon the written authorization of the patient's next of kin in order for the patient or, consistent with the best interest of the patient, a member of the patient's family, to receive a benefit to which the patient or family member is entitled or, to arrange for the patient's discharge from a VA medical facility. Sufficient information to make an informed determination will be made available to such next of kin. If the patient's next of kin are not reasonably accessible, the Chief of Staff, Director, or designee of the custodial VA medical facility may make disclosure of health care information for these purposes.
19. Disclosure may be made to a Federal agency or to a state or local government licensing board and/or to the Federation of State Medical Boards, or a similar non-government entity, which maintains records concerning individuals' employment histories or concerning the issuance, retention or revocation of licenses, certifications, or registration necessary to practice an occupation, profession or specialty, to inform a Federal agency or licensing boards or the appropriate non-government entities about the health care practices of a terminated, resigned or retired health care employee whose professional health care activity so significantly failed to conform to generally accepted standards of professional medical practice as to raise reasonable concern for the health and safety of patients in the private sector or from another Federal agency. These records may also be disclosed as part of an ongoing computer matching program to accomplish these purposes.

20. In the case of any record which is maintained in connection with the performance of any program or activity relating to infection with the Human Immunodeficiency Virus (HIV), information may be disclosed to a Federal, state, or local public health authority that is charged under Federal or state law with the protection of the public health, and to which Federal or state law requires disclosure of such record, if a qualified representative of such authority has made a written request that such record be provided as required pursuant to such law for a purpose authorized by such law. The person to whom information is disclosed should be advised that they shall not re-disclose or use such information for a purpose other than that for which the disclosure was made [(38 U.S.C. 7332 (b)(2)(C)]. The disclosure of patient name and address under this routine use must comply with the provisions of 38 U.S.C. 5701 (f)(2).
21. Information indicating that a patient or subject is infected with the Human Immunodeficiency Virus (HIV) may be disclosed by a physician or professional counselor to the spouse of the patient or subject, or to an individual whom the patient or subject has a meaningful relationship, during the process of professional counseling or of testing, to determine whether the patient or subject is infected with the virus, identified as being a sexual partner of the patient or subject. Disclosures may be made only if the physician or counselor, after making reasonable efforts to counsel and encourage the patient or subject to provide the information to the spouse or sexual partner, and if the disclosure is necessary to protect the health of the spouse or sexual partner. Such disclosures should, to the extent feasible, be made by the patient's or subject's treating physician or professional counselor. Before any patient or subject gives consent to being tested for the HIV, as part of pre- testing counseling, the patient or subject must be informed fully about these notification procedures.
22. Identifying information, including name, address, social security number, and other information as is reasonably necessary to identify such individual, may be disclosed to the National Practitioner Data Bank at the time of hiring and/or clinical privileging/re-privileging of health care practitioners, and other times as deemed necessary by VA, in order for VA to obtain information relevant to a Department decision concerning the hiring, privileging/re-privileging, retention or termination of the applicant or employee.
23. Relevant information may be disclosed to the National Practitioner Data Bank and/or State Licensing Board in the state(s) in which a practitioner is licensed, in which the VA facility is located, and/or in which an act or omission occurred upon which a medical malpractice claim was based when VA reports information concerning: (a) Any payment for the benefit of a physician, dentist, or other licensed health care practitioner which was made as the result of a settlement or judgment of a claim of medical malpractice, if an appropriate determination is made in accordance with Department policy that payment was related to substandard care, professional incompetence or professional misconduct on the part of the individual; (b) a final decision which relates to possible incompetence or improper professional conduct that adversely affects the clinical privileges of a physician or dentist for a period longer than 30 days; or, (c) the acceptance of the surrender of clinical privileges, or any restriction of such privileges by a physician or dentist, either while under investigation by the health care entity relating to possible incompetence or improper professional conduct, or in return for not conducting such an investigation or proceeding. These records may also be disclosed as part of a computer matching program to accomplish these purposes.
24. Relevant health care information may be disclosed to a state veterans home for the purpose of medical treatment and/or follow-up at the state home when VA makes payment of a per diem rate to the state home for the patient receiving care at such home, and the patient receives VA medical care.
25. Relevant health care information may be disclosed to (a) a Federal agency or non-VA health care provider or institution when VA refers a patient for hospital or nursing home care or medical services, or authorizes a patient to obtain non-VA medical services and the information is needed by the Federal agency or non-VA institution or provider to perform the services; or (b) a Federal agency or a non-VA hospital (Federal, state and local, public or private) or other medical installation having hospital facilities, blood banks, or similar institutions, medical schools or clinics, or other groups or individuals that have contracted or agreed to provide medical services, or share the use of medical resources under the provisions of 38 U.S.C 513, 7409, 8111, or 8153, when treatment is rendered by VA under the terms of such contract or agreement or the issuance of an authorization, and the information is needed for purposes of medical treatment and/or follow-up, determining entitlement to a benefit or, for VA to effect recovery of the costs of the medical care.
26. For program review purposes and the seeking of accreditation and/or certification, health care information may be disclosed to survey teams of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), College of American Pathologists, American Association of Blood Banks, and similar national accrediting agencies or boards with whom VA has a contract or agreement to conduct such reviews, but only to the extent that the information is necessary and relevant to the review.
27. Relevant health care information may be disclosed to a non-VA nursing home facility that is considering the patient for admission, when information concerning the individual's medical care is needed for the purpose of preadmission screening under 42 CFR 483.20(f), for the purpose of identifying patients who are mentally ill or mentally retarded, so they can be evaluated for appropriate placement.
28. Information from a named patient's VA medical record which relates to the performance of a health care student or provider may be disclosed to a medical or nursing school, or other health care related training institution, or other facility with which there is an affiliation, sharing agreement, contract, or similar arrangement when the student or provider is enrolled at or employed by the school or training institution, or other facility, and the information is needed for personnel management, rating and/or evaluation purposes.
29. Relevant health care information may be disclosed to individuals, organizations, private or public agencies, etc., with whom VA has a contract or sharing agreement for the provision of health care or administrative services.
30. Identifying information, including social security number, of veterans, spouse(s) of veterans, and dependents of veterans, may be disclosed to other Federal agencies for purposes of conducting computer matches, to obtain information to determine or verify eligibility of veterans who are receiving VA medical care under Title 38, U.S.C.
31. The name and social security number of a veteran, spouse and dependent, and other identifying information as is reasonably necessary may be disclosed to the Social Security Administration, Department of Health and Human Services (HHS), for the purpose of conducting a computer match to obtain information to validate the social security numbers maintained in VA records.
32. The patient name and relevant health care information concerning an adverse drug reaction of a patient may be disclosed to the Food and Drug Administration (FDA), HHS, for purposes of quality of care management, including detection, treatment, monitoring, reporting, analysis and follow-up actions relating to adverse drug reactions.
33. Patient identifying information may be disclosed to Federal agencies and VA and government-wide third-party insurers responsible for payment of the cost of medical care for the identified patients, in order for VA to seek recovery of the medical care costs. These records may also be disclosed as part of a computer matching program to accomplish these purposes.
34. Pursuant to 38 U.S.C. 7464, and notwithstanding sections 5701 and 7332, when requested by a VA employee or former VA employee (or a representative of the employee) whose case is under consideration by the VA Disciplinary Appeals Board, in connection with the considerations of the Board, records or information may be reviewed by or disclosed to the employee or former employee (or representative) to the extent the Board considers appropriate for purposes of the proceedings of the Board in that case, when authorized by the chairperson of the Board.
35. Disclosure by a physician or professional counselor that a patient is infected with Hepatitis C may be made to the spouse, the person or subject with whom the patient has a meaningful relationship with, or to an individual whom the patient or subject has identified as being a sexual partner of the patient or subject.
36. Disclosure may be made to the Federal Labor Relations Authority, including its General Counsel, when requested in connection with investigation and resolution of allegations of unfair labor practices, in connection with the resolution of exceptions to arbitrator awards when a question of material fact is raised and matters before the Federal Service Impasses Panel.

