



Defense Health Agency



2019

STAKEHOLDER REPORT



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*A joint, integrated, premier system
of health, supporting those who
serve in the defense of our country.*

MESSAGE FROM THE DIRECTOR



**LTG
RONALD PLACE**

The Defense Health Agency exists because our civilian and military leaders understood the value that comes from enhanced integration of our health system. This is why we established enterprise activities that comprise common functions across the Army, Navy, and Air Force; and it is what drove congressional and Department leaders to integrate the management of military hospitals and clinics with the care delivered through our civilian provider networks.

As the DHA's Director, I'm responsible for ensuring we accomplish our work with skill and agility. In the Agency, we have established four priorities to guide our efforts.

GREAT OUTCOMES. Ensure every Service member is medically ready to do their job, then using that knowledge and expertise for all beneficiaries.

READY MEDICAL FORCE. Enable our health care delivery platforms as locations to obtain and sustain medical currency and competency.

SATISFIED PATIENTS. Deliver on all elements of the health care system, prioritizing outcome measures important to our patients.

FULFILLED STAFF. Staff are equipped to make a difference. Medicine is interesting, challenging, and rewarding, for every person, every day.

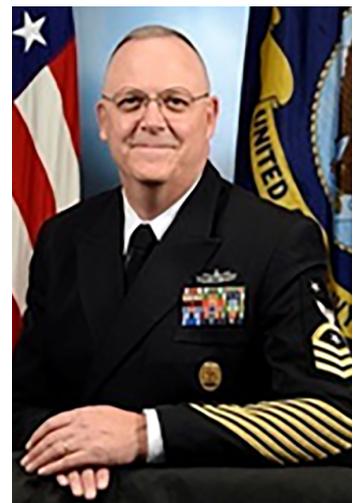
“ WE DO NOTHING ALONE. WE WORK IN SUPPORT OF THE COMBATANT COMMANDS AND THE MILITARY DEPARTMENTS, AND OUR ACHIEVEMENTS REFLECT THE COMBINED TALENT AND PERSEVERANCE OF OUR ENTIRE MILITARY MEDICAL TEAM. ”

MESSAGE FROM THE SENIOR ENLISTED ADVISOR

Wherever our deployed forces go, there is a military medical professional as part of that team.

Our enlisted medical force continues to rely on the DHA for support. Our education and training platform focuses on the foundational, shared medical knowledge that each of our enlisted specialties must possess. Our logistics and IT services ensure we employ common tools and technology captured in an enterprise information system that is available to every medical professional around the world.

Our TRICARE benefit provides a comprehensive health benefit for the entire family—a benefit that covers the same services regardless of whether you are an 18-year old sailor, or a 55-year old general. The DHA strengthens an exceptional health system and aims to get better at what we do, every day.

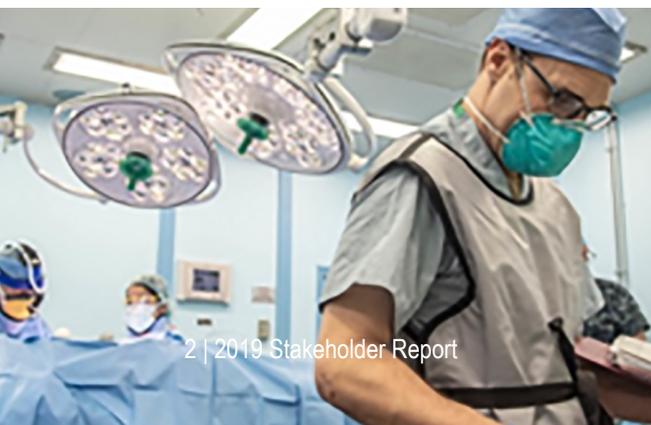
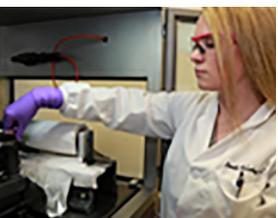


**CMDCM
CHARLES COLLINS**

“ THE DHA STRENGTHENS AN EXCEPTIONAL HEALTH SYSTEM AND AIMS TO GET BETTER AT WHAT WE DO, EVERY DAY. ”



WHO WE ARE



MILITARY HEALTH SYSTEM AND DEFENSE HEALTH AGENCY

The Department of Defense (DoD) is undergoing one of the largest organizational changes in its history as the Army, Navy, and Air Force Departments begin the final stages of a multi-year transition to shift the administration and management of medical facilities to a single agency—the Defense Health Agency.

The depth and breadth of effort required to execute a transition of this magnitude is immense, the scale of the impact is expansive, and the opportunity to work collectively with the Services, DHA Staff, and health care providers to produce great outcomes for patients is unprecedented. This is *who we are*, this is how far we have come, and this is how we are re-defining the standard for military health care.

The Military Health System (MHS) is one of the largest, most complex, multi-disciplinary health care systems and the world's preeminent military medical enterprise, serving over 9.6 million beneficiaries. MHS is led by the of the Undersecretary of Defense for Personnel and Readiness through the Office of the Assistant Secretary of Defense for Health Affairs. Exemplified by personal courage and a drive for excellence, the MHS is changing how health care is delivered throughout the United States and the world.

The Defense Health Agency (DHA) is a joint, globally integrated Combat Support Agency that enables the Army, Navy, and Air Force medical services to provide a medically ready force and ready medical force to the Combatant Commands. It supports the delivery of a suite of health plans, coordinating care and service administration across a complex network of public and private providers. It serves as a health care educational institution and trains clinicians to provide advanced care to ensure the readiness of our forces. It is also a health care innovator, investing in research and development to analyze, develop, and deploy the latest cutting-edge solutions that contribute to advances in the commercial medical community at large.

As a Combat Support Agency, the DHA strives to deliver the Quadruple Aim—increased readiness, better health, better care, and lower cost—by carrying out a number of efforts that support a framework of cohesive, enterprise-centric, and patient-centric approaches to health care operations. The DHA's strategy represents the roadmap for achieving the Quadruple Aim and the Director's Priorities, with a focus on unifying organizational efforts toward the Market Approach and measurable improvements in patient facing services. By integrating capabilities in strategic planning, performance planning, financial operations, performance improvement, and decision-making, the DHA will use **over 64 performance measures** to ensure every dollar is spent on the best opportunities to improve value delivered to patients.

The DHA has taken strides to improve the quality, safety, and access to care across the enterprise by adopting high reliability practices, models, and techniques that advance the goal of becoming a high reliability organization. Across the MHS, there are a number of actions already in motion to help achieve high reliability and collaborate with patients every step of the way to provide the care they deserve.

