

HEALTH PROMOTION AND DISEASE PREVENTION CORE PROGRAM REQUIREMENTS

1. SUMMARY OF MAJOR CHANGES: Major changes include:

a. Modifying responsibilities in paragraph 2 for the Veterans Integrated Services Network (VISN) Health Promotion and Disease Prevention (HPDP) Program Leader, the Department of Veterans Affairs (VA) medical facility Director and the VA medical facility HPDP Program Manager.

b. Changing the title of the Chief Consultant for Preventive Medicine to Executive Director for Preventive Medicine.

c. Updating recommendations for full-time equivalent employee hours for each of the HPDP Program Manager and Health Behavior Coordinator roles, based on the number of Veterans, in paragraph 2.

d. Adding information on Veteran learning and patient education in paragraph 4.

2. RELATED ISSUES: VHA Directive 1120.01, Core Requirements for MOVE! Weight Management Program for Veterans, dated May 25, 2022; VHA Directive 1120.04(1), Veterans Health Education and Information Core Program Requirements, dated September 4, 2020; VHA Directive 1120.05, The National Center for Health Promotion and Disease Prevention and the Coordination and Development of Clinical Preventive Services, dated July 31, 2020; VHA Handbook 1101.10(1), Patient Aligned Care Team (PACT) Handbook, dated February 5, 2014.

3. POLICY OWNER: The National Center for Health Promotion and Disease Prevention (12NCHP), Office of Patient Care Services (12PCS), is responsible for the content of this directive. Questions may be addressed to the Executive Director for Preventive Medicine at vha12pop4ncpaction@va.gov.

4. RESCISSIONS: VHA Directive 1120.02(1), Health Promotion and Disease Prevention Core Program Requirements, dated February 5, 2018, is rescinded.

5. RECERTIFICATION: This Veterans Health Administration (VHA) directive is scheduled for recertification on or before the last working day of September 2028. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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

September 15, 2023

VHA DIRECTIVE 1120.02

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

/s/ M. Christopher Saslo
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Assistant Under Secretary for Health
for Patient Care Services/CNO

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

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HEALTH PROMOTION AND DISEASE PREVENTION CORE PROGRAM REQUIREMENTS

1. POLICY

It is Veterans Health Administration (VHA) policy that Health Promotion and Disease Prevention (HPDP) staff and programs are available at each Department of Veterans Affairs (VA) medical facility to ensure that all Veterans have access to evidence-based recommended Clinical Preventive Services (CPS) and resources to prevent illness and disease. **AUTHORITY:** 38 U.S.C. § 7318; 38 C.F.R. § 17.38(a)(2).

2. RESPONSIBILITIES

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

b. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for supporting the National Center for Health Promotion and Disease Prevention (NCP) with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors in resolving implementation and compliance challenges in all VA medical facilities within that VISN.

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

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

(1) Providing oversight for VISN and VA medical facility compliance with this directive and ensuring corrective action is taken when non-compliance is identified.

(2) Serving as VA's central resource for national guidance on HPDP programs that are implemented in VA medical facilities.

(3) Providing guidance and technical assistance to VA medical facility and HPDP programs regarding strategies and programming that support the achievement of the HPDP Healthy Living Messages described in paragraph 3.c. **NOTE:** *This guidance and assistance occurs through national and regional educational meetings, national conference calls, individual program consultation as requested, national training*

programs (see paragraph 5), web resources, clinical tools and other means (see paragraph 4).

(4) Monitoring evidence-based guidelines such as relevant published literature and CPS recommendations from the U.S. Preventive Services Task Force, the Advisory Committee on Immunization Practices, Community Task Force on Preventive Services and other national guidelines groups.

(5) Evaluating the need for new or revised policies, clinical tools, telehealth technologies and processes that may be integrated into preventive care for Veterans across VHA. Telehealth modalities must meet VHA's national conditions of participation in telehealth services. **NOTE:** For more information see the Office of Connected Care "Conditions of Participation Standards, Criteria and Evidence (Narrative)" at <https://vaots.blackboard.com/bbcswebdav/library/LibraryContent/Quality/Conditions%20of%20Participation%20Standards%2C%20Criteria%20and%20Evidence%20%28Narrative%29.pdf>. This is an internal VA website that is not available to the public.

(6) Monitoring and overseeing progress toward achieving HPDP Program requirements as described in paragraph 3 using applicable national VA databases and VISN and VA medical facility reports when requested. NCP conducts on-site or virtual validation of self-reported information from VA medical facilities as needed.

(7) Overseeing the development, implementation and evaluation of NCP's training programs for promoting Veteran-centered communication skills, health coaching, health behavior change counseling, Motivational Interviewing (MI) and self-management support for chronic conditions. For further details regarding training, see paragraph 5.