37. Disclosure may be made to officials of labor organizations recognized under 5 U.S.C. chapter 71 when relevant and necessary to their duties of exclusive representation concerning personnel policies, practices, and matters affecting working conditions.
38. Disclosure may be made to officials of the Merit Systems Protection Board, including the Office of the Special Counsel, when requested in connection with appeals, special studies of the civil service and other merit systems, review of rules and regulations, investigation of alleged or possible prohibited personnel practices, and such other functions promulgated in 5 U.S.C. 1205 and 1206, or as may be authorized by law.
39. Disclosure may be made to the Equal Employment Opportunity Commission when requested in connection with investigations of alleged or possible discrimination practices, examination of Federal affirmative employment programs, compliance with the Uniform Guidelines of Employee Selection Procedures, or other functions vested in the Commission by the President's Reorganization Plan No. 1 of 1978.
40. Relevant health care information may be disclosed to health and welfare agencies, housing resources and utility companies, possibly to be combined with disclosures to other agencies, in situations where VA needs to act quickly in order to provide basic and/or emergency needs for the veteran and veteran's family where the family resides with the veteran or serves as a caregiver.
41. Disclosure of health care information may be made to funeral directors or representatives of funeral homes in order to allow them to make necessary arrangements prior to and in anticipation of a veteran's impending death.
42. Disclosure of health care information may be made to the FDA, or a person subject to the jurisdiction of the FDA, with respect to FDA-regulated products for purposes of reporting adverse events, product defects or problems, or biological product deviations; tracking products; enabling product recalls, repairs, or replacement; and/or conducting post marketing surveillance.
43. Disclosure of individually-identifiable health care information may be made to a non-VA health care provider, such as DoD or IHS, for the purpose of treating any VA patient, including veterans.
44. Disclosure of information may be made to telephone company operators acting in a capacity to facilitate phone calls to/for hearing impaired individuals, such as veterans, veteran's family members, non-VA providers, etc., using Telephone Devices for the Hearing Impaired including Telecommunications Device for the Deaf (TDD) or Text Telephones (TTY).
45. In compliance with 38 U.S.C. 5313B(d), VA may disclose information to any Federal, state, local, tribal or foreign law enforcement agency in order to report a known fugitive felon.
46. Relevant health care information, excluding medical treatment information related to drug or alcohol abuse, infection with the human immunodeficiency virus or sickle cell anemia, and the names and home addresses of veterans and their dependents, may be disclosed by VA employees who are designated requesters (individuals who have completed a course offered or approved by an Organ Procurement Organization), or their designee for the purpose of determining suitability of a patient's organs or tissues for organ donation to an Organ Procurement Organization, a designated requester that is a non- VA employee, or their designees acting on behalf of local Organ Procurement Organizations.
47. Relevant heath care information may be disclosed to DoD, or its components, for individuals treated under 38 U.S.C. 8111A for the purposes deemed necessary by appropriate military command authorities to assure proper execution of the military mission.

Policies and practices for storing, retrieving, accessing, retaining, and disposing of records in the system:

Storage:
Records are maintained on paper, microfilm, electronic media or laser optical media in the consolidated health record at the health care facility where care was rendered, in the VA Health Data Repository, and at Federal Record Centers. In most cases, copies of back-up computer files are maintained at off-site locations. Subsidiary record information is maintained at the various respective services within the health care facility (e.g., Pharmacy, Fiscal, Dietetic, Clinical Laboratory, Radiology, Social Work, Psychology, etc.) and by individuals, organizations, and/or agencies with whom VA has a contract or agreement to perform such services, as the VA may deem practicable.

Paper records are currently being relocated from Federal record centers to the VA Records Center and Vault. It is projected that all paper records will be stored at the VA Records Center and Vault by the end of the calendar year 2004.

Retrievability:
Records are retrieved by name, social security number or other assigned identifiers of the individuals on whom they are maintained.

Safeguards:

1. Access to working spaces and patient medical record storage areas in VA health care facilities is restricted to authorized VA employees. Generally, file areas are locked after normal duty hours. Health care facilities are protected from outside access by the Federal Protective Service and/or other security personnel. Access to patient medical records is restricted to VA employees who have a need for the information in the performance of their official duties. Sensitive patient medical records, including employee patient medical records, records of public figures, or other sensitive patient medical records are generally stored in separate locked files or a similar electronically controlled access environment. Strict control measures are enforced to ensure that access to and disclosures from these patient medical records are limited.
2. Access to computer rooms within health care facilities is generally limited by appropriate locking devices and restricted to authorized VA employees and vendor personnel. ADP peripheral devices are generally placed in secure areas (areas that are locked or have limited access) or are otherwise protected. Only authorized VA employees or vendor employees may access information in the system. Access to file information is controlled at two levels: the system recognizes authorized employees by a series of individually unique passwords/codes as a part of each data message, and the employees are limited to only that information in the file that is needed in the performance of their official duties. Information that is downloaded and maintained on personal computers must be afforded similar storage and access protections as the data that is maintained in the original files. Access by remote data users such as Veteran Outreach Centers, Veteran Service Officers (VSO) with power of attorney to assist with claim processing, VBA Regional Office staff for benefit determination and processing purposes, OIG staff conducting official audits or investigations and other authorized individuals is controlled in the same manner.
3. Access to the VA National Data Centers is generally restricted to Center employees, custodial personnel, Federal Protective Service and other security personnel. Access to computer rooms is restricted to authorized operational personnel through electronic locking devices. All other persons gaining access to computer rooms are escorted. Information stored in the computer may be accessed by authorized VA employees at remote locations including VA health care facilities, VA Central Office, Veterans Integrated Service Networks (VISNs), and OIG Central Office and field staff. Access is controlled by individually unique passwords/codes that must be changed periodically by the employee.
4. Access to the VA Health Data Repository (HDR), located at the VA National Data Centers, is generally restricted to Center employees, custodial personnel, Federal Protective Service and other security personnel. Access to computer rooms is restricted to authorized operational personnel through electronic locking devices. All other persons gaining access to computer rooms are escorted. Information stored in the computer may be accessed by authorized VA

employees at remote locations including VA health care facilities, VA Central Office, VISNs, and OIG Central Office and field staff. Access is controlled by individually unique passwords/codes that must be changed periodically by the employee.

5. Access to records maintained at VA Central Office, the VA Boston Development Center, Chief Information Office Field Offices, and VISNs is restricted to VA employees who have a need for the information in the performance of their official duties. Access to information stored in electronic format is controlled by individually unique passwords/codes. Records are maintained in manned rooms during working hours. The facilities are protected from outside access during non-working hours by the Federal Protective Service or other security personnel.
6. Computer access authorizations, computer applications available and used, information access attempts, frequency and time of use are recorded.

