IMPLEMENTING DHA-PM 6025.13

Clinical Quality Management (CQM) in the Military Health System (MHS)
Purpose of CQM:
An integrated framework of programs to improve quality of care

- CQM provides an organized structure for an integrated framework of programs to objectively define, measure, assure, and improve the quality of care in the MHS.

- Through CQM, the MHS affirms its unwavering commitment to quality of healthcare for our beneficiaries, joint healthcare teams, and Combatant Commands across the globe.

- DHA-PM 6025.13 strengthens CQM accountability, transparency, and standardization to prevent harm, promote continuous learning, and improve the quality of care and services delivered in the MHS.
What does DHA-PM 6025.13 Do?

- Reforms business and clinical processes
- Maximizes efficiencies and improving performance

- DHA is developing procedural instructions and interim procedural memoranda
- Functional capabilities will be centralized at DHA Headquarters (HQ)
- Hospitals and clinicals will have one military officer as the Director and Service Commander
- DHA and Military Medical Departments are developing a coordinated staffing plan
- Military Departments will manage civilian and contract personnel until DHA finalizes plans for civilian human resources support
DHA and Service Policy Publications

DHA-PM Implementation Guidance VADM Bono

“...use the DHA-PM for guidance. In the absence of applicable DHA Publications, continue to utilize existing Military Department policies....”

Memorandum of Agreement for Direct Support

Provides guidance on how IMOs will implement and support the execution of the DHA-PM

Implementation Memo

“...there may be additional bargaining agreement requirements at the local and MTF level. Certain agreements may delay manual implementation...”

“...concerns voiced about the ability to reorganize and train the relevant personnel to comply with certain National Practitioner Data Bank reporting requirements...”
DHA-PM 6025.13

KEY CHANGES
What changes with DHA PM 6025.13? *Top 10 Key Changes*

<table>
<thead>
<tr>
<th>Volume</th>
<th>Key Change</th>
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<tbody>
<tr>
<td>1. General Overview</td>
<td>1. Revises the threshold rule to ‘four or more’ data elements for sharing aggregated data.</td>
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<td>2. Updates Clinical Quality Management definitions.</td>
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<td>5. Updates and aligns current DoD clinical adverse action procedures with federal law and</td>
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<td>6. Updates the process for identification and review of potential compensatory events for patient that reach the patient.</td>
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<td>5. Accreditation &amp; Compliance</td>
<td>8. Clarifies accreditation requirements for healthcare facilities and healthcare units.</td>
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<td>7. Clinical Quality Improvement</td>
<td>10. Establishes a centralized project repository for improvement efforts.</td>
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What are some of the examples of Key Changes?

Volume 1: General Overview
✓ Updates CQM Definitions

Volume 2: Patient Safety
✓ Strengthens the linkage between Patient Safety and Healthcare Risk Management

1. All patient safety events that reach the patient must be reported to and reviewed by HRM
2. All DoD Reportable Events (DoD RE) are Potentially Compensable Events (PCE)
3. All PCEs must be reported to and reviewed by Patient Safety

“Sentinel Event” is now a “DoD Reportable Event”

Enhanced partnerships and collaborations
What are some of the examples of Key Changes?

**Volume 3: Healthcare Risk Management**
- Updates and aligns current DoD clinical adverse action procedures with federal law and regulations

**Volume 5: Accreditation & Credentialing**
- Clarifies accreditation requirements for healthcare facilities and healthcare units

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**Process aligns with law & National Practitioner Data Base requirements**

**Affects both MTFs and purchased care**
What are some of the examples of Key Changes?

Volume 6: Clinical Measurement

- Establishes DoD participation and monitoring of quality assessment programs

MHS participates with other Federal Agencies and external CQM organizations
DHA-PM 6025.13

WHAT YOU NEED TO KNOW
How are DHA-PM 6025.13 and CQM related to other strategies?

*Includes CQM strategy elements:*

- MHS Quadruple Aim
- MHS High Reliability Organization (HRO) Principles
- MHS Aims for Healthcare Quality (STEEEP):
  - Safe
  - Timely
  - Effective
  - Equitable
  - Efficient
  - Patient-Centered and Provider-Centered
Where does CQM fall in the DHA Structure?
What are the CQM Programs?

