HEALTH PROMOTION AND DISEASE PREVENTION CORE PROGRAM REQUIREMENTS

1. REASON FOR ISSUE. This Veterans Health Administration (VHA) Handbook describes the program implementation and reporting requirements for all VHA Health Promotion and Disease Prevention Programs.

2. SUMMARY OF MAJOR CHANGES. This revised Handbook reflects changes in VHA policy, innovations in the field, changes in VHA management structure, and emphasis on performance goals and guidelines.

3. RELATED ISSUES. VHA Directive 1120 (to be published).

4. RESPONSIBLE OFFICE. The Director, VHA National Center for Health Promotion and Disease Prevention (NCP), is responsible for the contents of this VHA Handbook. Questions may be referred to the Director of the National Center at 919-383-7874. FAX communication may be sent to 919-383-7598.

5. RESCISSIONS. VHA Handbook 1120.2, Health Promotion and Disease Prevention Program, dated May 3, 1999, is rescinded.

6. RECERTIFICATION. This Handbook is scheduled for recertification on or before the last working day of October 2011.

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1. PURPOSE

This Veterans Health Administration (VHA) Handbook sets forth the core program implementation and reporting requirements for Health Promotion and Disease Prevention programs. ***NOTE:*** *It replaces VHA Handbook 1120.2, Health Promotion and Disease Prevention Program, dated May 3, 1999.*

2. BACKGROUND

a. Many diseases that cause disability and death among Americans can be prevented, mitigated, or delayed. Preventive services can save lives, reduce hospitalizations, preserve function, lower costs, and enhance patient satisfaction and quality of life. Effective preventive services are available for the leading causes of death: heart disease, cancer, and stroke. Screening, immunizations, chemoprevention, and counseling about behavior modification are the major strategies employed. The main underlying behavioral factors contributing to these diseases are smoking, physical inactivity, and overweight or obesity. Key interventions to reduce health risks include system, provider and patient-level strategies that assist patients in changing risky behaviors and adopting healthy behaviors. VHA is committed to raising the awareness of healthy behaviors and encouraging and supporting veterans and staff in their efforts to adopt healthy lifestyles. The challenge is not only to prevent further progression of existing disease, but to proactively prevent or delay the onset of new disease.

b. The National Center for Health Promotion and Disease Prevention (NCP), located in Durham, NC, and a part of the Office of Patient Care Services (PCS), was established in 1995 as a Department of Veterans Affairs (VA) Central Office Remote Office per Public Law 102-585, Chapter 73, Subchapter II, Section 7318, dated November 4, 1992. The NCP is identified in the Public Law as the central office for monitoring and encouraging VHA activities with respect to the provision, evaluation, and improvement of preventive health services.

c. NCP is also responsible for promoting the expansion and improvement of clinical, research, and education activities related to VHA preventive health services. Other VHA offices that have responsibilities for health promotion and disease prevention include the: Office of Patient Care Services (PCS), Office of Nursing Services, Employee Education System (EES), Office of Quality and Performance (OQP), Office of Academic Affiliations (OAA), Office of Research and Development (ORD), Office of Public Health and Environmental Hazards, Office of Information (OI), the National Center for Patient Safety, and the Office of the Deputy Under Secretary for Health for Operations and Management (10N).

d. Preventive medical services are provided primarily in primary care settings at VHA medical facilities. Achieving high levels of preventive care delivery for all patients requires an active prevention program to be in place.

3. SCOPE

a. The National Health Promotion and Disease Prevention Program directed by the NCP addresses the provision, evaluation, and improvement of preventive health services through activities focused on training clinical providers in preventive medicine; preparing and disseminating preventive health education materials for patients; developing clinical programs, tools, and other resources to assist providers in improving delivery of preventive services; and supporting clinical efforts to achieve high levels of prevention-related performance measures through the sharing of best practices. The National Health Promotion and Disease Prevention Program works with OQP to monitor the delivery of evidence-based preventive care services to veterans at each facility, for which the Veterans Integrated Service Network (VISN) Directors are held accountable.

b. The ideal VA medical facility prevention program is comprehensive, coordinated, patient-centered, goal and accountability driven, and able to provide integrated services for all target groups. A multidisciplinary team, consisting of clinicians including nurses, health educators, behavioral psychologists, dietitians, social workers, and other concerned staff, is recommended to lead the prevention program. This team is responsible for addressing the key components of preventive care, i.e., screening, counseling, immunizations, and chemoprevention, through approaches ranging from the individual to the population level. ***NOTE:*** *VA employees often serve as role models for veteran patients, so attention to employee health and wellness is also important. Employee wellness activities are included in the VA medical facility prevention program.*

c. A prevention program must be implemented at each facility and Community-based Outpatient Clinic (CBOC) through primary care, using a population and multidisciplinary approach. ***NOTE:*** *This Handbook establishes core program requirements for prevention program implementation.*