Retention and disposal:
In accordance with the records disposition authority approved by the Archivist of the United States, paper records and information stored on electronic storage media are maintained for 75 years after the last episode of patient care then destroyed/deleted.

System manager(s) and address:

Patient Medical Record: Director, Information Assurance (19F), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420.

Health Data Repository: Director, Health Data Systems (19-SL), Department of Veterans Affairs, 295 Chipeta Way, Salt Lake City, UT 84108.

Notification procedure:
An individual who wishes to determine whether a record is being maintained in this system under his or her name or other personal identifier, or wants to determine the contents of such record, should submit a written request or apply in person to the last VA health care facility where care was rendered. Addresses of VA health care facilities may be found in VA Appendix 1 of the Biennial Publication of Privacy Act Issuances. All inquiries must reasonably identify the portion of the medical record involved and the place and approximate date that medical care was provided. Inquiries should include the patient's full name, social security number and return address.

Record access procedure:
Individuals seeking information regarding access to and contesting of VA medical records may write, call or visit the last VA facility where medical care was provided.

Contesting record procedures:
(See Record Access Procedures above.)

Record source categories:
The patient, family members or accredited representative, and friends, employers; military service departments; health insurance carriers; private medical facilities and health care professionals; state and local agencies; other Federal agencies; VA Regional Offices, Veterans Benefits Administration automated record systems (including Veterans and Beneficiaries Identification and Records Location Subsystem-VA (38VA23) and the Compensation, Pension, Education and Rehabilitation Records-VA (58VA21/22/28); and various automated systems providing clinical and managerial support at VA health care facilities.

Back to Index

DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900–0649]

Agency Information Collection (National Registry of Veterans With Amyotrophic Lateral Sclerosis) Activities Under OMB Review

AGENCY: Veterans Health Administration, Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501–3521), this notice announces that the Veterans Health Administration (VHA), Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden and includes the actual data collection instrument.

DATES: Comments must be submitted on or before December 21, 2009.

ADDRESSES: Submit written comments on the collection of information through *http://www.Regulations.gov*; or to VA's OMB Desk Officer, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503, (202) 395–7316. Please refer to ''OMB Control No. 2900–0649'' in any correspondence.

FOR FURTHER INFORMATION CONTACT: Denise McLamb, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 461–7485, fax (202) 273–0443 or e-mail *denise.mclamb@mail.va.gov.* Please refer to ''OMB Control No. 2900–0649.''

SUPPLEMENTARY INFORMATION:

Titles:

a. ALS Registry Screening Form, VA Form 10–21047.

b. Biannual Telephone National Registry of Veterans with ALS, VA Form 10–21047a.

c. Verbal Informed Consent VIA Telephone, National Registry of Veterans with ALS, VA Form 10–21047b.

OMB Control Number: 2900–0649.

Type of Review: Extension of a currently approved collection.

Abstract: ALS is a disease of high priority to the Department of Veterans Affairs because of ongoing concerns about the health of veterans who served in the Gulf War. The creation of the registry will have significance both for VA and for the larger U.S. society in understanding the natural history of ALS. It will provide VA with crucial epidemiological data on the current population of veterans with ALS, as well as the ongoing identification of new cases. The data will help VA to understand how veterans are affected by ALS and may assist with early identification of new ALS clusters. This registry will provide a mechanism for informing veterans with ALS of new clinical drug trials and other studies.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published on September 14, 2009, at page 47042.

Affected Public: Individuals or households.

Estimated Annual Burden: 882.

Estimated Average Burden Per Respondent: 29 minutes.

Frequency of Response: Semi-annually.

Estimated Number of Respondents: 1,808.

Dated: November 16, 2009.

By direction of the Secretary.

Denise McLamb,

Program Analyst, Enterprise Records Service.

[FR Doc. E9–27784 Filed 11–18–09; 8:45 am]

BILLING CODE 8320–01–P

DEPARTMENT OF VETERANS AFFAIRS

Privacy Act of 1974; System of Records

AGENCY: Department of Veterans Affairs (VA)

ACTION: Notice of amendment to system of records.

SUMMARY: As required by the Privacy Act of 1974, 5 U.S.C. 552a(e), notice is hereby given that the Department of Veterans Affairs (VA) is amending the system of records currently entitled ''Patient Medical Records–VA'' (24VA19) as set forth in the **Federal Register**, 69 FR 18428 (Apr. 7, 2004). VA is amending the system by revising the Categories of Records in the System, and Routine Uses of Records Maintained in the System, Including Categories of Users and the Purposes of Such Uses; and Policies and Practices for Storing, Retrieving, Accessing, Retaining, and Disposing of Records in the System. VA is republishing the system notice in its entirety.

DATES: Comments on the amendment of this system of records must be received no later than December 21, 2009. If no public comment is received, the amended system will become effective December 21, 2009.

ADDRESSES: Written comments may be submitted through *http://www.Regulations.gov*; by mail or hand-delivery to Director, Regulations Management (02REG), Department of Veterans Affairs, 810 Vermont Avenue, NW., Room 1068, Washington, DC 20420; or by fax to (202) 273–9026. (This is not a toll-free number). Copies of comments received will be available for public inspection in the Office of Regulation Policy and Management, Room 1063B, between the hours of 8 a.m. and 4:30 p.m., Monday through Friday (except holidays). Please call (202) 461–4902 (this is not a toll-free number) for an appointment. In addition, during the comment period, comments may be viewed online through the Federal Docket Management System (FDMS) at *http://www.Regulations.gov*.

FOR FURTHER INFORMATION CONTACT: Veterans Health Administration (VHA) Privacy Officer, Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420; telephone (704) 245–2492.

SUPPLEMENTARY INFORMATION: The Patient Medical Records–VA (24VA19) system of records is amended to clarify the records in the system, to clarify records storage, and to clarify and add routine use disclosure statements.

Categories of Records in the System is amended to reflect subsidiary record information such as minimum data sets (MDS) being included in the consolidated health record (CHR).

Practices for Storing, Retrieving, Accessing, Retaining, and Disposing of Records in the System is amended to reflect records being maintained on electronic media, which includes images and scanned documents.

Routine use thirteen (13) is amended to add the phrase ''or designee, such as the Medical Center Director of the facility where the information is maintained'' after ''Under Secretary for Health.'' This language clarifies that designated individuals may approve the disclosure of information from records maintained at their facilities for the purpose of research.

Routine use fourteen (14) is amended to add the language ''health information, including.'' This language clarifies that not only names and addresses of veterans but any health information about veterans may also be disclosed for Federal research.

Routine use fifteen (15) is amended to permit disclosure to the Department of

Justice or other Federal agencies in litigation or other administrative or adjudicative proceedings that involve VA, a VA employee, or the Federal government. This language clarifies that, in addition to judicial proceedings in which VA is a party, information may be disclosed in non-judicial administrative or adjudicative proceedings and in proceedings where the Federal government is a party.

Routine use twenty-one (21) is amended to clarify that, consistent with § 7332, disclosure that a patient is infected with the human immunodeficiency virus may be made to an individual identified by the patient during counseling or testing for the virus as a sexual partner.