By strengthening global partnerships, devising and implementing plans that support mission readiness, standardizing enterprise-wide health care service delivery processes, and increasing communication and data analysis, the DHA is ensuring large scale improvements to the experience and value provided to both those providing care and those receiving care.





CURRENT LANDSCAPE

WHERE WE ARE

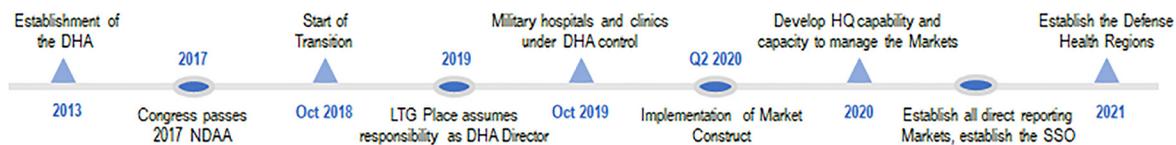
The 2017 National Defense Authorization Act (NDAA) enacted significant reforms within the MHS, placing a strong emphasis on reducing costs, eliminating redundancies, improving the delivery of health care services at Military Treatment Facilities (MTFs), enhancing readiness, and by centralizing the administration and management of the MTFs to the DHA.

On 1 October 2018, the DHA began its 4-year Transition per NDAA 2017 §702 to phase the administration and management of MTFs under a single Agency. Through this process, the DHA assumes the authority, direction, and control of more than 400 DoD medical centers, hospitals, and clinics as part of its grand effort to streamline processes, cut costs, and enhance efficiency across the enterprise.

In 2019, the DHA began a new phase of the Transition while welcoming new senior leadership and a new set of priorities that adhere to the current landscape of the Agency. The Director's Priorities serve as a decision-making framework for how to best allocate DHA resources in areas that will yield the greatest impact, and more importantly, impact that matters. These Priorities ensure that cost effective efforts ultimately result in efficiency-driven readiness. The Director's Priorities are described in additional detail in the graphic below.

On 25 October 2019, the DHA assumed administration and management responsibilities from the Army, Navy, and Air Force for all military hospitals and clinics in the continental U.S., including Alaska, Hawaii and Puerto Rico, with the Army, Navy, and Air Force medical departments maintaining a direct support role. While the DHA assumes overall management, the existing intermediate commands of the Military Departments will continue management duties until the transfer is complete to ensure uninterrupted medical readiness operations and patient care. The Military Departments and the DHA continue to collaborate to ensure the proper plans are in place to maintain continuity of operations.

In Quarter 2 FY20, the DHA will implement the Market Construct by certifying the 4 initial Markets, with the remaining 17 Markets to be certified on a phased timeline. Personnel from the Military Departments will move to DHA Headquarters (HQ), with almost 400 personnel transferring to the DHA by the end of Quarter 2. This signals the first steps of a journey that will potentially transfer over 60,000 employees to the DHA to streamline the DHA's authority, direction, and control over the MTFs. The Market Construct revolutionizes the delivery of care across the MHS by standardizing processes and protocol, and increasing communication across the enterprise, creating enhanced interoperability capabilities and increased patient access to health care services.



DHA DIRECTOR'S PRIORITIES

GREAT OUTCOMES

Our most important outcome is a medically ready force.

“We use all of the health and administrative specialties in our arsenal to optimize the health readiness of the force, so that they are ready for deployment, they are fit to fight, and they are ready to win.”

READY MEDICAL FORCE

Our MTFs sustain team-based currency and proficiency enabling a ready medical force.

“Practice every day in our medical centers, our hospitals, our clinics –as they provide the platform for clinical competency and currency leading to the superb casualty care our service members receive in the field...it’s our obligation to continuously learn, to minimize risk, and work towards zero preventable harm.”

SATISFIED PATIENTS

Our patients feel fortunate for MHS care that helps them achieve their goals.

“Balancing what we see as important clinical outcomes with those that our patients say are important, usually, quality of life outcomes. Done well, our patients have collective trust in our system, and become advocates for it.”

FULFILLED STAFF

Our staff feel joy and purpose working in the MHS.

“Our staff should feel fulfilled with their work. With great outcomes, a cohesive and ready medical team, and truly satisfied patients, we can and should be the organization of choice for those in the health care field.”

EMBRACING CHANGE

CREATING A WORLD-CLASS MILITARY HEALTH CARE SYSTEM

To effectively address the 2017 NDAA and with the goal of creating an integrated system of readiness and health care, the DHA developed a Market Approach. Markets are groups of hospitals and clinics working together in a geographic area, operating as a system to support the sharing of patients, staff, functions, budget, and more across all Market facilities. Each Market is led by a Market Office and operates as a system to improve outcomes, sustain a ready medical force, and create satisfied patients and a fulfilled staff. The first phase began on 1 October 2018 with the transition of hospitals and clinics at Fort Bragg, Pope Field and Seymour Johnson Air Force Base, North Carolina; Naval Air Station Jacksonville, Florida; Keesler Air Force Base, Mississippi; and Joint Base Charleston, South Carolina. These facilities are in addition to the DHA's existing management of Walter Reed National Military Medical Center, Fort Belvoir Community Hospital, and their associated clinics. Subsequent phases of the Transition include the transfer of the administration and management at more than 50% of hospitals and clinics in the continental U.S. to the DHA by October 2019.

The DHA is driving optimization across the enterprise through efficient allocation of resources across the MTFs in each Market. The Market Construct empowers decision-makers to provide solutions that are tailored to meet the demands of their locality and patient demographics. This agile decision-making framework ensures the right providers are delivering the right type of care in the right locations. The DHA continues to support the Services and their families throughout the Transition and is committed to working with patients to ensure the network is robust enough to support the needs of the warfighter and their families. The DHA is working to ensure patients are educated and aware of matters relating to their health care, ultimately granting patients with more autonomy to make decisions about their health care benefits. The DHA will be responsible for managing both Purchased Care and Direct Care. This centralized Market approach enhances the patient experience with improvements such as standardized appointments scheduling systems and streamlined referral processes.

The transitional Intermediate Management Organization (tIMO) was an integral stakeholder in the development of the Market Construct and the alignment of MTFs. Each tIMO Functional Capability contributed significantly to maintaining LTG Place's Priorities and driving the DHA towards becoming a learning organization. The tIMO initiated efforts to stand-up 4 Large Market Offices: the National Capital Region (NCR), Central North Carolina, Jacksonville, and Coastal Mississippi to provide centralized, day-to-day management and support to all MTFs within each Market. Readiness support and clinical competency of health care providers is central to the responsibilities of the Market Offices. This enables an integrated system of readiness and health by supporting MTFs and driving accountability to optimize the delivery of the Quadruple Aim.