4. CORE PROGRAM REQUIREMENTS

The following elements are minimum requirements for a prevention program at any facility:

a. **Multidisciplinary Team Approach.** One prevention coordinator must be designated to oversee the integrated program. A multidisciplinary team must be established with the prevention coordinator as leader or co-leader. A multidisciplinary facility-wide prevention team and/or committee must be formed. The prevention program is to be coordinated through the team. The prevention coordinator works in close collaboration with the facility patient health educator, the Managing Obesity and/or Overweight for Veterans Everywhere (MOVE!) weight management program coordinator, and other valuable contributors to VHA's prevention mission. ***NOTE:*** *Opportunities to engage others in the preventive health mission need to be sought out.*

b. **Multifactorial Assessment.** The facility's preventive health services must be assessed to determine any gaps and/or barriers. System, provider, and patient barriers need to be considered,

with a focus on high-priority prevention recommendations. Collected data must be used to assess performance, and to develop or problem-solve solutions.

c. **Program Planning.** A prevention program must be developed and implemented with annual goals and timelines set for 1-3 years. To provide appropriate preventive services to all eligible veterans in primary care, changes in the delivery of preventive services may need to be considered such as an assessment of patient flow in the clinic.

d. **Health Promotion.** Health promotion activities need to be planned and implemented using patient health education materials. It is necessary to participate in at least one national prevention initiative; sponsorship of at least one local prevention event is suggested.

e. **Staff Training.** This training needs to be responsive to staff issues and to incorporate staff values and beliefs. ***NOTE:*** *Members of the prevention team should be encouraged to participate in training on clinical prevention issues.*

f. **Program Evaluation.** The program including system issues and patient and staff satisfaction must be evaluated continuously by using an established process, such as Plan, Do, Check, Act (PDCA), or other scientific approaches. Quality improvement data must be used whenever possible to assess progress towards goals. ***NOTE:*** *Communicate and ask staff for input, record accomplishments, and identify areas where improvements are needed.*

g. **Employee Wellness.** Employee wellness is to be included as a component of the overall prevention program. Materials developed for veterans can also be used for staff.

h. **Reporting.** Prevention reports on the status of the program and special initiatives must be submitted as requested by NCP. ***NOTE:*** *Relevant report templates may be accessed on the NCP website: http://vaww.nchpdp.med.va.gov.*

5. RESPONSIBILITIES OF THE NCP

The NCP is responsible for:

a. Evaluating and recognizing prevention programs based on criteria established in this Handbook.

b. Providing training opportunities to ensure that VISN Preventive Medicine Leaders (VPMLs), Prevention Coordinators, and other Primary Care staff have knowledge of clinical prevention issues.

c. Maintaining current prevention guidelines, recommendations, and resources for Prevention Coordinators and VISN Preventive Medicine Leaders on NCP's website at: http://vaww.nchpdp.med.va.gov.

6. RESPONSIBILITIES OF PREVENTION COORDINATORS

Facility prevention coordinators have responsibility for monitoring preventive services and coordinating prevention activities. Prevention coordinators need to have experience in preventive services and are frequently nurses, nurse practitioners (NPs), physicians, or physician assistants (PAs), although other knowledgeable individuals may serve in this role.

a. They serve as:

(1) Designated advocates for health promotion and disease prevention initiatives, programs, and activities within the facility.

(2) Principal points of contact for all health promotion and disease prevention communications and reporting between the facility, the VISN, the NCP, and other program offices.

b. The prevention coordinator is responsible for coordinating and communicating the documentation that the prevention program has met all core program requirements.

7. RESPONSIBILITIES OF VISN DIRECTOR

The VISN Director is responsible for:

a. Designating a VISN Preventive Medicine Leader (VPML). VPMLs are the designated VA advocates for health promotion and disease prevention at the VISN level.

b. Notifying NCP about the name, job title, address, fax, phone number, e-mail address, and other locator information of the VPLM, annually by September 1, and whenever there is a change in that assignment.

c. Ensuring submission of periodic prevention reports to the NCP. ***NOTE:*** *A report template may be accessed on the NCP website:* *http://vaww.nchpdp.med.va.gov*

d. Providing the needed administrative support at the VISN level.

8. RESPONSIBILITIES OF FACILITY DIRECTOR

The Facility Director is responsible for:

a. Designating a prevention coordinator.

a. Notifying NCP about the name, job title, address, fax, phone number, e-mail address, and other locator information of the facility prevention coordinator, annually by September 1, and whenever there is a change in that assignment.

c. Ensuring submission of periodic prevention reports to the NCP. ***NOTE:*** *A report template may be accessed on the NCP website:* *http://vaww.nchpdp.med.va.gov*

d. Providing the appropriate administrative support at the facility level.

9. RESPONSIBILITIES OF VA NATIONAL PREVENTIVE MEDICINE FIELD ADVISORY COMMITTEE

The VA National Preventive Medicine Field Advisory Committee, comprised of designated VPMLs and NCP staff, serves as an advisory body on clinical and administrative issues relating to preventive health care delivery and assists in providing advice on new clinical techniques and prevention advancements, formulation of prevention policy, and monitoring of program performance, including performance measure compliance.

10. REFERENCES

a. Title 38, United States Code, Chapter 73, Subchapter II, Section 7318.

b. Title 38, United States Code, Section 1701.

c. Public Law 102-585 Chapter 73, Subchapter II, Section 7318, November 1992.