Routine use twenty-three (23) is amended to delete the phrase ''the acceptance of'' in order to clarify that a health care provider's surrender of or restriction on his or her privileges may not be a material factor in the decision to report the practitioner to the National Practitioner Data Bank or a State Licensing Board.

Routine use forty-three (43) is amended to add the language ''private health care providers or hospitals, DoD, or IHS providers.'' This language clarifies that VHA may disclose health information to all non-VA health care providers, including Federal, private, and public providers, for the purpose of treating veterans.

Routine use forty-six (46) is amended to delete the language excluding medical treatment information related to drug or alcohol abuse, infection with the human immunodeficiency virus, or sickle cell anemia, and the names and home addresses of veterans and their dependents from the routine use. Congress enacted legislation to allow for the disclosure of information protected by 38 U.S.C. 5701 and 7332 to organ procurement organizations for the purpose of determining suitability of patients' organs or tissues for organ donation when death is imminent. This routine use allows VHA to honor the wishes of veterans to be organ donors.

Routine use forty-seven (47) is amended to clarify that the disclosure of information to DoD with respect to the transition, health care, benefits, and administrative needs of or for active duty service members or reserve components, veterans, and their beneficiaries is not limited to times of war or national emergency.

The following routine use disclosure statements are added:

Routine use forty-eight (48) states that disclosure to other Federal agencies may be made to assist those agencies in preventing and detecting possible fraud or abuse by individuals in their operations and programs. This routine use permits disclosures by the Department to report or respond to a suspected or confirmed incident of identity theft and provide information and/or documentation related to or in support of the reported incident.

Routine use forty-nine (49) states that VA may, on its own initiative, disclose any information or records to appropriate agencies, entities, and persons when (1) VA suspects or has confirmed that the integrity or confidentiality of information in the system of records has been compromised; (2) the Department has determined that as a result of the suspected or confirmed compromise, there is a risk of embarrassment or harm to the reputations of the record subjects, harm to economic or property interests, identity theft or fraud, or harm to the security, confidentiality, or integrity of this system or other systems or programs (whether maintained by the Department or another agency or entity) that rely upon the potentially compromised information; and (3) the disclosure is to agencies, entities, or persons whom VA determines are reasonably necessary to assist or carry out the Department's efforts to respond to the suspected or confirmed compromise and prevent, minimize, or remedy such harm. This routine use permits disclosures by the Department to report or respond to a suspected or confirmed data breach, including the conduct of any risk analysis or provision of credit protection services as provided in 38 U.S.C. 5724, as the terms are defined in § 5727.

Routine use fifty (50) states that information may be disclosed from this system of records to any third party or Federal agency, including contractors to those parties, that is responsible for payment of the cost of medical care for the identified patients, in support of VA recovery of medical care costs or for any activities related to payment of medical care costs. These records may also be disclosed as part of a computer matching program to accomplish these purposes. This routine use permits disclosure to third party payers or their contractors for purposes relating to audit of payment and claims management processes.

Routine use fifty-one (51) states that relevant information from this system of records may be disclosed to a quality review and/or peer review organization in connection with the audit of claims or other review activities, to determine quality of care or compliance with professionally accepted claims processing standards. This routine use permits disclosure of information for quality assessment audits received by Healthcare Effectiveness Data and Information Set or similar auditors.

Routine use fifty-two (52) permits the disclosure of health care information as deemed necessary and proper to Federal, State, and local government agencies and national health organizations in order to assist in the development of programs that will be beneficial to claimants, protect their rights under law, and ensure that they are receiving all benefits to which they are entitled. This routine use allows VHA to provide initial and follow-up abstracts to state central cancer registries charged with the protection of public health. A follow-up cancer abstract is generated by the state central cancer registry to the provider who initially reported the cancer case. The American College of Surgeons, Commission on Cancer, requires a 90% follow-up on all cancer patients for purposes of accreditation which in turn demonstrates a high-quality cancer program.

Routine use fifty-three (53) authorizes the disclosure of information to a former VA employee or contractor, as well as the authorized representative of a current or former employee or contractor of VA, in defense or reasonable anticipation of litigation against the individual regarding health care provided during his or her employment or contract with VA.

Routine use fifty-four (54) permits such disclosure when the former employee's or contractor's information or consultation assistance is necessary in a pending or reasonably anticipated tort claim, litigation, or other administrative or judicial proceeding that involves VA.

Routine use fifty-five (55) allows such disclosure in connection with or consideration of the reporting of that individual to the National Practitioner Data Bank or a state licensing board with respect to the payment of a medical malpractice settlement, a decision relating to possible incompetence or improper professional conduct, or surrender or restriction of privileges while under investigation.

Routine use fifty-six (56) authorizes such disclosure in connection with or in consideration of reporting that individual to a state licensing board for failure to conform to generally accepted standards of professional medical practice.

Routine use fifty-seven (57) also permits such disclosure in administrative proceedings before the Equal Employment Opportunity Commission.

Finally, routine use fifty-eight (58) authorizes such disclosure in administrative proceedings before the Merit Systems Protection Board or the Office of the Special Counsel.

The Department has also made minor edits to the system notice, including routine uses, for grammar and clarity purposes. These changes are not, and are not intended to be, substantive.

The Report of Intent to Amend a System on Records Notice and an advance copy of the system notice have been sent to the appropriate Congressional committees and to the Director of the Office of Management and Budget (OMB) as required by the Privacy Act, 5 U.S.C. 552a(r), and guidelines issued by OMB, 65 FR 77677, (Dec. 12, 2000).

Approved: October 30, 2009.

John R. Gingrich,

Chief of Staff, Department of Veterans Affairs.

24VA19

SYSTEM NAME:

Patient Medical Records–VA

SYSTEM LOCATION:

Records are maintained at each VA health care facility (in most cases, back-up information is stored at off-site locations). Subsidiary record information is maintained at the various respective services within the health care facility (*e.g.*, Pharmacy, Fiscal, Dietetic, Clinical Laboratory, Radiology, Social Work, Psychology) and by individuals, organizations, and/or agencies with which VA has a contract or agreement to perform such services, as VA may deem practicable.

Address locations for VA facilities are listed in Appendix 1 of the biennial publication of the VA Privacy Act Issuances. In addition, information from these records or copies of these records may be maintained at the Department of Veteran Affairs Central Office, 810 Vermont, NW., Washington, DC 20420; VA National Data Centers; VA Health Data Repository (HDR), located at the VA National Data Centers; VA Chief Information Office (CIO) Field Offices; Veterans Integrated Service Networks; and Regional and General Counsel Offices.