The tIMO transition team developed and centrally managed the creation of a complete toolkit for the implementation of the Markets. Each Market will follow a 3-phased timeline to reach full operational capability (FOC):

3-Phased Market Transition Timeline

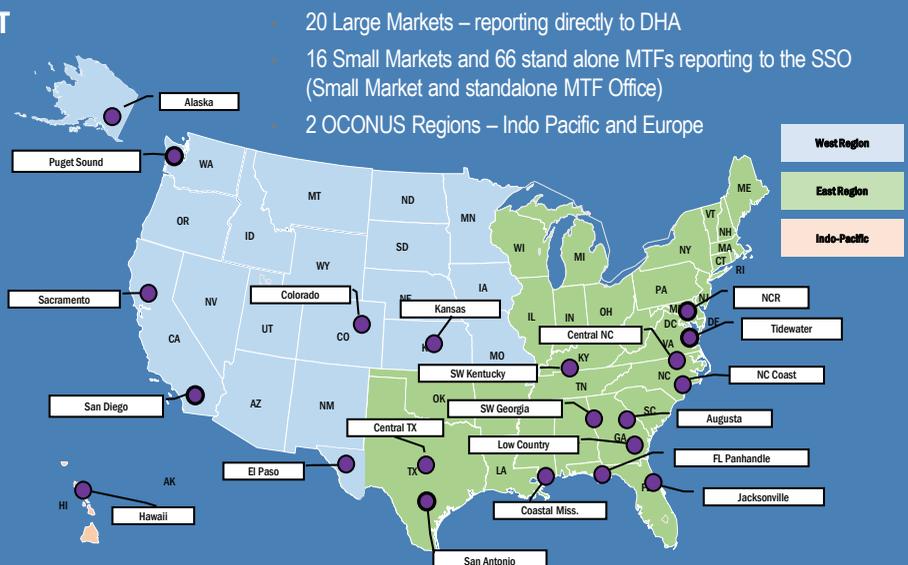


All 3 phases are a shared responsibility between the DHA HQ and the Market Office leadership to ensure all elements across the organization have the capability and capacity to take on new responsibilities. Using industry-standard project management best practices, the tIMO transition team oversaw the development of an implementation schedule consisting of over 1,400 discrete tasks, a Market Office Certification Checklist (MOCC) of 118 items required for certification, and more. This toolkit was submitted to the DHA as the foundation for certification of all future Markets. The tIMO transition team was instrumental in assisting and enabling the DHA HQ to execute the Transition.

THE MARKET CONSTRUCT

The Market Construct focuses on the following goals:

- 1 Provide health care services based on population health care demands, localized needs, and medical force currency and proficiency readiness demands
- 2 Execute centralized functions
- 3 Align enterprise outcomes to Market-based Quadruple Aim Performance Process
- 4 Optimize collective Market resources to best meet and support the demand signal for health care in the Markets



The Integrated Referral Management and Appointing Center (IRMAC) centralizes the NCR's entire appointment scheduling process and improves patient access to care. The IRMAC evolved out of the market desire to solve two major patient requests: a simple point of entry to book primary care and specialty care appointments, and reliable and convenient access to specialty care. Instead of operating multiple call centers and having the MTFs individually manage their appointments, the IRMAC centralizes the entire process and improves patient access to care by eliminating throughput time and appointing time, allowing patients to access health care across multiple facilities and ultimately decreasing wait times for patients. This centralization model will be integrated across the DHA. METRICNET, an accrediting agency that grades contact centers across the country in different industries, nationally recognized the IRMAC model for achieving benchmark status and ranked IRMAC in the top 3 for contact centers.

The DHA made significant progress in resolving complex human resources, professional education, and technology issues. In collaboration with their counterparts in the Military Departments and the Defense Civilian Personnel Advisory Service (DCPAS), DHA efforts have cleared the way for transferring Military Department civilian employees to the DHA as DoD civilian employees, while also streamlining the human resources support provided to the workforce. The DHA strove to ensure no detail was overlooked to ensure the seamless transfer of personnel. Significant strides were made with the DHA Director's approval of a DHA Staffing Plan for HQ positions above the MTF level. In August 2019, the Office of the Deputy Assistant Secretary of Defense for Civilian Personnel Policy, in conjunction with the DCPAS, determined the DHA has full authority to commence implementation of a phased Transfer of Function (TOF). In 2019, the DHA signed a Memorandum of Agreement with Army Civilian Human Resources Agency (CHRA) to consolidate Human Resources service support under a single provider. As a result of these efforts, CHRA now services over 6,000 DHA personnel.

In 2019, the DHA Forms Management Office (FMO) established a formal forms management process to develop and maintain a centralized DHA forms library and index, formalizing relationships between the FMO, Publications Systems Office, Records Management, Privacy, and the Information Management Control Office (IMCO). These relationships allow each form Subject Matter Expert (SME) to focus on creating their required content. Over the last year, the FMO reviewed 182 draft publications and created 120 new DHA forms. As the one authoritative source for DHA forms, the forms library allows employees to search for approved forms in a singular location. The FMO formalized a forms management instruction that outlines the forms management relationship between DHA HQ,

the Markets, and the MTFs. The FMO seeks to standardize forms across the enterprise, lessening the burden on patients to manage differing forms across the MTFs, and create efficiencies with the Services. The FMO is in the process of establishing a hosting environment for new forms management technology that will help the Agency meet the 21st Century Integrated Digital Experience Act, which directs government agencies to provide cost-effective digital experiences, streamline processes to conduct business, and simplify online transactions.

The DHA Privacy and Civil Liberties Office (Privacy Office) strategically revised the data sharing agreement (DSA) program to increase efficiency and reduce the time period for reviewing data sharing agreement applications (DSAs). The Privacy Office oversees the protection of personally identifiable information (PII) and protected health information (PHI) within the MHS and is responsible for MHS compliance with federal privacy laws. In 2019, the Privacy Office focused on ensuring the policies and procedures under its purview were up-to-date, streamlining existing processes in anticipation of the increased volume of stakeholder requests resulting from NDAA transition efforts and expanding its compliance assessment processes to ensure comprehensive implementation of relevant regulations and guidance. To ensure that MTFs and the MHS are supported in their compliance efforts, the Privacy Office updated its Compliance Risk Assessment (CRA) program and broadened the scope to encompass additional pertinent federal laws and related DoD regulations and guidance. This program effectively gauges compliance with privacy and Health Insurance Portability and Accountability Act (HIPAA) requirements to ensure beneficiary and workforce member information is securely protected by all the proper protocols. Looking ahead, the Privacy Office will continue focusing on promoting privacy compliance throughout the MHS by developing and releasing new resources, deploying the updated CRA to determine the privacy compliance posture of selected MTFs, providing technical guidance as needed, and launching the revamped DSA program.

