

**STANDARDS FOR VETERANS HEALTH ADMINISTRATION CENTERS OF
EXCELLENCE**

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive provides policy and direction for establishing standards and guidelines for VHA Centers of Excellence (COE) and ensuring that VHA COE meet those standards.
- 2. SUMMARY OF CONTENT:** This new directive establishes standards for the creation and continuation of VHA COE.
- 3. RELATED ISSUES:** None.
- 4. RESPONSIBLE OFFICE:** The VHA Chief of Staff (10B) is responsible for content of this VHA directive. Questions should be addressed to the Office of the Chief of Staff at 202-461-7016.
- 5. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of February 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

David Shulkin, M.D.
Under Secretary for Health

DISTRIBUTION: Emailed to the VHA Publications Distribution List on February 23, 2017.

CONTENTS

STANDARDS FOR VETERANS HEALTH ADMINISTRATION CENTERS OF EXCELLENCE

1. PURPOSE.....	1
2. BACKGROUND.....	1
3. POLICY	1
4. RESPONSIBILITIES.....	2
5. REFERENCES.....	3
APPENDIX A	
STANDARDS FOR “CENTERS OF EXCELLENCE” IN THE VETERANS HEALTH ADMINISTRATION	A-1

STANDARDS FOR VETERANS HEALTH ADMINISTRATION CENTERS OF EXCELLENCE

1. PURPOSE

This Veterans Health Administration (VHA) directive provides policy for establishing standards and guidelines for VHA Centers of Excellence (COE) and ensuring that VHA COE meet those standards. This directive was developed in response to recommendations in General Accountability Office (GAO) Report 16-54, titled “Centers of Excellence: DoD and VA Need Better Documentation of Oversight Procedures”.

AUTHORITY: Title 38 United States Code (U.S.C.) 7301(b)

2. BACKGROUND

a. COE in VHA are a diverse group of entities originally formed for many different purposes, in distinct specialty areas and with a variety of organizational partners. This policy develops VHA standards for COE and implements organizational procedures for their oversight and continuation of designation as COE.

b. Report 16-54 was issued following completion of a review conducted by GAO in response to Congressional inquiry about the ways in which Department of Defense (DoD) and VHA conferred and ensured the validity of the designation of COE. GAO concluded that there was no uniformity in how COE were defined by VHA and that there was no means for ensuring that such a designation, once conferred, continued to be applicable. GAO recommended, and VHA concurred, that VHA develop standards for COE and implement procedures for ensuring that COE designation of a program remained meaningful with the passage of time or was withdrawn if it did not.

3. DEFINITION

Centers of Excellence. Each Centers of Excellence is an organizational entity or structure within the Veterans Health Administration (VHA) that has been established with a specific charge to address a specialized need and/or population relevant to VHA’s mission. Each COE develops and tests innovative strategies and provides subject matter expertise and consultation that support the specified area of focus. COE are home to subject matter experts (SME) within a defined domain, and contribute to the ongoing work of VHA system improvement through education and training, research, clinical care, system design, and/or implementation science. COE demonstrate alignment with VHA values and goals, and demonstrate continuous improvement and evolution over time.

4. POLICY

It is VHA policy that each VHA COE must demonstrate innovation and improvement through the procedures delineated in this policy (see Appendix A). The standards shall reflect the need for COE to undertake innovations. Innovations, by their nature, may or may not be successful or result in desired outcomes. Standards therefore should be

designed to reflect that unsuccessful outcomes are not necessarily an indication of non-compliance.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The VHA Under Secretary for Health is responsible for ensuring allotment of resources to COE in accordance with appropriations and applicable law and that VHA organizational units responsible for COE are appropriately resourced to regularly assess each COE's compliance with standards for maintaining designation as COE.

b. **Chief of Staff.** The VHA Chief of Staff (COS) will maintain a current listing of all VHA COE, to be updated no less frequently than annually.

c. **Deputy Under Secretaries for Health.**

(1) Each Deputy Under Secretary for Health with responsibility for one or more COE will develop, within 60 days of the issuance of this directive, and maintain, a current listing of all VHA COE that fall under their authority and will provide that list to the VHA COS.

(2) Each Deputy Under Secretary for Health with responsibility for one or more COE will review and approve standards developed by the VHA program office responsible for the COE.

(3) If each COE is determined by the responsible program office (see paragraph 4.d.) to be out of compliance with one or more established standards at the completion of a remediation period (not to exceed one year), the responsible Deputy Under Secretary of Health will determine whether that COE may be allowed a single additional remediation period (also not to exceed one year) to return to compliance, or should lose its designation as COE.

(4) As new programs are accorded COE status by conforming to the relevant standards established by the responsible program office; or as existing programs lose that status for failing to conform to one or more COE standards as described in (3) above; or upon request of the VHA COS; each Deputy Under Secretary for Health will provide to VHA COS an updated list of COE for which that Deputy Under Secretary for Health is responsible. Such lists are to be updated no less frequently than annually.

d. **VHA Program Office Responsible for the COE.**

(1) Each program office responsible for one or more COE must describe the mission of each COE, including a description of the expected structures, processes, and outcomes for that COE. In addition, each program office must propose their COE standards and description of their planned self-assessment and external review strategies to the Deputy Under Secretary of Health.