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

1. Veterans who have applied for health care services under Chapter 17 of Title 38, United States Code, and members of their immediate families;

2. Spouses, surviving spouses, and children of veterans who have applied for health care services under Chapter 17 of Title 38, United States Code;

3. Beneficiaries of other Federal agencies;

4. Individuals examined or treated under contract or resource sharing agreements;

5. Individuals examined or treated for research or donor purposes;

6. Individuals who have applied for Title 38 benefits but who do not meet the requirements under Title 38 to receive such benefits;

7. Individuals who were provided medical care under emergency conditions for humanitarian reasons; and

8. Pensioned members of allied forces provided health care services under Chapter I of Title 38, United States Code.

CATEGORIES OF RECORDS IN THE SYSTEM:

The patient medical record is a consolidated health record (CHR) which may include:

(i) An administrative (non-clinical information) record (*e.g.,* medical benefit application and eligibility information) including information obtained from Veterans Benefits Administration automated records such as the Veterans and Beneficiaries Identification and Records Locator Subsystem-VA (38VA23) and the Compensation, Pension, Education and Rehabilitation Records-VA (58VA21/22/28), and correspondence about the individual;

(ii) A medical record (a cumulative account of sociological, diagnostic, counseling, rehabilitation, drug and alcohol, dietetic, medical, surgical, dental, psychological, and/or psychiatric information compiled by VA professional staff and non-VA health care providers), and

(iii) Subsidiary record information (*e.g.,* tumor registry, minimum data set, dental, pharmacy, nuclear medicine, clinical laboratory, radiology, and patient scheduling information). The consolidated health record may include identifying information (*e.g.,* name, address, date of birth, VA claim number, social security number); military service information (*e.g.,* dates, branch and character of service, service number, medical information); family information (*e.g.,* next of kin and person to notify in an emergency; address information, name, social security number and date of birth for veteran's spouse and dependents; family medical history information); employment information (*e.g.,* occupation, employer name and address); financial information (*e.g.,* family income; assets; expenses; debts; amount and source of income for veteran, spouse, and dependents); third-party health plan contract information (*e.g.,* health insurance carrier name and address, policy number, amounts billed and paid); and information pertaining to the individual's medical, surgical, psychiatric, dental, and/or psychological examination, evaluation, and/or treatment (*e.g.,* information related to the chief complaint and history of present illness; information related to physical, diagnostic, therapeutic special examinations; clinical laboratory, pathology and x-ray findings; operations; medical history; medications prescribed and dispensed; treatment plan and progress; consultations; photographs taken for identification and medical treatment; education and research purposes; facility locations where treatment is provided; observations and clinical impressions of health care providers to include identity of providers and to include, as appropriate, the present state of the patient's health; and an assessment of the patient's emotional, behavioral, and social status, as well as an assessment of the patient's rehabilitation potential and nursing care needs). Abstract information (*e.g.,* environmental, epidemiological and treatment regimen registries) is maintained in auxiliary paper and automated records.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

Title 38, United States Code, Sections 501(b) and 304.

PURPOSE(S):

The paper and automated records may be used for such purposes as: Ongoing treatment of the patient; documentation of treatment provided; payment; health care operations such as producing various management and patient follow-up reports; responding to patient and other inquiries; for epidemiological research and other health care related studies; statistical analysis, resource allocation and planning; providing clinical and administrative support to patient medical care; determining entitlement and eligibility for VA benefits; processing and adjudicating benefit claims by Veterans Benefits Administration Regional Office (VARO) staff; for audits, reviews, and investigations conducted by staff of the health care facility, the networks, VA Central Office, and the VA Office of Inspector General (OIG); sharing of health information between and among Veterans Health Administration (VHA), Department of Defense (DoD), Indian Health Services (IHS), and other government and private industry health care organizations; law enforcement investigations; quality assurance audits,

reviews, and investigations; personnel management and evaluation; employee ratings and performance evaluations; and employee disciplinary or other adverse action, including discharge; advising health care professional licensing or monitoring bodies or similar entities of activities of VA and former VA health care personnel; accreditation of a facility by an entity such as the Joint Commission (JCAHO); and notifying medical schools of medical students' performance and billing.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USES:

To the extent that records contained in the system include information protected by 45 CFR parts 160 and 164, *i.e.,* individually identifiable health information, and 38 U.S.C. 7332, *i.e.,* medical treatment information related to drug abuse, alcoholism or alcohol abuse, sickle cell anemia, or infection with the human immunodeficiency virus, that information may not be disclosed under a routine use unless there is also specific statutory authority in 38 U.S.C. 7332 and regulatory authority in 45 CFR parts 160 and 164 permitting disclosure.

1. VA may disclose health care information as deemed necessary and proper to Federal, State, and local government agencies and national health organizations in order to assist in the development of programs that will be beneficial to claimants, protect their rights under law, and assure that they are receiving all benefits to which they are entitled.

2. VA may disclose health care information furnished and the period of care, as deemed necessary and proper to accredited service organization representatives and other approved agents, attorneys, and insurance companies to aid claimants whom they represent in the preparation, presentation, and prosecution of claims under laws administered by VA, or State or local agencies.

3. VA may disclose on its own initiative any information, except the names and addresses of veterans and their dependents, that is relevant to a suspected or reasonably imminent violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general or program statute or by regulation, rule, or order issued pursuant thereto, to a Federal, State, local, tribal, or foreign agency charged with the responsibility of investigating or prosecuting such violation, or charged with enforcing or implementing the statute, regulation, rule, or order. On its own initiative, VA may also disclose the names and addresses of veterans and their dependents to a Federal agency charged with the responsibility of investigating or prosecuting civil, criminal, or regulatory violations of law, or charged with enforcing or implementing the statute, regulation, rule, or order issued pursuant thereto.

4. VA may disclose information to a Federal agency or the District of Columbia government, in response to its request, in connection with the hiring or retention of an employee and the issuance of a security clearance as required by law, the reporting of an investigation of an employee, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision.

5. Health care information may be disclosed by appropriate VA personnel to the extent necessary and on a need-to-know basis, consistent with good medical-ethical practices, to family members and/or the person(s) with whom the patient has a meaningful relationship.

6. In response to an inquiry from a member of the general public about a named individual, VA may disclose the patient's name, presence (and location when needed for visitation purposes) in a medical facility, and general condition that does not reveal specific medical information (*e.g.,* satisfactory, seriously ill).

7. In the course of presenting evidence to a court, magistrate, or administrative tribunal in matters of guardianship, inquests, and commitments, VA may disclose relevant information to private attorneys representing veterans rated incompetent in conjunction with issuance of certificates of incompetency and to probation and parole officers in connection with court-required duties.

8. VA may disclose relevant information to a guardian ad litem in relation to his or her representation of a claimant in any legal proceeding.

9. VA may disclose information to a member of Congress or a congressional staff member in response to an inquiry from the congressional office made at the request of that individual.

10. VA may disclose name(s) and address(es) of present or former members of the armed services and/or their dependents under certain circumstances: (a) To any nonprofit organization, if the release is directly connected with the conduct of programs and the utilization of benefits under Title 38, or (b) to any criminal or civil law enforcement governmental agency or instrumentality charged under applicable law with the protection of the public health or safety, if a qualified representative of such organization, agency, or instrumentality has made a written request for such name(s) or address(es) for a purpose authorized by law, provided that the records will not be used for any purpose other than that stated in the request and that the organization, agency, or instrumentality is aware of the penalty provision of 38 U.S.C. 5701(f).

11. VA may disclose the nature of the patient's illness, probable prognosis, estimated life expectancy, and need for the presence of the related service member to the American Red Cross for the purpose of justifying emergency leave.

12. VA may disclose relevant information to attorneys, insurance companies, employers, third parties liable or potentially liable under health plan contracts, and courts, boards, or commissions, to the extent necessary to aid VA in the preparation, presentation, and prosecution of claims authorized under Federal, State, or local laws, and regulations promulgated thereunder.