Throughout each phase of the Transition, the DHA remains focused on increasing effectiveness across the enterprise. To carry out this mission, the DHA is building a framework that adheres to the Director's Priorities and allows for increased standardization and centralization of processes and structures, as well as enhanced interoperability capabilities. Although there are intricate complexities involved and various levers of influence at play, the objective remains clear—provide seamless continuity of care throughout the Transition.



THE TRANSITION IS DRIVING STANDARDIZATION ACROSS THE ORGANIZATION;
WHEREVER WE DRIVE STANDARDIZATION IN HEALTH CARE,
WE ALWAYS SEE IMPROVED QUALITY AND LOWER COST.

- DR. BARCLAY BUTLER, DHA ASSISTANT DIRECTOR FOR MANAGEMENT



GREAT OUTCOMES

ELEVATING PATIENT CARE

As the DHA continues to create synergies across the Services, building the most effective health and administrative specialty tools, and optimizing resources, we remain ever vigilant to our greatest outcome, our most important outcome and our most mission-critical outcome: great outcomes for our patients. Creating effective solutions for our patients, for both the warfighter and their families, enhances the health readiness of the Force—so that the warfighter remains ready for the call of duty, anywhere across the globe, and they can complete this duty knowing that their families are receiving the highest level of medical care. By remaining focused on great outcomes for our patients, we enable the warfighter to be fit to fight, and ultimately, ready to win.

A Behavioral Health Inpatient Unit (BHU) was opened in July 2019 at Naval Hospital Jacksonville. The 8-bed, state-of-the-art unit complements the existing robust system of outpatient behavioral health services, and supports active duty, military retirees, and their adult family members. The BHU is projected to save \$1.6 million annually in network costs and enhance the readiness of the Force by supporting their mental health not only for success on the battlefield, but also for when they return to their lives and their families on the home front. The opening of this unit demonstrates the DHA's commitment to providing essential behavioral health services to patients.

The Health Care Effectiveness Data and Information Set (HEDIS) is a widely-used set of measures designed to give a reliable comparison of common practices that occur in ambulatory settings, especially where research has demonstrated particular benefits to patient health and wellness. **For cancer screenings, recommended visits, and imaging, DoD MTFs routinely score in the top 25%** of all facilities that report HEDIS data.

The DHA remains committed to preparing the warfighter to confront any challenge on the battlefield. Effective collaboration between the DHA and the Naval Air Warfare Center resulted in the development of an on-demand Hypoxia Trainer. This has enabled the aviation community to take a step toward resolving the hypoxia problem with the introduction of the next-generation Normobaric Hypoxia Trainer. This Trainer simulates the air flow that a pilot would have in an actual aircraft while building the aviator trainee's awareness of the symptomology of hypoxia. This training system is now being rolled out to aviation training facilities throughout the military. This trainer improves patient outcomes by assisting naval aviators with recognizing and managing loss of oxygen symptoms during flight operations. With these new Trainers, instructors believe they can quickly and accurately identify the wide array of hypoxia events experienced by aviators, leading to enhanced awareness and a ready medical force.



The DHA is committed to improving outcomes for new mothers and infant children. By implementing comprehensive risk assessment and prompt treatment for postpartum hemorrhage (PPH), including implementing safety measures such as hemorrhage drills and postpartum oxytocin infusion (PPH Bundle), the DHA has made significant progress in the Women and Infant Clinical Community (WICC). The MHS has begun to apply a standardized bundle of policies and procedures for comprehensive risk assessment and prompt treatment of post-partum hemorrhage across the system. The DHA has set a goal of 80% implementation by the end of 2020 for its Markets, with an end goal of 100%. As of the first quarter of 2020, **all pilot participants had achieved the 80% implementation rate.** These efforts demonstrate the DHA's commitment to all patients—not only the warfighter—but also their families.

BATTLEFIELD INNOVATION U.S. ARMY RANGER MEDICS IN ACTION

Two Army Rangers are alive today thanks to a program that is changing the way blood transfusions are done in combat. The Service members, one of whom sustained life-threatening injuries during a harrowing battle last summer in Afghanistan, received Type O-negative blood from soldiers who donated on the battlefield and returned to combat within minutes, the 75th Ranger Regiment said. The case was the first substantial whole blood transfusion to occur at the point of injury in modern warfare. Lt. Col. Ryan Knight, 75th Ranger Regiment command surgeon said: "Previous transfusions were all stored blood products carried into combat and the previous fresh whole blood transfusions have only occurred at ... medical facilities."

BEYOND THE HOMEFRONT

ENABLING OUR SERVICE MEMBERS TO PROVIDE THE HIGHEST LEVEL OF MEDICAL CARE ANYWHERE, ANYTIME

The DHA is the nation's medical combat support Agency, supporting the medical capabilities of the Combatant Commands (CCMDs), the military Services, federal partners, and allies around the world. As one of the DoD's combat support agencies, the DHA works to support combat forces with capabilities they do not possess, or possess in insufficient quantity. In cooperation with the Joint Staff Surgeon and Military Department medical organizations, the DHA leads the DoD integrated system of readiness and health through a global health care network of military and civilian medical professionals, including more than 400 military hospitals and clinics around the world, to improve and sustain operational medical force readiness and the medical readiness of the Armed Forces.

The DHA fulfills its CSA responsibilities through various capabilities, including several components that provide crucial expertise, knowledge sharing, and support to the Combatant Commands. The DHA's liaison officers within Combatant Commands enable direct contact with the DHA, help the DHA better understand Combatant Command needs, and give the Combatant Commands a better understanding of DHA capabilities. The DHA is a critical enabler, working with the Military Departments to advance the health and readiness of U.S. forces and to manage the medical readiness platforms that keep the medical force ready to support operations worldwide.

Working in close coordination with the Joint Staff Surgeon, the DHA provides medical-related combat support capabilities across all phases of military operations, including: Joint Trauma System (JTS), the Armed Services Blood Program, the Armed Forces Medical Examiner System, supplemental patient transport, Global Health Engagement activities, medical research and development, and health surveillance.