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

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

(2) Designating a VISN HPDP Program Leader and ensuring sufficient time is allocated to perform responsibilities.

(3) Communicating the VISN HPDP Program Leader contact information and any changes in assignment to the Executive Director for Preventive Medicine, NCP.

(4) Monitoring vacancies in the VA medical facility HPDP Program Manager and Health Behavior Coordinator (HBC) roles and facilitating an appointment if either position is vacant for more than 6 months. **NOTE:** Vacancies for more than 6 months are considered deficiencies.

(5) Preparing, securing and managing fiscal and staff resources (e.g., supplies, space, administrative assistance) needed to support HPDP programs and services.

(6) Ensuring that Veterans have access to HPDP services across the VISN.

(7) Providing feedback and reports on HPDP programs, services and products as needed or requested by the Executive Director for Preventive Medicine, NCP or other VHA program offices.

f. Veterans Integrated Services Network Health Promotion and Disease Prevention Program Leader. The VISN HPDP Program Leader is responsible for:

(1) Facilitating and supporting the activities of VA medical facility HPDP programs within the VISN.

(2) Completing the NCP-Directed Self-Study Orientation. See paragraph 8.h. for details.

(3) Serving as the liaison between the VISN Director, NCP and other national program offices within VHA Central Office for HPDP-related issues and activities.

(4) Providing oversight, monitoring and validation of VA medical facility HPDP staffing, programs and implementation of national HPDP recommendations, guidelines and policies through regular contact with VA medical facility HPDP Program Managers and HBCs.

(5) Collaborating with VA medical facility HPDP Program Managers and HBCs to assess staff educational needs and working at the VISN level to ensure appropriate educational opportunities are offered.

(6) Evaluating VA medical facility HPDP Program data and performance measures, providing feedback to VISN leadership on HPDP gaps and barriers and contributing to VISN strategic plans that aim to enhance performance.

(7) Collaborating with VISN leaders from the MOVE!® Weight Management Program for Veterans (MOVE!), Veterans Health Education, Tobacco Cessation, Women's Health, Whole Health, Primary Care and others to develop VISN-level HPDP Program goals and objectives.

(8) Providing feedback and reports on HPDP programs, services and products, as needed or requested by NCP or other VHA program offices.

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

(1) Ensuring overall VA medical facility compliance with this directive and that appropriate corrective action is taken if non-compliance is identified.

(2) Appointing at least one designated VA medical facility HPDP Program Manager and at least one designated HBC who dedicate non-clinical time (that is, dedicated administrative time and labor mapped appropriately) to fulfill the responsibilities of the roles; see paragraphs 2.i. and 2.j. Based on data from currently serving VA medical facility HPDP Program Managers and HBCs, it is strongly recommended to allocate the

following minimum number of hours for each of the HPDP Program Manager and HBC roles relative to VA medical facility complexity and enrollment:

(a) For VA medical facilities with less than 25,000 Veterans enrolled, a minimum of 24 hours per week (or .60 full-time equivalent employee (FTEE)).

(b) For VA medical facilities with 25,000 to 50,000 Veterans enrolled, a minimum of 32 hours per week (or .80 FTEE).

(c) For VA medical facilities with over 50,000 Veterans enrolled, a minimum of 40 hours per week (or 1.0 FTEE).

(3) Determining, based on VA medical facility needs, whether to assign more than one VA medical facility HPDP Program Manager or HBC at the VA medical facility. The need for more than one VA medical facility HPDP Program Manager or HBC position may be due to:

(a) The size and complexity of the VA medical facility.

(b) A high number of Community-Based Outpatient Clinics (CBOCs) or multiple campuses.

(c) A great distance between sites.

(d) Minimal existing HPDP services for Veterans.

(4) Relaying information about the VA medical facility HPDP Program Manager and HBC to the VISN HPDP Program Leader and Executive Director for Preventive Medicine, NCP regarding their contact information and any changes in these assignments.

(5) Ensuring the organizational placement of the VA medical facility HPDP Program Manager and HBC positions facilitates collaboration with Primary Care and other clinical disciplines, services and offices which may include Quality Management and inpatient, dental, and specialty care. **NOTE:** *Appropriate placements for these roles include but are not limited to serving under the office of the Chief of Staff, the Associate Director for Patient Care Services or the offices of Ambulatory or Primary Care or Education.*

(6) Ensuring the VA medical facility HPDP Program has the necessary resources (e.g., fiscal, space, equipment, personnel and travel) to develop and deliver appropriate HPDP services and programs to Veterans.