13. VA may disclose health information for research purposes determined to be necessary and proper to epidemiological and other research entities approved by the Under Secretary for Health or designee, such as the Medical Center Director of the facility where the information is maintained.

14. VA may disclose health information, including the name(s) and address(es) of present or former personnel of the Armed Services and/or their dependents, (a) to a Federal department or agency or (b) directly to a contractor of a Federal department or agency, at the written request of the head of the agency or the designee of the head of that agency, to conduct Federal research necessary to accomplish a statutory purpose of an agency. When this information is to be disclosed directly to the contractor, VA may impose applicable conditions on the department, agency, and/or contractor to ensure the appropriateness of the disclosure to the contractor.

15. VA may disclose relevant information to the Department of Justice or other Federal agencies in pending or reasonably anticipated litigation or other proceedings before a court, administrative body, or other adjudicative tribunal, when:

(a) VA or any subdivision thereof;

(b) Any VA employee in his or her official capacity;

(c) Any VA employee in his or her individual capacity, where DoJ has agreed to represent the employee; or

(d) The United States, where VA determines that the proceedings are likely to affect the operations of VA or any of its components is a party to or has an interest in the proceedings, and VA determines that the records are relevant and necessary to the proceedings.

16. Health care information may be disclosed by the examining VA physician to a non-VA physician when that non-VA physician has referred the individual to VA for medical care.

17. VA may disclose records to the National Archives and Records Administration and the General Services Administration in records management inspections and other activities conducted under Title 44.

18. VA may disclose health care information concerning a non-judicially declared incompetent patient to a third party upon the written authorization of the patient's next of kin in order for the patient or, consistent with the best interest of the patient, a member of the patient's family, to receive a benefit to which the patient or family member is entitled or to arrange for the patient's discharge from a VA medical facility. Sufficient information to make an informed determination will be made available to such next of kin. If the patient's next of kin is not reasonably accessible, the chief of staff, director, or designee of the custodial VA medical facility may make the disclosure for these purposes.

19. VA may disclose information to a Federal agency, a state or local government licensing board, and/or the Federation of State Medical Boards or a similar non-governmental entity that maintains records concerning individuals' employment histories or concerning the issuance, retention, or revocation of licenses, certifications, or registration necessary to practice an occupation, profession, or specialty, to inform the entity about the health care practices of a terminated, resigned, or retired health care employee whose professional health care activity so significantly failed to conform to generally accepted standards of professional medical practice as to raise reasonable concern for the health and safety of patients in the private sector or from another Federal agency. These records may also be disclosed as part of an ongoing computer matching program to accomplish these purposes.

20. VA may disclose information maintained in connection with the performance of any program or activity relating to infection with the Human Immunodeficiency Virus (HIV) to a Federal, State, or local public health authority that is charged under Federal or State law with the protection of the public health, and to which Federal or state law requires disclosure of such record, if a qualified representative of such authority has made a written request that such record be provided as required pursuant to such law for a purpose authorized by the law. The person to whom information is disclosed, under 38 U.S.C. 7332(b)(2)(C), should be advised that they shall not re-disclose or use such information for a purpose other than that for which the disclosure was made. The disclosure of patient name and address under this routine use must comply with the provisions of 38 U.S.C. 5701(f)(2).

21. Information indicating that a patient or subject is infected with the Human Immunodeficiency Virus (HIV) may be disclosed by a physician or professional counselor to the spouse of the patient or subject, to an individual with whom the patient or subject has a meaningful relationship, or to an individual whom the patient or subject has during the process of professional counseling or of testing to determine whether the patient or subject is infected with the virus, identified as being a sexual partner of the patient or subject. Disclosures may be made only if the physician or counselor, after making reasonable efforts to counsel and encourage the patient or subject to provide the information to the spouse or sexual partner, reasonably believes that the patient or subject will not provide the information to the spouse or sexual partner and that the disclosure is necessary to protect the health of the spouse or sexual partner. Such disclosures should, to the extent feasible, be made by the patient's or subject's treating physician or professional counselor. Before any patient or subject gives consent to being tested for the HIV, as part of pre-testing counseling, the patient or subject must be informed fully about these notification procedures.

22. VA may disclose information, including name, address, social security number, and other information as is reasonably necessary to identify an individual, to the National Practitioner Data Bank at the time of hiring and/or clinical privileging/re-privileging of health care practitioners, and other times as deemed necessary by VA, in order for VA to obtain information relevant to a Department decision concerning the hiring, privileging/re-privileging, retention, or termination of the applicant or employee.

23. VA may disclose relevant information to the National Practitioner Data Bank and/or State Licensing Board in the state(s) in which a practitioner is licensed, the VA facility is located, and/or an act or omission occurred upon which a medical malpractice claim was based, when VA reports information concerning: (a) Any payment for the benefit of a physician, dentist, or other licensed health care practitioner which was made as the result of a settlement or judgment of a claim of medical malpractice, if an appropriate determination is made in accordance with Department policy that payment was related to substandard care, professional incompetence or professional misconduct on the part of the individual; (b) a final decision which relates to possible incompetence or improper professional conduct that adversely affects the clinical privileges of a physician or dentist for a period longer than 30 days; or (c) the surrender of clinical privileges or any restriction of such privileges by a physician or dentist, either while under investigation by the health care entity relating to possible incompetence or improper professional conduct. These records may also be disclosed as part of a computer matching program to accomplish these purposes.

24. VA may disclose relevant health care information to a state veterans home for the purpose of medical treatment and/or follow-up at the state home when VA makes payment of a per diem rate to the state home for the patient receiving care at such home, and the patient receives VA medical care.

25. VA may disclose relevant health care information to (a) a Federal agency or non-VA health care provider or institution when VA refers a patient for hospital or nursing home care or medical services, or authorizes a patient to obtain non-VA medical services, and the information is needed by the Federal agency or non-VA institution or provider to perform the services, or (b) a Federal agency or a non-VA hospital (Federal, State and local, public, or private) or other medical installation having hospital facilities, blood banks, or similar institutions, medical schools or clinics, or other groups or individuals that have contracted or agreed to provide medical services or share the use of medical resources under the provisions of 38 U.S.C. 513, 7409, 8111, or 8153, when treatment is rendered by VA under the terms of such contract or agreement, or the issuance of an authorization, and the information is needed for purposes of medical treatment and/or follow-up, determining entitlement to a benefit, or recovery of the costs of the medical care.

26. VA may disclose health care information for program review

purposes and the seeking of accreditation and/or certification to survey teams of the Joint Commission (JCAHO), College of American Pathologists, American Association of Blood Banks, and similar national accrediting agencies or boards with which VA has a contract or agreement to conduct such reviews, but only to the extent that the information is necessary and relevant to the review.

27. VA may disclose relevant health care information to a non-VA nursing home facility that is considering the patient for admission, when information concerning the individual's medical care is needed for the purpose of preadmission screening under 42 CFR 483.20(f), to identify patients who are mentally ill or mentally retarded so they can be evaluated for appropriate placement.

28. VA may disclose information which relates to the performance of a health care student or provider to a medical or nursing school or other health care related training institution, or other facility with which VA has an affiliation, sharing agreement, contract, or similar arrangement, when the student or provider is enrolled at or employed by the school, training institution, or other facility, and the information is needed for personnel management, rating, and/or evaluation purposes.