The DHA Combat Support Directorate directly supports the readiness mission through the DoD Individual Medical Readiness (IMR) program, the system in place that assesses the medical readiness of individual Service members and unit readiness against established readiness requirements and metrics to determine if they are medically ready to The DHA Combat Support Directorate directly supports the readiness mission through the DoD Individual Medical Readiness (IMR) program, the system in place that assesses the medical readiness of individual Service members and unit readiness against established readiness requirements and metrics to determine if they are medically ready to deploy when required. The IMR chart shows that by the end of FY 2019, **the Total Force (TF) readiness was 87% (75% fully medically ready plus 12% partially medically ready), surpassing the Office of the Under Secretary of Defense for Personnel and Readiness' goal set for 85%.** The overall medical readiness of the Total Force since FY 2011 has increased by 9 percentage points (from 78% in FY 2011 to 87% in FY 2019), the Active Component (AC) has increased by 3 percentage points (from 84% to 87%), and the Reserve Component (RC) by 17 percentage points (from 68% to 85%).

The Reserve and Guard Components provide critical support to the DoD, and the DHA Combat Support Directorate is committed to integrating Reserves leadership into decision-making at the DHA. In 2019, **the DHA activated a Reserve Liaison Office (RLO) to monitor, advise, assist, collaborate and provide bi-directional communication between the DHA and the 7 Guard and Reserve Components.** Their mission is to uphold RC equities in actions regarding the medical readiness of the Force and medical providers, identifying MHS medical capability gaps, and supporting RC centers of gravity in the DHA. In 2020, the DHA is committed to achieving Full Operating Capability of the RLO by May, eliminating barriers to the RC accessing DHA MTFs, facilitating the inclusion of RC unique requirements into medical education and training to include KSAs, formalizing RC training arrangements at DHA MTFs, participating in writing requirements for a Joint Individual Medical Readiness system that is supportive of unique RC requirements, collaborating with Combat Support to optimize the Reserve Health Readiness Program (RHRP), continuing collaboration with the DoD Total Force Fitness RC initiative, and publishing a DHA Procedural Instruction (DHA-PI) which provides instructions to DHA MTFs on how to support RC Service members.

Furthermore, the DHA manages the **Reserve Health Readiness Program**, in which the DHA supplements the RC readiness mission and assists with satisfying key deployment requirements. During FY 2019, **more than 3 million medical readiness services were provided to more than 55% of the RC forces.** In FY 2020, the DHA will look to award the successor Reserve Health Readiness Program contract. This \$999M contract is managed by the DHA to supplement RCs' health readiness mission by providing medical and dental services in support of Individual Medical Readiness and deployment related requirements. In addition to the RC, this contract also supports geographically remote Active Component, U.S. Coast Guard (USCG) and USCG Reserves; as well as re-deploying Department of Army civilians.

The DHA Medical Logistics Division (MEDLOG) established 7 business process reform projects for improved efficiencies and savings across the MHS through adoption of common business processes, which helped achieve \$385M in enterprise cost avoidance over the FY 2015-2019 POM.



Completed the health care Environmental Cleaning (HEC) category management project to realize a potential annual savings of **\$33M**



DHA MEDLOG cost avoidance in FY 2019 totaled **\$94M**



Achieved an overall contingency materiel NSN commonality metric of **59%**, increasing interoperability

The DHA's Armed Services Blood Program (ASBP) is the DoD's official provider of safe, effective, and quality blood products to the U.S. Armed Forces. The DHA ASBP operates globally and is responsible for the entire realm of manufacturing and distribution of blood products. To support the DHA's efforts to provide the safest, highest quality blood products to our Service members, ASBP blood donor centers and transfusion services are strategically placed throughout the U.S. and worldwide. Both large and small efforts made throughout 2019 helped the program meet mission readiness requirements. With the annual ASBP Army ROTC Cadet Summer Training Blood Drives at Fort Knox, KY providing a record-setting 4,000+ collections, and the Naval Hospital Camp Lejeune, N.C. implementing the use of Low Titer O Whole Blood (LTOWB), the DHA continued to provide quality blood products when and where it is needed.

In 2019, the ASBP continued its implementation efforts to increase pre-screening, furthering the LTOWB program's capabilities. ASBP continues efforts to implement the JTS definition of "Walking Blood Bank (WBB) Prescreening," the process by which personnel are pre-screened to donate non-FDA compliant Whole Blood (WB) during an emergency.

LTOWB Support to CENTCOM Surpassed Targets (APR – DEC 2019)



ASBP has screened Special Operations Forces routinely as part of the WBB and are currently increasing efforts to expand the screening to conventional forces. ASBP works to maintain a balance for blood donations at hospitals, maintain overseas quotas, and perform WBB screenings through tandem blood drive and pre-screening events. With the increased focus on providing blood further forward on the battlefield, LTOWB is preferred for deployed locations. Therefore, with the DHA's steady rise in LTOWB requirements for CCMDs, the ASBP implemented additional LTOWB capabilities in DHA MTFs in direct support of Rapid Deployment Forces. ASBP collaborations with various agencies and industry, both military and civilian, have successfully worked to bring mission critical products to the front lines. In 2019, the FDA granted a variance request for the use of cold stored platelets. The issuance of this variance allows for platelets to be refrigerated and stored for up to 14 days prior to treating bleeding patients when conventional platelet products are not available, or their use is not practical. This approval helps expedite the development and availability of safe and effective medical products to the warfighter in deployed environments.

Freeze Dried Plasma (FDP) is a dehydrated version of plasma that is ideal for austere environments as it is easily re-hydrated and administered quickly close to point-of-injury, and represents another example of how the DHA teams with international partner to directly support combat forces in the field. For the first time, two full shipments of U.S.-sourced apheresis platelets were delivered to France for manufacturing this year. This FDP will go directly to U.S. Special Operations Command, providing a tremendous resource on the battlefield. In 2020, ASBP will continue efforts towards an FDA-approved FDP (U.S. product) and collaborations to bring manufacturing to DHA/CS/ASBP Blood Donor Centers (BDCs).

The mission of the JTS is to improve trauma readiness and outcomes through evidence-driven performance improvement. The JTS vision is that every Soldier, Sailor, Airman, and Marine injured on the battlefield or in any theater of operations will be provided with the optimum chance for survival and maximum potential for functional recovery. The Assistant Director Combat Support (ADCS) Combat Casualty Care Working Group, as part of the JTS division, was established to address the top battlefield issues in trauma care delivery.