IPC Program
- Promotes safety and prevents harm
- Ensures qualified & competent staff
- Objectively defines & measures the quality of care delivered

PS Program

HRM Program

AC Program

CQI Program

DAD Medical Affairs (DAD MA)

Clinical Support Division (CSD)

Clinical Quality Management

Accreditation:
- Ensures policy mandates are met;

Compliance:
- Ensures legal, ethical, and professional standards are met

Improves the quality of care and services delivered

Mitigates risk in the clinical aspects of healthcare delivery
Who does what? *Scope and Core Responsibilities*

**Scope**

- **Leadership**
  - OSD, Military Departments, Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, Combatant Commands, DoD Office of Inspector General of the DoD, Defense Agencies, DoD Field Activities, and DoD Components

- **MHS and DoD Healthcare Providers**
  - MHS, DoD MTFs, Uniformed Services, civilian, contract, volunteer, other medical or dental healthcare providers

- **Other Providers**
  - Credentialed healthcare providers who are members of the Army National Guard or the Air National Guard, trainees with granted privileges, managed care support contractors (MCSCs), designated providers, and overseas contractors

**Core Responsibilities**

- **DHA Director**
  - Provides Policy and Oversight

- **DAD Medical Affairs**
  - Clinical Quality Management
  - Administers and Manages CQM Programs

- **DHA Markets/Intermediate HQ**
  - Supports, Monitors, and Executes CQM Programs

- **MTF**
  - Maintains Continuous Compliance of DHA-PM 6025.13
EXPECTATIONS
Keys to Success

- Review the DHA-PM and job aids at Health.mil/CQM and SharePoint
- Get smart about new policies and procedures; talk about them
- Know your leads for all CQM Programs at the MTF, Market and Service
- Ensure that people you work with understand what is changing, what is staying the same, and know where to find the answers
- Be a champion for change—stay positive when things get difficult and encourage others to do the same
- When problems arise, take note of things that are not working and share the information through the appropriate channels so problems can be improved
- Make these procedures and processes part of your daily work and of your organizational DNA
What is the bottom line?

1. All patient safety events that reach the patient must be reported to and reviewed by HRM.
2. All DoD Res are PCEs.
3. All PCEs must be reported and reviewed by PS.
Where can you get more information?

Visit health.mil/CQM & access SharePoint via info.health.mil

Use resources to...
• Ask questions
• Get coaching
• Reach out to SMEs
• Check FAQs
• Listen to webinars
• Use Implementation Guides
What questions do you have?
For more information & resources, visit

HEALTH.MIL/CQM
MHS Quadruple Aim

**MHS strategy elements**

- **Increased Readiness** – Ensure the entire military force is medically ready to deploy; medical force is ready to deliver healthcare anytime, anywhere
- **Better Care** – Providing care that is patient and family-centered, compassionate, convenient, equitable, safe, and of the highest quality
- **Better Health** – Improve a population’s health by encouraging healthy behaviors and reducing the likelihood of illness through focused prevention and increased resilience
- **Lower Cost** – Focus on quality, eliminating waste, and reducing unwarranted variation; consider total cost of care
MHS HRO Principles

MHS strategy elements

- Preoccupation with Failure
- Deference to Expertise
- Constancy of Purpose
- Respect for People
- Sensitivity to Operations
- Reluctance to Simplify
- Commitment to Resilience
- Fostering a Culture of Safety
MHS Aims of Healthcare Quality (STEEEP)

**MHS strategy elements**

- **Safe**: Avoiding harm to patients from the care intended to help them
- **Timely**: Reducing waits and sometimes harmful delays for both those who receive and give care
- **Effective**: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit
- **Efficient**: Avoiding waste of equipment, supplies, ideas, and energy
- **Equitable**: Providing care that does not vary in quality due to personal characteristics (gender, ethnicity, geographic location, socioeconomic status, or other demographics)
- **Patient and Provider-centered**: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring patient values guide all clinical decisions