(7) Maintaining the capacity to provide mandatory Patient Education: TEACH for Success (TEACH) and MI training at the VA medical facility by ensuring local TEACH and MI training facilitators (who have completed NCP-sponsored TEACH and MI facilitator training) and clinician coaches (who have completed NCP-sponsored clinician coaching training) are available to provide both initial TEACH and MI training as well as follow-up clinician coaching. Lead facilitators for TEACH include the Veterans Health

Education Coordinator (VHEC) and HBC; the MI facilitator lead is the HBC. **NOTE:** For more information regarding the VHEC, see VHA Directive 1120.04(1), *Veterans Health Education and Information Core Program Requirements*, dated September 4, 2020.

(8) Ensuring VA medical facility Patient Aligned Care Team (PACT) staff have been trained in Veteran-centered communication skills. See paragraph 5.

(9) Establishing an interdisciplinary, VA medical facility-wide HPDP Program Committee or subcommittee (e.g., Education, Primary Care, Nursing, Whole Health) to plan, implement and evaluate comprehensive, Veteran-centered HPDP services with the VA medical facility HPDP Program Manager and HBC as co-leaders or subcommittee leads. The HPDP Program Committee or subcommittee must be aligned or integrated with related committees or subcommittees (e.g., Veterans Health Education, MOVE!, Tobacco Cessation, Whole Health). For additional information, see paragraph 3.

(10) Ensuring Veterans can access HPDP services at the main VA medical facility and all affiliated CBOCs where primary care is delivered.

(11) Responding to requests for information about the VA medical facility HPDP Program from the Executive Director for Preventive Medicine, NCP and VHA program offices. **NOTE:** Information may be requested through formal (e.g., evaluation surveys) or informal (e.g., conference call, email) mechanisms.

h. **VA Medical Facility Primary Care Service Chief.** The VA medical facility Primary Care Service Chief is responsible for:

(1) Ensuring requirements are met for primary care clinical staff training in TEACH and MI by:

(a) Allotting time for primary care staff to participate in and complete TEACH and MI training. See paragraph 5.

(b) Supporting primary care staff participation in individual and group-based staff coaching and follow-up training activities to foster the development and maintenance of Veteran-centered communication skills for effective self-care and self-management support.

(2) Ensuring that HPDP clinical services, including screening, immunizations, health behavior counseling, preventive medications, health education, self-management support and health coaching, are accessible and integrated into clinical care provided in all VA medical facility primary care clinics.

(3) Collaborating with the VA medical facility HPDP Program Manager to improve access to and the quality of CPS and other HPDP-related services within primary care.

(4) Collaborating with the VA medical facility HPDP Program Manager to ensure HPDP Program strategic plans and primary care strategic plans are aligned. See paragraph 2.i.

i. **VA Medical Facility Health Promotion and Disease Prevention Program Manager.** **NOTE:** *Limited HPDP-related clinical responsibilities may be added as specified below.* The VA medical facility HPDP Program Manager is responsible for:

(1) Collaborating with the Healthy Living Team, (i.e., the HBC, Influenza Campaign Coordinator, MOVE! Coordinator and VHEC), who ensure Healthy Living services and programs are integrated into care, and clinicians to integrate HPDP services and resources within VA medical facility programs and clinical care. **NOTE:** *For more information about the Healthy Living Team, see NCP's Healthy Living Overview Resources, at <https://dvagov.sharepoint.com/sites/vhancp/Healthy%20Living%20Overview%20Resources/Forms/AllItems.aspx>. This is an internal VA website that is not available to the public.*

(2) Completing the NCP-Directed Self-Study Orientation within 60 days of hire or appointment to the position. See paragraph 8.h. for details.

(3) Planning, developing, implementing, monitoring and evaluating the overall HPDP Program at the VA medical facility as specified in paragraph 3.

(4) Serving as co-chair of the VA medical facility HPDP Program Committee or subcommittee which is responsible for (see paragraph 3 for details):

(a) Providing strategic direction, planning, monitoring and evaluation of HPDP programming and integration of HPDP services into clinical care.

(b) Establishing local HPDP Program goals and strategic plans.

(c) Developing partnerships with other VA medical facility programs or community stakeholders and agencies to enhance, promote and support healthy lifestyle behaviors among Veterans; sponsoring or co-sponsoring outreach events as described in paragraph 3.g.

(d) Evaluating the HPDP Program at least annually including the components located in paragraphs 3.a. through 3.g and implementing improvement projects, as needed, based on the findings.

(5) Serving as the communication liaison between VISN HPDP Program Leaders, NCP and the VA medical facility HPDP Program Committee or subcommittee.