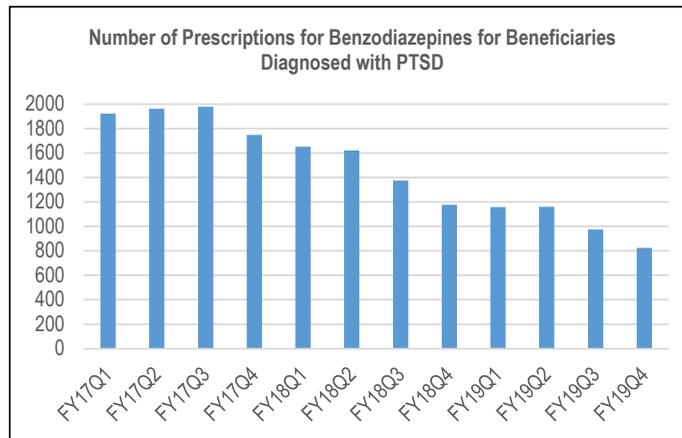
Through a survey of Defense Committee on Trauma and Combatant Command Surgeons' staffs, the top 10 trauma care issues were identified. Of these top issues in trauma care delivery, delivery of WB to the battlefield was ranked the highest. ADCS worked to address multi-factorial challenges with delivery of WB to Central Operations Command (CENTCOM) and Africa Command (AFRICOM). The working group developed improved processes that resulted in the delivery of 2,225 units of WB in Q4 FY 2019—a 19% increase from Q4 2018, increased the average shelf life of WB, assessed new blood storage and warming solutions, and identified training gaps. The working group will be expanded in FY 2020 in order to collaborate with the Services to deliver additional solutions. The JTS collaborated with the MHS Strategic Partnership-American College of Surgeons to develop a guidebook for military-civilian partnerships, establishing metrics to assist with selection, and performance tracking of ongoing partnerships.

In FY 2020, the JTS has 4 key goals to continue its support of the readiness mission:

- Develop Combatant Command Trauma System (CTS) concept of operations and implement during large-scale exercises
- Support the establishment of military and civilian partnerships and track metrics of performance for the partnership. A Transition Affiliation Agreement (TAA) has been drafted in collaboration with the University of Texas Health Science Center San Antonio as a pilot DHA-led negotiation for facilitating Mil/CIV trauma skill sustainment partnerships
- Establish a concurrent JTS-Armed Forces Medical Examiner System (AFMES) military trauma fatality report for visibility and opportunities for improvement in trauma fatalities
- Identify a CTS trauma management team to support each CCMD and initiate the 12 core functions of a CTS framework

The DHA's Armed Forces Medical Examiner System (AFMES) is the only federal level medical examiner system. The Office of the Armed Forces Medical Examiner Division (OAFME) conducted over 300 no-notice forensic pathology investigations. Mortality data generated by AFMES is reviewed in collaboration with the JTS to analyze injuries and fatalities to improve trauma care and reduce preventable deaths. Suicide data is provided to the Defense Suicide Prevention Office (DSPO) in an effort to reduce the numbers of suicides within the DoD.

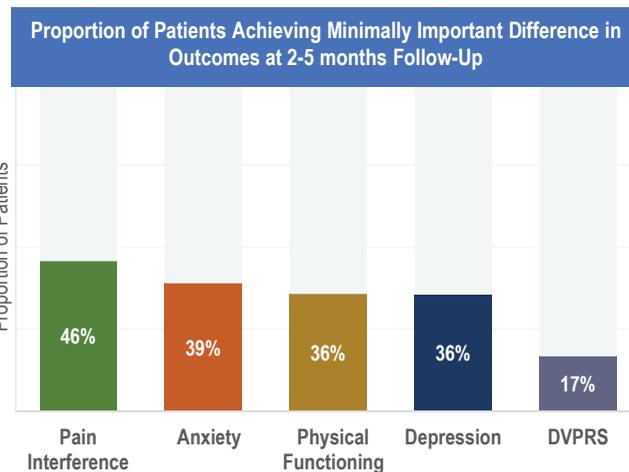
The DHA has made significant strides in the Behavioral Health Clinical Community (BHCC). By implementing an enterprise-wide means to assess Post Traumatic Stress Disorder (PTSD) and depression outcomes via the Behavioral Health Data Portal (BHDP), the DHA remains committed to holistically addressing both physical and mental health issues. The DHA disseminated a VA/DoD guideline information paper with a Clinical Practice Guideline (CPG) recommendation to reduce the prescription of benzodiazepine to treat PTSD patients over the last two years to improve patient outcomes. As a result, **the number of prescriptions for benzodiazepines for beneficiaries diagnosed with PTSD has consistently decreased.**



The MHS has responded to the opioid crisis with a clear standard for co-prescribing the anti-overdose drug Naloxone for patients at elevated risk under the Opioid Overdose Education and Naloxone Distribution (OEND) Program. While this may sound simple, achieving this goal requires extensive experience in opioid safety, clear prescription protocols, and education of pharmacy, behavioral health, and other clinical staff to be successful. Within DHA facilities, much of this work is made easier by operating as a Market, instead of as standalone facilities. With shared policies, patient information, and care coordination, Market-level care can better ensure that Naloxone is readily available for those who need it.

The below graph reports on 1,834 patients who completed an initial PASTOR survey and a follow-up survey 2-5 months later. **46% of patients reported improvements in how much pain interfered with their lives and 39% reported less anxiety, as compared to the initial survey.** Of note, only 17% reported a decrease in their pain intensity (0-10) score. This suggests that improvements in pain intensity may lag relative to physical and emotional functioning improvements, suggesting patients can function effectively despite persistent pain. Overall, the **DVPRS and PASTOR provide a robust means of evaluating the effectiveness of pain therapies to minimize the use of and risks associated with opioids and maximize the use of complementary and integrative forms of pain management.**

In May 2018, DHA-PI 6025.07 established procedures for the prescribing and dispensing of Naloxone by MTF pharmacists. Madigan Army Medical Center (MAMC) undertook a pilot program for provider educational efforts that stressed adherence to the established clinical practice guidelines from the DHA. The graph below shows the success at MAMC in dispensing Naloxone to patients on Long-Term Opioid Therapy (LTOT). The DHA is sharing this best practice throughout the MHS in order to increase enterprise-wide adherence to the CPG. **The DHA's goal is that >90% patients at risk for opioid overdose will carry Naloxone.**