29. VA may disclose relevant health care information to individuals, organizations, and private or public agencies with which VA has a contract or sharing agreement for the provision of health care or administrative services.

30. VA may disclose identifying information, including social security number of a veteran, spouse, and dependent, to other Federal agencies for purposes of conducting computer matches to obtain information to determine, or to verify eligibility of veterans who are receiving VA medical care under Title 38.

31. VA may disclose the name and social security number of a veteran, spouse, and dependent, and other identifying information as is reasonably necessary, to the Social Security Administration, Department of Health and Human Services (HHS), for the purpose of conducting a computer match to obtain information to validate the social security numbers maintained in VA records.

32. VA may disclose the patient's name and relevant health care information concerning an adverse drug reaction to the Food and Drug Administration (FDA), HHS, for purposes of quality of care management, including detection, treatment, monitoring, reporting, analysis, and follow-up actions relating to adverse drug reactions.

33. VA may disclose information to Federal agencies and government-wide third-party insurers responsible for payment of the cost of medical care for the patients, in order for VA to seek recovery of the medical care costs. These records may also be disclosed as part of a computer matching program to accomplish these purposes.

34. VA may disclose information pursuant to 38 U.S.C. 7464, and notwithstanding §§ 5701 and 7332, to a former VA employee, as well as an authorized representative of the employee, whose case is under consideration by the VA Disciplinary Appeals Board, in connection with the considerations of the Board, to the extent the Board considers appropriate for purposes of the proceedings of the Board in that case, when authorized by the chairperson of the Board.

35. Information that a patient is infected with Hepatitis C may be disclosed by a physician or professional counselor to the spouse, the person or subject with whom the patient has a meaningful relationship, or an individual whom the patient or subject has identified as being a sexual partner of the patient or subject.

36. VA may disclose to the Federal Labor Relations Authority, including its General Counsel, information related to the establishment of jurisdiction, investigation, and resolution of allegations of unfair labor practices, or in connection with the resolution of exceptions to arbitration awards when a question of material fact is raised in matters before the Federal Service Impasses Panel.

37. VA may disclose information to officials of labor organizations recognized under 5 U.S.C. Chapter 71 when relevant and necessary to their duties of exclusive representation concerning personnel policies, practices, and matters affecting working conditions.

38. VA may disclose information to officials of the Merit Systems Protection Board, including the Office of the Special Counsel, when requested in connection with appeals, special studies of the civil service and other merit systems, review of rules and regulations, investigation of alleged or possible prohibited personnel practices, such other functions promulgated in 5 U.S.C. 1205 and 1206, or as otherwise authorized by law.

39. VA may disclose information to the Equal Employment Opportunity Commission when requested in connection with investigations of alleged or possible discrimination practices, examinations of Federal affirmative employment programs, compliance with the Uniform Guidelines of Employee Selection Procedures, or other functions of the Commission as authorized by law or regulation.

40. VA may disclose relevant health care information to health and welfare agencies, housing resources, and utility companies, possibly to be combined with disclosures to other agencies, in situations where VA needs to act quickly in order to provide basic and/or emergency needs for the patient and patient's family where the family resides with the patient or serves as a caregiver.

41. VA may disclose health care information to funeral directors or representatives of funeral homes in order for them to make necessary arrangements prior to and in anticipation of a patient's death.

42. VA may disclose health care information to the FDA, or a person subject to the jurisdiction of the FDA, with respect to FDA-regulated products for purposes of reporting adverse events, product defects or problems, or biological product deviations; tracking products; enabling product recalls, repairs, or replacement; and/or conducting post marketing surveillance.

43. VA may disclose health care information to a non-VA health care provider, such as private health care providers or hospitals, DoD, or IHS providers, for the purpose of treating VA patients.

44. VA may disclose information to telephone company operators acting in their capacity to facilitate phone calls for hearing impaired individuals, such as patients, patients' family members, or non-VA providers, using telephone devices for the hearing impaired, including Telecommunications Device for the Deaf (TDD) or Text Telephones (TTY).

45. VA may disclose information to any Federal, State, local, tribal, or foreign law enforcement agency in order to report a known fugitive felon, in compliance with 38 U.S.C. 5313B(d).

46. Relevant health care information may be disclosed by VA employees who are designated requesters (individuals who have completed a course offered or approved by an Organ Procurement Organization), or their designees, for the purpose of determining suitability of a patient's organs or tissues for organ donation to an organ procurement organization, a designated requester who is not a VA employee, or their designees acting on behalf of local organ procurement organizations.

47. VA may disclose relevant heath care information to DoD, or its components, as necessary in addressing the transition, health care, benefits, and administrative support needs of or for wounded, ill, and injured active duty service members or reserve components, veterans, and their beneficiaries.

48. VA may disclose information to other Federal agencies in order to assist those agencies in preventing, detecting, and responding to possible fraud or abuse by individuals in their operations and programs.

49. VA may, on its own initiative, disclose any information to appropriate agencies, entities, and persons when (1) VA suspects or has confirmed that the integrity or confidentiality of information in the system of records has been compromised; (2) the Department has determined that as a result of the suspected or confirmed compromise, there is a risk of embarrassment or harm to the reputations of the record subjects, harm to economic or property interests, identity theft or fraud, or harm to the security, confidentiality, or integrity of this system or other systems or programs (whether maintained by the Department or another agency or entity) that rely upon the potentially compromised information; and (3) the disclosure is to agencies, entities, or persons whom VA determines are reasonably necessary to assist or carry out the Department's efforts to report or respond to the suspected or confirmed compromise and prevent, minimize, or remedy such harm.

50. VA may disclose information to any third party or Federal agency, including contractors to those parties, who are responsible for payment of the cost of medical care for the identified patients, in support of VA recovery of medical care costs or for any activities related to payment of medical care costs. These records may also be disclosed as part of a computer matching program to accomplish these purposes.

51. VA may disclose relevant information to a quality review and/or peer review organization in connection with the audit of claims or other review activities to determine quality of care or compliance with professionally accepted claims processing standards.

52. VA may disclose health care information as deemed necessary and proper to Federal, State, and local government agencies, and national health organizations in order to assist in the development of programs that will be beneficial to claimants, protect their rights under law, and ensure that they are receiving all benefits to which they are entitled.

53. VA may disclose information to a former VA employee or contractor, as well as the authorized representative of a current or former employee or contractor of VA, in pending or reasonably anticipated litigation against the individual regarding health care provided during the period of his or her employment or contract with VA.

54. VA may disclose information to a former VA employee or contractor, as well as the authorized representative of a current or former employee or contractor of VA, in defense or reasonable anticipation of a tort claim, litigation, or other administrative or judicial proceeding involving VA when the Department requires information or consultation assistance from the former employee or contractor regarding health care provided during the period of his or her employment or contract with VA.