(6) Ensuring that the VA medical facility HPDP strategic plan is aligned with VHA strategic plans.

(7) Collaborating with the VA medical facility Primary Care Service Chief to ensure the VA medical facility HPDP strategic plan is integrated with primary care and VA medical facility strategic plans.

(8) Advocating for resource allocation to support the VA medical facility HPDP Program and services and effectively managing resources allocated by the VA medical facility Director.

(9) Coordinating and engaging ad-hoc teams to assess Veteran and programmatic needs and develop, implement, redesign or improve the quality of the delivery of HPDP-related services. This can include identifying health disparities and harnessing innovation to support the development or modification of delivery processes that support increased access to and Veteran utilization of evidence-based HPDP services.

(10) Advising VA medical facility and primary care leadership on clinical and programmatic issues related to HPDP, including improving the provision of CPS.

(11) Collaborating with VA medical facility staff to increase the alignment between VA medical facility strategies (e.g., clinician training, procedures, protocols, clinical decision support) and VHA CPS guidance statements.

(12) Serving, in collaboration with other clinical content experts, as a subject matter expert (SME) in HPDP and providing education on evidence-based HPDP programs and services (e.g., VHA CPS guidance statements, recommended screenings and immunizations, Healthy Living Messages) to primary care and other clinical staff.

(13) Collaborating with the VA medical facility VHEC and HBC to support TEACH and MI training programs for VA medical facility clinical staff (see paragraph 5). This includes supporting clinician coaching to clinical staff following TEACH and MI training to develop their skills. **NOTE:** For VHEC responsibilities, see VHA Directive 1120.04(1).

(14) Providing HPDP-related clinical services, such as supporting MOVE!, Tobacco Cessation, pain management or similar programming, sufficient to meet occupation-specific licensure requirements. **NOTE:** Time devoted to clinical services is not expected to exceed 20% of total effort and must not infringe upon other responsibilities specified in this directive.

j. **VA Medical Facility Health Behavior Coordinator.** **NOTE:** The VA medical facility HBC must have sufficient time allocated for administrative, staff training and direct clinical as well as consulting responsibilities. HBC work is intended to be embedded in the clinical setting. The VA medical facility HBC is responsible for:

(1) Collaborating with the Healthy Living Team and other clinicians to integrate evidence-based health behavior change, preventive care and self-management support interventions into care for Veterans.

(2) Completing the NCP-Directed Self-Study Orientation within 60 days of hire or appointment to the position. See paragraph 8.h. for details.

(3) Serving as co-chair of the VA medical facility HPDP Program Committee or subcommittee and assisting in the development, implementation and evaluation of the HPDP Program and services.

(4) Leading, coordinating and delivering NCP-supported MI training programs and providing ongoing follow-up skills training to primary care clinicians and other clinical staff, as needed. This requires attendance at NCP-led MI facilitator training. See paragraph 5.

(5) Collaborating with the VA medical facility VHEC to deliver TEACH training programs to VA medical facility primary care and other clinical staff who provide health coaching and health behavior change counseling to Veterans. See paragraph 5.

(6) Consulting with the MOVE! Coordinator to support VA medical facility HPDP Program implementation and evaluation and to enhance the quality and impact of programming as well as providing direct consultation and care to complex MOVE! patients as needed. **NOTE:** See VHA Directive 1120.01, *Core Requirements for MOVE! Weight Management Program for Veterans*, dated May 25, 2022.

(7) Providing follow-up clinician coaching in the application of TEACH and MI communication skills to primary care and other staff, including MOVE! clinicians, and serving as a clinical consultant for related behavior change interventions including providing clinician coaching in group facilitation skills. **NOTE:** *Clinician coaching options include participating in team huddles, facilitating role-play type practice sessions, providing joint appointments with patients and clinicians and encouraging case reviews and discussions, as needed.*

(8) Collaborating with Primary Care leadership, Primary Care-Mental Health Integration and other clinical staff to ensure effective coordination of behavioral interventions and programming (e.g., pain, sleep, stress, biofeedback, tobacco cessation, sexual health, healthy eating) with mental health interventions and programming, to help Veterans in their efforts to adopt healthy behaviors and reduce risky behaviors.

(9) Serving as a SME in health behavior change, health coaching, MI, patient self-care and self-management, and supporting the integration of health behavior change elements into clinical programming.

(10) Developing and providing content expertise on preventive health as it relates to the Healthy Living Messages as listed on https://www.prevention.va.gov/Healthy_Living/, including supporting requirements for tobacco use cessation clinical programs and services in coordination with the Office of Mental Health and Suicide Prevention which has primary responsibility for tobacco use treatment (see VHA Directive 1056, National Smoking and Tobacco Use Cessation Program, dated September 5, 2019).