Naloxone Policy vs. Active Implementation

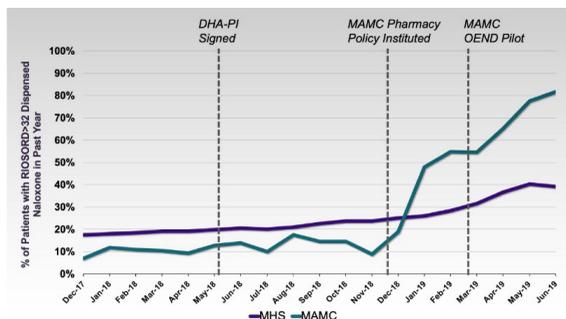


Figure 1: Percent of Patients with a RIOSORD>32 Dispensed an Opioid Who Were Prescribed Naloxone in the Past Year

The DHA and larger MHS recognize that pain can seriously affect patients' emotional state and their ability to work and care for their families. To capture these real effects on patients, the MHS uses the Defense and Veterans Pain Rating Scale (DVPRS) which measures the impact of pain on overall functioning, physical activity, sleep, mood, and stress, and the Pain Assessment Screening Tool and Outcome Registry (PASTOR), which evaluates patients using NIH Patient-Reported Outcomes Measurement Information System (PROMIS) computer adaptive testing scales to provide additional information on a patient's physical, social, and psychological status. The DVPRS and PASTOR provide the clinician and patient clinically useful, actionable information to inform a patient visit while providing a pain data repository for clinical system surveillance.

The DHA continues to support the military mission by implementing and managing various programs and tools to drive desired patient outcomes, increase confidence in the MHS health care delivery, and build organizational commitment to protect the health of the patients entrusted to our care.

The DHA aims to promote improved quality and patient safety by engaging, educating, and equipping patient care teams to facilitate the deployment of and adherence to evidence-based safe practices and relevant clinical performance indicators, and equip providers with the necessary skills to eliminate preventable harm throughout the MHS.



READY MEDICAL FORCE

“READY FOR THE FIGHT TONIGHT”

The DHA leads the integration of readiness and health to support the delivery of a medically ready force and a ready medical force to the Combatant Commands. To ensure these priorities are achieved, the DHA is working diligently with the Services and other strategic partners to equip medical personnel with the necessary training and resources to provide the highest level of care to patients and decrease unwarranted variability through standardization across the enterprise. The DHA's world-class learning programs maximize education resources and provide high value education and training. These learning programs aim to measure and improve readiness through advancing the capabilities of the medical team and increasing the interoperability of a ready medical force.

As a critical component of the DHA's learning programs, the Joint Trauma System (JTS) developed a military-specific Performance Improvement Course (PIC) aligned with the American College of Surgeons Committee on Trauma guidelines to ensure optimal outcomes and patient safety. The PIC course was codified in CENTCOM Operating Procedures to create an enduring program that has directly impacted the delivery of trauma care in the CENTCOM Theater by improving communication and establishing clear lines of responsibility for teams delivering battlefield trauma care. The JTS further supported CENTCOM through the medical evacuation component to develop an internal quality improvement process for patient transport. This quality improvement process detected a trend in ventilator failures. CENTCOM was able to use this information to expedite the delivery of replacement ventilators to medical evacuation units, ensuring that patients receive proper medical assistance at this critical point of care.

The JTS approved the DoD-wide release and full implementation of the All Service Member curriculum for the Tactical Combat Casualty Care (TCCC) course in 2019. The additional 3 Tiers of TCCC are due to be delivered by December 2020, highlighting the DHA's ability to support the Secretary of Defense's guidance to develop "cross-functional teams" supporting a full range of air, land, and sea operations and increase the interoperability of a ready medical force. The Defense Medical Readiness Training Institute (DMRTI) has partnered with the Joint Trauma Education and Training Branch (JTET) to enhance the JTS' ability to improve trauma readiness and outcomes through evidence-driven performance improvement. Since 2005, the JTS has hosted a multi-disciplinary Combat Casualty Care Conference, totaling over 700 weekly calls by 2019.

The Conference reviews the clinical care for all U.S. Service members injured in combat operations over the entire spectrum of medical care, starting at point of injury to rehabilitation. The Conference provides Continuing Medical Education (CME) lectures from experts that allow deployed personnel to meet their requirements for recertification and licensing. These calls are supported by coalition partners, governmental agencies, and senior military leaders.

The DHA continues to support leaders in the delivery of health care and obtaining critical resources so they are prepared for any battle on any field. In collaboration with the Commissioned Corps Program Office, the DHA works to oversee 4 Military Operations Areas (MOAs) that assign and deploy 175 Corps officers in a variety of capacities to support the DoD mission. **The 109 Public Health Service (PHS) officers serving under the Mental Health MOA supplement the critical shortage of military and civilian Behavioral Health Providers** in clinical settings throughout the DoD. The 62 officers serving under the Personnel and Readiness MOA provide DoD with strategic leadership capabilities to assist with planning and support readiness missions, as well as disaster relief missions, such as FEMA missions in support of hurricane disasters throughout the U.S. These officers also maintain their skills as clinicians by being prioritized at various MTFs and deploy when required to support the U.S. Department of Health and Human Services' mission.

The DHA has taken steps to standardize and increase access to training in response to the most pressing issues of today. The DHA Records Management provides both classroom style, desk-side support and training, as well as web-based records training development and implementation. **A total of 6,300 DoD personnel were trained throughout CY 2019.** The DHA conducted multiple initiatives for The Counter Insider Threat, including implementing standardized insider threat awareness training made available to the entire DHA workforce and conducting Insider Threat Awareness training for 416 BUMED personnel **(72.9% of the entire BUMED staff attended the training)** in January 2020. The DHA also implemented the DHA Safety Automatic System for injury and illness tracking, as well as inspection reporting to increase transparency.



“

OUR CONTINUED COLLABORATION WITH THE SERVICES IS CRITICAL TO THE SUCCESS IN THE DEVELOPMENT AND SUSTAINMENT OF A 'UNIFIED AND READY' MEDICAL FORCE.

- BRIG GEN ANITA FLIGGE, DEPUTY ASSISTANT DIRECTOR, EDUCATION AND TRAINING

”

The 2019 DHA Clinical Communities Speaker Series (CCSS) was created to achieve an increase in the skills, competence, and performance of the health care team and drive positive patient outcomes. The Series offers Continuing Education (CE) accredited content to all health care providers and supports the full range of military operations in order to sustain the health of all those entrusted to the DHA's care. DHA personnel world-wide, Uniformed Services University of the Health Sciences (USUHS), academia, and federal partners collaborated to create and present evidence-based knowledge and skills for CCSS. The Series topics were selected to align with the Defense Health Board recommendations for consolidating CE within the MHS, DHA strategic objectives, FY 2017 and 2019 NDAA's, and the Joint Accreditation standards and criteria.