(2) Each such program office must communicate these standards to the COE for which it is responsible and establish a system of periodic self-assessment and external

reviews of each COE to regularly assess each COE's compliance with the relevant standards.

(3) Each such program office will review and provide feedback to each COE on the findings of its periodic self-assessments and external reviews (see Appendix A, paragraph 7) and, if failure to fulfill mission or deviation from one or more standards is identified, receive back from the COE within 60 days of the report, a plan for returning to compliance within a period (referred to in paragraph 4.c.(3) as the "remediation period") of no greater than one year from the review that noted the deviation.

(4) Each such program office will report to the Deputy Under Secretary for Health responsible for that program office each COE that remains out of compliance with one or more standards for greater than one year.

e. **Centers of Excellence.**

(1) Each COE will conduct an annual self-assessment of the COE's progress in fulfilling the mission as described in paragraph 4.d.(1), and reflect on whether or not the COE are in compliance with the standards for designation as a COE.

(2) Each COE will undergo on a periodic basis, which is less frequent than the process in (1) above but no more infrequent than once in every 5 years, a review by a group of individuals with appropriate expertise and who are external to the host institution(s), and its academic affiliate, to assess whether the COE are in compliance with the standards for designation as COE, as described in paragraph 4.d.(1).

6. REFERENCE

General Accountability Office Report 16-54, Centers of Excellence: DoD and VA Need Better Documentation of Oversight Procedures, <http://www.gao.gov/products/GAO-16-54>.

**STANDARDS FOR “CENTERS OF EXCELLENCE” IN THE VETERANS HEALTH
ADMINISTRATION**

1. Each Centers of Excellence (COE) is an organizational entity or structure within the Veterans Health Administration (VHA) that have been established with a specific charge to address a specialized need and/or population relevant to VHA’s mission. COE develop and test innovative strategies and provide subject matter expertise and consultation that support their specified area of focus. COE are home to subject matter experts (SME) within a defined domain, and contribute to the ongoing work of VHA system improvement through education and training, research, clinical care, system design, and/or implementation science. COE demonstrate alignment with VHA values and goals, and demonstrate continuous improvement and evolution over time. The charge of COE primarily includes the development, testing, enhancement, and/or dissemination of novel approaches pertaining to at least two or more of the following topic areas:

- a. Research related to Veterans or in support of Veteran care;
- b. Education;
- c. Clinical care of Veterans;
- d. Program implementation and/or administration;
- e. Operations evaluation including monitoring, data collection and analysis for operational program improvement;
- f. Health informatics; and/or
- g. Other administrative or organizational domains.

2. The charge includes that the COE includes participation by VHA and one or more affiliated non-VA academic institutions whose expertise enriches COE activities in the identified topic area. Affiliate involvement may include but is not limited to the following:

- a. Advisory and consultative roles;
- b. Shared appointments to the non-VA institution and VA for COE personnel;
- c. Collaborative activities involving both the institution and COE programs; and
- d. Trainees whose educational experience engages them with VA and non-VA opportunities.

3. Appointees to leadership positions within the COE (e.g., Directors and Associate Directors), and any proposal to change the status of these appointees other than for retirement or separation from VA, are subject to review and concurrence by the responsible VA program office.

4. Site selection for COE may be determined by Congressional action, by the Secretary for Veterans Affairs, by the Under Secretary for Health, or by a suitable designee of any of those. The means and basis for the selection is specified as part of the original plan for the COE.

5. Each COE will adhere to standards that are set by the responsible program office, reviewed and approved by the office of the Deputy Under Secretary of Health that they report to, and communicated to the COE. At a minimum, these standards must reflect compliance with all the terms in this Appendix, as well as with other characteristics, outcomes and processes relevant to the overall goals of the COE.

6. Each COE also must undertake at least an annual self-assessment demonstrating the COE's compliance with the standards that have been set.

a. The program office will review the self-assessment and make recommendations back to the COE within 60 days of the self-assessment.

b. In the event COE are found to be non-compliant with one or more standards established by the program office, the COE will be required to provide a plan for remediation that must be complete within a specified time frame that can be no more than one year from the original self-assessment.

c. Any COE that fails to come into compliance within the established timeframe will be reported by the program office to the Deputy Under Secretary for Health or Principal Deputy Under Secretary for Health responsible for the program office, who will make a determination as to whether to extend the remediation period for up to one year, or to withdraw the COE's designation as a COE.

7. Each COE undergoes periodic external review coordinated by the program office and conducted by subject matter experts who are free from conflicts of interest with the COE, at least every five years, to assess and affirm compliance with relevant standards. Findings from these reviews are handled in an identical manner as described in paragraph 6.a.-c. above.