(11) Providing limited HPDP-related clinical services, such as performing specialty health psychology assessments (e.g., pre-bariatric surgery) and treatments (e.g.,

insomnia, tobacco cessation, MOVE!), consistent with occupation-specific licensure requirements. **NOTE:** Time devoted to clinical services is not expected to exceed 20% of total effort and must not infringe upon other responsibilities specified in this directive.

3. CORE HEALTH PROMOTION AND DISEASE PREVENTION PROGRAM REQUIREMENTS

a. **VA Medical Facility Health Promotion and Disease Prevention Program Manager.** Each VA medical facility Director must designate a HPDP Program Manager to facilitate coordination, communication and consistent implementation of HPDP programming and the integration of HPDP services into clinical care. **NOTE:** See paragraph 2.i. for VA medical facility HPDP Program Manager responsibilities.

b. **VA Medical Facility Health Behavior Coordinator.** Each VA medical facility Director must designate an HBC to provide health behavior change training and consultation to clinical staff as well as limited direct clinical care to patients. **NOTE:** See paragraph 2.j. for VA medical facility HBC responsibilities.

c. **Health Promotion and Disease Prevention Program Healthy Living Messages.** To facilitate delivery of HPDP services, ten key Healthy Living messages have been developed for clinicians to share with Veterans at https://www.prevention.va.gov/Healthy_Living/. VA medical facilities must use these messages as a foundation for health promotion.

d. **Interdisciplinary Health Promotion and Disease Prevention Governance and Organizational Structure.** The VA medical facility Director must establish an interdisciplinary VA medical facility HPDP Program Committee or subcommittee (e.g., Education, Primary Care, Nursing). The committee or subcommittee provides strategic direction, planning, monitoring and evaluation of HPDP programming and integration of HPDP services into clinical care. The placement of the committee or subcommittee within the organizational structure must facilitate integration with related committees (e.g., Veterans Health Education, MOVE!, Tobacco Cessation, Whole Health) as well as with relevant clinical disciplines. The VA medical facility HPDP Program Committee or subcommittee must have representation from key VA medical facility stakeholders, including VA medical facility senior leadership, such as the designated Executive Leadership Team liaison. The VA medical facility HPDP Program is coordinated through the committee and specific functions are defined in a committee charter with the VA medical facility HPDP Program Manager serving as the co-chair. A sample committee charter and more detail on committee responsibilities can be found at <https://dvagov.sharepoint.com/sites/vhancp/HPDP/HPDP%20Program%20Manager%20Resources/Forms/AllItems.aspx?RootFolder=%2Fsites%2Fvhancp%2FHPDP%2FHPDP%20Program%20Manager%20Resources%2FHPDP%2DCommittee>. **NOTE:** This is an internal VA website that is not available to the public. If the VA medical facility designates an HPDP subcommittee, the subcommittee must have separate meetings to accomplish the deliverables specified above.

e. Health Promotion and Disease Prevention Program Goals and Strategic Plans. The overall goal of the HPDP Program is to ensure evidence-based HPDP services are integrated into clinical care delivery throughout VA medical facilities, delivered in a variety of modalities tailored to Veterans needs and preferences. A critical responsibility of the HPDP Program is to support VA medical facility planning, preparation and the response to public health emergencies such as infectious disease pandemics. The HPDP Program Committee or subcommittee must establish local program goals and strategic plans that aim to achieve the overall goal and address the other requirements listed in paragraph 3. The HPDP Program Committee or subcommittee must develop HPDP strategic plans that are aligned with PACT and VA medical facility strategic plans and updated every 1-2 years. Each VA medical facility HPDP Program must ensure that Veterans are offered programs and resources that help them with core health behaviors associated with Whole Health and prevention of chronic disease.

f. Staff Learning and Development. Training in Veteran-centered communication, health education and health coaching skills (i.e., TEACH and MI training) supports primary care and other interested staff to provide quality HPDP services to Veterans. Healthy Living Team members are trained as facilitators of TEACH and MI training programs. See paragraph 5 for details.

g. Community Partnerships and Outreach Activities. The VA medical facility HPDP Program Manager and the HPDP Program Committee or subcommittee must collaborate to develop partnerships with other VA medical facility programs or community stakeholders and agencies to enhance, promote and support healthy lifestyle behaviors among Veterans. This may include sponsoring or co-sponsoring outreach events (e.g., immunization clinics at Veterans Service Organizations, farmers' markets, Healthy Teaching Kitchen programs, stand-downs for homeless Veterans, physical activity programs at the local YMCA) where HPDP Program staff or volunteers offer prevention services. More information on developing community partnerships is available at <http://vaww.oce.med.va.gov/Default.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

h. Program Evaluation. The VA medical facility HPDP Program Committee or subcommittee must evaluate the HPDP Program at least annually including components found in paragraphs 3.a. through 3.g. Improvement projects must be implemented as needed by the co-chairs of the VA medical facility HPDP Program Committee or subcommittee using VHA-approved improvement methodologies to support VA's commitment as a High Reliability Organization.