55. VA may disclose information to a former VA employee or contractor, as well as the authorized representative of a current or former employee or contractor of VA, in connection with or in consideration of the reporting of:

(a) Any payment for the benefit of the former VA employee or contractor that was made as the result of a settlement or judgment of a claim of medical malpractice, if an appropriate determination is made in accordance with Department policy that payment was related to substandard care, professional incompetence, or professional misconduct on the part of the individual;

(b) A final decision which relates to possible incompetence or improper professional conduct that adversely affects the former employee's or contractor's clinical privileges for a period longer than 30 days; or

(c) The former employee's or contractor's surrender of clinical privileges or any restriction of such privileges while under investigation by the health care entity relating to possible incompetence or improper professional conduct to the National Practitioner Data Bank or the state licensing board in any state in which the individual is licensed, the VA facility is located, or an act or omission occurred upon which a medical malpractice claim was based.

56. VA may disclose information to a former VA employee or contractor, as well as the authorized representative of a current or former employee or contractor of VA, in connection with or in consideration of reporting that the individual's professional health care activity so significantly failed to conform to generally accepted standards of professional medical practice as to raise reasonable concern for the health and safety of patients, to a Federal agency, a State or local government licensing board, or the Federation of State Medical Boards or a similar non-governmental entity which maintains records concerning individuals' employment histories or concerning the issuance, retention, or revocation of licenses, certifications, or registration necessary to practice an occupation, profession, or specialty.

57. VA may disclose information to a former VA employee or contractor, as well as the authorized representative of a current or former employee or contractor of VA, in connection with investigations by the Equal Employment Opportunity Commission pertaining to alleged or possible discrimination practices, examinations of Federal affirmative employment programs, or other functions of the Commission as authorized by law or regulation.

58. VA may disclose information to a former VA employee or contractor, as well as the authorized representative of a current or former employee or contractor of VA, in proceedings before the Merit Systems Protection Board or the Office of the Special Counsel in connection with appeals, special studies of the civil service and other merit systems, review of rules and regulations, investigation of alleged or possible prohibited personnel practices, and such other functions promulgated in 5 U.S.C. 1205 and 1206, or as otherwise authorized by law.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

Records are maintained on paper, microfilm, electronic media including images and scanned documents, or laser optical media in the consolidated health record at the health care facility where care was rendered, in the VA Health Data Repository, and at Federal Record Centers. In most cases, copies of back-up computer files are maintained at off-site locations. Subsidiary record information is maintained at the various respective services within the health care facility (*e.g.*, pharmacy, fiscal, dietetic, clinical laboratory, radiology, social work, psychology) and by individuals, organizations, and/or agencies with whom VA has a contract or agreement to perform such services, as the VA may deem practicable.

Paper records are currently being relocated from Federal record centers to the VA Records Center and Vault. It is projected that all paper records will be stored at the VA Records Center and Vault by the end of the calendar year 2004.

RETRIEVABILITY:

Records are retrieved by name, social security number or other assigned identifiers of the individuals to whom they pertain.

SAFEGUARDS:

1. Access to working spaces and patient medical record storage areas in VA health care facilities is restricted to authorized VA employees. Generally, file areas are locked after normal duty hours. Health care facilities are protected from outside access by the Federal Protective Service and/or other security personnel. Access to patient medical records is restricted to VA employees who have a need for the information in the performance of their official duties. Sensitive patient medical records, including employee patient medical records, records of public figures, or other sensitive patient medical records are generally stored in separate locked files or a similar electronically controlled access environment. Strict control measures are enforced to ensure that access to and disclosures from these patient medical records are limited.

2. Access to computer rooms within health care facilities is generally limited by appropriate locking devices and restricted to authorized VA employees and vendor personnel. ADP peripheral devices are generally placed in secure areas (areas that are locked or have limited access) or are otherwise protected. Only authorized VA employees or vendor employees may access information in the system. Access to file information is controlled at two levels: the system recognizes authorized employees by a series of individually unique passwords/codes as a part of each data message, and the employees are limited to only that information in the file that is needed in the performance of their official duties. Information that is downloaded and maintained on personal computers must be afforded similar storage and access protections as the data that is maintained in the original files. Access by remote data users such as Veteran Outreach Centers, Veteran Service Officers (VSO) with power of attorney to assist with claim processing, VBA Regional Office staff for benefit determination and processing purposes, OIG staff conducting official audits or investigations and other authorized individuals is controlled in the same manner.

3. Access to the VA National Data Centers is generally restricted to Center employees, custodial personnel, Federal Protective Service, and other security personnel. Access to computer rooms is restricted to authorized operational personnel through electronic locking devices. All other persons gaining access to computer rooms are escorted. Information stored in the computer may be accessed by authorized VA employees at remote locations including VA health care facilities, VA Central Office, Veterans Integrated Service Networks (VISNs), and OIG Central Office and field staff. Access is controlled by individually unique passwords/codes that must be changed periodically by the employee.

4. Access to the VA Health Data Repository (HDR), located at the VA National Data Centers, is generally restricted to Center employees, custodial personnel, Federal Protective Service, and other security personnel. Access to computer rooms is restricted to authorized operational personnel through electronic locking devices. All other persons gaining access to computer rooms are escorted. Information stored in the computer may be accessed by authorized VA employees at remote locations including VA health care facilities, VA Central Office, VISNs, and OIG Central Office and field staff. Access is controlled by individually unique passwords/codes that must be changed periodically by the employee.

5. Access to records maintained at VA Central Office, the VA Boston Development Center, Chief Information Office Field Offices, and VISNs is restricted to VA employees who have a need for the information in the performance of their official duties. Access to information stored in electronic format is controlled by individually unique passwords/codes. Records are maintained in manned rooms during working hours. The facilities are protected from outside access during non-working hours by the Federal Protective Service or other security personnel.

6. Computer access authorizations, computer applications available and used, information access attempts, and frequency and time of use are recorded.

RETENTION AND DISPOSAL:

In accordance with the records disposition authority approved by the Archivist of the United States, paper records and information stored on electronic storage media are maintained for seventy-five (75) years after the last episode of patient care and then destroyed/or deleted.

SYSTEM MANAGER(S) AND ADDRESS:

Patient Medical Records: Director, Information Assurance (19F), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420.

Health Data Repository: Director, Health Data Systems (19–SL), Department of Veterans Affairs, 295 Chipeta Way, Salt Lake City, UT 84108.

NOTIFICATION PROCEDURE:

An individual who wishes to determine whether a record is being maintained in this system under his or her name or other personal identifier, or wants to review the contents of such record, should submit a written request or apply in person to the last VA health care facility where care was rendered. Addresses of VA health care facilities may be found in VA Appendix 1 of the Biennial Publication of Privacy Act Issuances. All inquiries must reasonably describe the portion of the medical record involved and the place and approximate date that medical care was provided. Inquiries should include the patient's full name, social security number, and return address.

RECORD ACCESS PROCEDURE:

Individuals seeking information regarding access to and contesting of VA medical records may write, call, or visit the last VA facility where medical care was provided.

CONTESTING RECORD PROCEDURES:

(See Record Access Procedures above.)

RECORD SOURCE CATEGORIES:

The patient, family members, friends, or accredited representatives, employers; military service departments; health insurance carriers; private medical facilities and health care professionals; state and local agencies; other Federal agencies; VA Regional Offices, Veterans Benefits Administration automated record systems (including Veterans and Beneficiaries Identification and Records Location Subsystem-VA (38VA23) and the Compensation, Pension, Education and Rehabilitation Records-VA (58VA21/22/28); and various automated systems providing clinical and managerial support at VA health care facilities.

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