4. VETERAN LEARNING AND PATIENT EDUCATION

The Veterans Health Education and Information Program (VHEI), as specified in VA Directive 1120.04(1), supports the development, dissemination and patient education content and resources for Veterans, caregivers, families, VHA staff and community providers. The primary Veteran patient education resources related to this directive are referenced below.

a. **Veteran, Caregiver and Family-Facing Patient Education Resources.**

Veteran-facing resources related to the HPDP Program are available on NCP's website at: <https://www.prevention.va.gov/>. The resources listed below are reviewed and vetted by HPDP SMEs to ensure they are accurate for end users and are aligned with VHA's CPS guidance statements at <https://vaww.prevention.va.gov/CPS/index.asp>. **NOTE:** *This is an internal VA website that is not available to the public.* The resources include:

(1) Recommended Preventive Services for Men:

https://www.prevention.va.gov/Healthy_Living/Get_Recommended_Screening_Tests_and_Immunizations_for_Men.asp.

(2) Recommended Preventive Services for Women:

https://www.prevention.va.gov/Healthy_Living/Get_Recommended_Screening_Tests_and_Immunizations_for_Women.asp.

(3) Evidence-Based Healthy Living Messages:

https://www.prevention.va.gov/Healthy_Living/.

b. **VHA Staff-Facing Patient Education Resources.** VHA staff-facing resources related to the HPDP Program are available on NCP's intranet page at: <https://vaww.prevention.va.gov/index.asp>. **NOTE:** *This is an internal VA website that is not available to the public.* These resources are reviewed and vetted by VHA's HPDP SMEs to ensure they are accurate for end users. The resources include:

(1) CPS Guidance Statements: <https://vaww.prevention.va.gov/CPS/>. **NOTE:** *This is an internal VA website that is not available to the public.*

(2) HPDP Tools and Resources:

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

5. TRAINING

The following section details TEACH and MI training requirements for PACT staff. For more information on VHA Mandatory Training requirements, see <https://myees.lrn.va.gov/Learn/Mandatory%20Training.aspx>. Details of TEACH and MI training programs can be found in the NCP Communication Skills Training SharePoint site at <https://dvagov.sharepoint.com/sites/vhancp/training/SitePages/Communication-Skills-Training-Subsite.aspx>. **NOTE:** *These are internal VA websites that are not available to the public.*

a. The following training is **required**:

(1) The Registered Nurse Care Manager from each PACT (or equivalent from Special Population PACTs) that is listed in a VA medical facility's Primary Care Management Module (PCMM) must complete TEACH (Talent Management System (TMS) VA 36767 or VA 42942) and MI for PACT Clinicians – Session 1 (VA 16802 or VA 42882) within 12 months of initial assignment to a PACT. **NOTE:** *These training*

programs are delivered by Healthy Living Team members (e.g., HBC, HPDP Program Manager, VHEC) who complete NCP-developed TEACH and MI facilitator training programs.

(2) The Clinical Associate (or equivalent from Special Population PACTs) and Primary Care Provider from each PACT that is listed in a VA medical facility's PCMM must complete TEACH (VA 36767 or VA 42942) within 12 months of initial assignment to a PACT. PACT Associate Providers and other trainees are excluded from this requirement. **NOTE:** *These training programs are delivered by Healthy Living Team members (e.g., HBC, HPDP Program Manager, VHEC) who complete NCP-developed TEACH and MI Facilitator training programs.*

b. The following training is **recommended**:

(1) After completing required TEACH and MI programs, PACT staff are encouraged to complete additional training in MI for PACT Clinicians Session 2 (VA 16803 or VA 42883). Clinician coaching of PACT staff is also strongly encouraged to continue building proficiency in TEACH and MI skills and to support application of Veteran-centered communication skills in encounters with Veterans. Clinician coaching may be tailored to clinicians' learning needs and offered in individual and group formats using both face-to-face and non-face-to-face modalities (e.g., telephone coaching, review of case studies, virtual meetings). The clinician coaching process may include assessment, direct observation (in simulations, such as the Virtual Interviewing Skills Training System program or collaborative encounters with Veterans), goal setting, practice, reflection, feedback and repeated skill practice.

(2) Training in TEACH (VA 36767 or VA 42942), MI for PACT Clinicians – Session 1 (VA 16802 or VA 42882) and Session 2 (VA 16803 or VA 42883), are recommended for clinicians other than the PACT clinicians for whom TEACH and MI training are mandatory.

6. RECORDS MANAGEMENT

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

7. BACKGROUND

a. NCP, located in Durham, North Carolina, is established under the authority of 38 U.S.C. § 7318. It is a field-based unit of VHA Central Office within the Office of Patient Care Services and is mandated to:

(1) Provide a central office for monitoring and encouraging the activities of VHA with respect to the provision, evaluation and improvement of preventive health services for the diverse Veteran population.

(2) Promote the expansion and improvement of clinical, research and educational activities of VHA with respect to such services.

b. Health promotion refers to environmental, educational, motivational and clinical activities designed to encourage improvement in health behaviors and conditions of living that are conducive to improving the health and well-being of populations and individuals. Disease prevention refers to health-related interventions or services that aim to prevent or minimize future morbidity and mortality by delaying or averting the onset of disease or detecting already existing disease at an early stage when it can be more successfully treated.

c. NCP leads VHA's HPDP Program which is designed to ensure that Veterans receive comprehensive health education, appropriate CPS as defined by VHA CPS guidance statements, coaching for health behavior change and support for self-management to prevent the onset of or limit the effect of chronic diseases. **NOTE:** *For more information on VHA CPS and CPS guidance statements, see VHA Directive 1120.05, The National Center for Health Promotion and Disease Prevention and the Coordination and Development of Clinical Preventive Services, dated July 31, 2020.*

8. DEFINITIONS

a. **Clinician Coaching.** Clinician coaching is the process of helping clinicians apply Veteran-centered communication skills (e.g., health education, health coaching, health behavior change counseling, shared decision-making and self-management support skills) in their clinical interactions.

b. **Clinical Preventive Service.** CPS is a service delivered in the clinical setting for the primary prevention of disease or for the early detection of disease in persons with no symptoms of the target condition, with the goal of preventing or minimizing future morbidity and mortality. CPS examples include screening for: infectious diseases; cancers; heart and vascular diseases; injury and violence; mental health conditions and substance abuse; metabolic, nutritional, endocrine, musculoskeletal, obstetric and gynecological conditions; neurological disease; and vision.

c. **Clinical Preventive Service Guidance Statement.** A CPS guidance statement is a statement that defines VHA recommendations regarding the delivery of an individual CPS to Veterans. The CPS guidance statement describes the CPS, the target population and other factors influencing the use or non-use of the CPS.

d. **Health Behavior Change.** Health behavior change is the process of considering, initiating, achieving and maintaining change in behavior affecting health (e.g., tobacco use, sleep, unhealthy diet, physical inactivity).

e. **Health Coaching.** Health coaching is an evidence-based method for working with patients to enhance their well-being and achieve their health-related goals through application of principles and methods derived from health education, health promotion and health behavior change research. Health coaching includes: assessment of patients' educational needs, concerns, values, preferences and past experiences;

information sharing; goal setting; action planning; skill building; problem solving; and arranging a follow-up plan.

f. **Health Education.** For purposes of this directive, health education is a process that includes any combination of education, information and other strategies to help Veterans optimize their health and quality of life. **NOTE:** *For detailed information on health education, see VHA Directive 1120.04(1).*

g. **Health Promotion and Disease Prevention Services.** HPDP services include clinical preventive services (i.e., screenings, immunizations, health behavior counseling and preventive medications), related to health education, self-management support and health coaching.

h. **NCP-Directed Self-Study Orientation.** The NCP-Directed Self-Study Orientation is role-specific training for HPDP Program Managers, HBCs and other members of the Healthy Living Team. The orientation includes instructions, topic-specific learning modules with associated resources and activities, program evaluation and an automated process to self-certify completion of the modules. This orientation can be found at: <https://dvagov.sharepoint.com/sites/vhancp/SitePages/Healthy-Living-Team-Orientation.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

i. **Motivational Interviewing.** MI is an evidence-based clinical method that involves guiding patients to make healthy choices by eliciting and supporting their own motivations to change. MI is employed when patients are unsure or ambivalent about change or have difficulty following through with recommended health behaviors and uses an approach that is highly collaborative, evocative and supportive of patients' autonomy.

j. **Patient Aligned Care Team.** PACT is an interdisciplinary team of VA health care providers that provides comprehensive primary care in partnership with the patient. The PACT manages and coordinates comprehensive health care services consistent with agreed-upon goals of care. PACTs for special populations (e.g., Geri-PACT, Spinal Cord Injury PACT, Women Veterans Health PACT) are designated in the PCMM by a specific indicator. **NOTE:** *For additional information, see VHA Handbook 1101.10(01), Patient Aligned Care Team (PACT) Handbook, dated February 5, 2014.*

k. **Veteran-Centered Communication.** Veteran-centered communication consists of four processes integral to developing healing, trusting clinician-Veteran relationships and to providing personalized, proactive Veteran-driven, Whole Health care: 1) eliciting, understanding and validating the Veteran's perspective; 2) understanding the Veteran within his or her psychological, social and environmental context; 3) reaching a shared understanding of the Veteran's health, health problems and treatment; and 4) helping Veterans participate in decision making, self-care and self-management of their conditions.

9. REFERENCES

- a. 38 U.S.C. § 7318.
- b. 38 C.F.R. § 17.38.
- c. VHA Directive 1056, National Smoking and Tobacco Use Cessation Program, dated September 5, 2019.
- d. VHA Directive 1120.01, Core Requirements for MOVE! Weight Management Program for Veterans, dated May 25, 2022.
- e. VHA Directive 1120.04(1), Veterans Health Education and Information Core Program Requirements, dated September 4, 2020.
- f. VHA Directive 1120.05, The National Center for Health Promotion and Disease Prevention and the Coordination and Development of Clinical Preventive Services, dated July 31, 2020.
- g. VHA Handbook 1101.10(1), Patient Aligned Care Team (PACT) Handbook, February 5, 2014.
- h. National Center for Health Promotion and Disease Prevention Evidence-Based Healthy Living Messages: https://www.prevention.va.gov/Healthy_Living/.
- i. Health Promotion and Disease Prevention Tools and Resources: https://vaww.prevention.va.gov/HPDP_Patient_and_Staff_Educational_Materials.asp.
NOTE: This is an internal VA website that is not available to the public.
- j. Healthy Living Team
Orientation: <https://dvagov.sharepoint.com/sites/vhancp/SitePages/Healthy-Living-Team-Orientation.aspx>. **NOTE:** This is an internal VA website that is not available to the public.
- k. National Center for Health Promotion and Disease Prevention:
<https://www.prevention.va.gov/>.
- l. National Center for Health Promotion and Disease Prevention Communication Skills Training SharePoint site:
<https://dvagov.sharepoint.com/sites/vhancp/training/SitePages/Communication-Skills-Training-Subsite.aspx>. **NOTE:** This is an internal VA website that is not available to the public.
- m. National Center for Health Promotion and Disease Prevention Healthy Living Overview Resources:
<https://dvagov.sharepoint.com/sites/vhancp/Healthy%20Living%20Overview%20Resources/Forms/AllItems.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

n. Office of Connected Care Conditions of Participation Standards, Criteria, and Evidence (Narrative):

<https://vaots.blackboard.com/bbcswebdav/library/LibraryContent/Quality/Conditions%20of%20Participation%20Standards%2C%20Criteria%20and%20Evidence%20%28Narrative%29.pdf>. **NOTE:** This is an internal VA website that is not available to the public.

o. Recommended Preventive Services for Men:

https://www.prevention.va.gov/Healthy_Living/Get_Recommended_Screening_Tests_and_Immunizations_for_Men.asp.

p. Recommended Preventive Services for Women:

https://www.prevention.va.gov/Healthy_Living/Get_Recommended_Screening_Tests_and_Immunizations_for_Women.asp.

q. VHA Health Promotion and Disease Prevention Program Committee Charter Sample:

<https://dvagov.sharepoint.com/sites/vhancp/HPDP/HPDP%20Program%20Manager%20Resources/Forms/AllItems.aspx?RootFolder=%2Fsites%2Fvhancp%2FHPDP%2FHPDP%20Program%20Manager%20Resources%2FHPDP%2DCommittee>. **NOTE:** This is an internal VA website that is not available to the public.

r. VHA Clinical Preventive Services Guidance Statements:

<https://vaww.prevention.va.gov/CPS/>. **NOTE:** This is an internal VA website that is not available to the public.

s. VHA Mandatory Training:

<https://myees.lrn.va.gov/Learn/Mandatory%20Training.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

t. VHA National Center for Health Promotion and Disease Prevention:

<https://vaww.prevention.va.gov/index.asp>. **NOTE:** This is an internal VA website that is not available to the public.

u. VHA National Center for Healthcare Advancement and Partnerships:

<http://vaww.oce.med.va.gov/Default.aspx>. **NOTE:** This is an internal VA website that is not available to the public.