Licensed providers within the MHS have opportunities to earn CE credit **at no travel cost, loss of patient care time, or out of pocket expenses** to attend due to its virtual offerings. Previously, CE was solely available for physicians and nurses, but the CCSS expanded CE to include additional professional disciplines. The DHA achieved re-accreditation as a provider of CE for 8 professional disciplines (physicians, nurses, pharmacists, pharmacy technicians, physician assistants, optometrists, psychologists, and social workers). For all CY 2019 CCSS live and enduring events, **a total of 5,205.50 CE credit hours and 339.50 Certificate of Attendance (CA) credit hours were issued to a total of 5,513 learners.**

The DHA's enterprise-wide view allowed for expanded training and educational opportunities. The Medical Modernization and Simulation Division (MMSD) capitalized on this opportunity to establish 6 professional civilian credential testing sites located at the MTFs within the first 4 Markets and will continue to roll out testing sites to all Markets. Enlisted medical personnel at these MTFs now have access to over 1,600 professional civilian credentials and licenses, to include numerous medical certifications and licenses. The DHA collaborated with USUHS and the National health career Association to award college credits for completing medical certifications and provide personnel with an official college transcript from USUHS. Since the official rollout in December 2019, over 500 Service members have signed up for credential testing. By providing professional civilian credentialing for enlisted medical personnel, the DHA is better able to provide a highly trained and certified medical force to provide the highest level of care to patients. As several MTFs transition to a Market-based structure, their successes demonstrate the value of the newly established Markets and showcase opportunities for the Services to work with the DHA to provide unified and enhanced responses.

Navy Medicine Readiness and Training Command (NMRTC) Jacksonville's Expeditionary Medical Facility Mike earned a Tier 1 readiness capability certification after completing a 2 week training evolution on 13 February 2019 at Naval Expeditionary Medical Training Institute in Camp Pendleton, California. About 110 staff participated in this expeditionary medical training, which is a vital element in the pre-deployment training continuum.



NMRTC Jacksonville Expeditionary Medical Facility Mike

The Keesler Medical Center and Coastal Mississippi Market deployed 74 medics from Keesler in support of 5 Combatant Commands and deployed the Critical Care Air Transport team in support of hurricane relief. Keesler also developed an Ability to Survive and Operate (ATSO) training program, deployed a 12 member En-Route Patient Staging team (ERPSS), and exercised a Defense Chemical, Biological, Radiological, Nuclear (CBRN) Response Force team comprised of 117 members, which achieved a 48-hour response timeline requirement, **making the team 1 of 3 in the Air Force.** Keesler supported the training and development of its staff, including multiple programs and courses such as: Advanced Cardiac Life Support, Pediatric Advanced Life Support and Neonatal Resuscitation Programs, TCCC, and Phase II Aerospace Medical Service Apprentice Program. These trainings provide essential skills and advanced medical training to Airmen across the enterprise to ensure that they are able to provide the highest quality of care in any environment, and represents the capability of the DHA to maintain the highest level of care and training throughout the Transition.

The DHA will support various planned Transition initiatives for 2020 including: consolidating civilian employee human resources support to a single provider, completing Transfer of Functions, and fulfilling Management Directed Reassignments. Other key initiatives include: establishing systematic, continuous, and comprehensive processes for managing safety risks with evidence-based data on safety, productivity, and costs; establishing a program for anticipation, recognition, evaluation, and control of work health hazards and their potential impact on productivity and costs for the DHA enterprise; and providing guidelines for Markets and MTFs on effective communication at regional and local levels.

MIRACLE ON THE ST. JOHNS

After a plane crashed into the St. Johns River at nighttime on 3 May 2019, Naval Hospital Jacksonville's watch crew initiated the hospital's mass casualty plan, and immediately began staging supplies and recalling personnel to respond to the incident. NH Jacksonville surged medical personnel to Hanger 117, where passengers gathered after being rescued from the aircraft. Passengers were rapidly triaged: 21 were transported to local civilian hospitals and 20 were seen in NH Jacksonville's emergency room. The hospital also provided blankets to passengers, medical scrubs to replace passengers' wet clothes, hot meals, and hosted 30 people who needed a place to spend the night. In addition to recalled staff, a large number of hospital staff reported voluntarily, leading to a surplus of medical assistance. Accessing DHA resources and materials enabled the Navy Commander at NH Jacksonville to provide an agile, thorough, and efficient response. The emergency, dubbed "Miracle on the St. Johns," received national media attention and demonstrated how the DHA and Services work together to provide integrated services.





SATISFIED PATIENTS

THE GOLD STANDARD OF MILITARY HEALTH CARE

Extraordinary patients require extraordinary care, and the DHA embraces our vital role in ensuring the patient experience rises to this standard. Over the course of 2019, new developments in a variety of patient-facing areas swept through the agency to transform the way patients receive their health care and pave the way for a more interactive and empowering health care experience, while also simultaneously improving access to care.

In 2019, the DHA made major headway with further improvement and widespread adoption of the DHA Medical Q-Services (MQS) Contract. The MQS program was designed to supplement the professional medical staff at any MTF and Dental Treatment Facility (DTF) across the MTFs, which ensures patients obtain services within the access to care standards rather than being referred to the TRICARE network. Supplementing the professional medical staff also allows patients to obtain care where they are accustomed to and comfortable with receiving care—in the MTF or DTF. The MQS program was developed to ensure contracted health care workers provide patients with the highest quality of care by meeting the same qualification standards as expected from civilian and military staff. **The DHA and the Military Departments awarded 879 Task Orders under the DHA MQS contract with a total aggregate value of \$860M.** As a result, 251 Physicians, 1061 Nurses, 455 Dental contract staff, and 2,772 Ancillary contract staff Full Time Equivalent (FTEs) delivered care in the MTFs.

The DHA initiated 4 modifications to the basic MQS contract to improve its flexibility and functionality and ensure it aligns with the Director's Satisfied Patients priority. The modifications:

- **Clarified the use of a standard FTE** so MTFs and Contracting Activities can now freely set the work schedule of health care workers based on need
- **Removed U.S. citizenship as a mandatory qualification** to improve fill rates
- **Set standard fill dates for initial fills when not on the Performance Work Statement (PWS) template** to ensure the Government expectations are met and the timelines are achievable for the MQS contractors
- **Implemented use of the SMART error check tool** to conduct a quality control check on their monthly deliverables on 79 data points and decrease the Government time and effort to accept monthly deliverables on 36 MQS contractors
- **Added a blind benchmark report (BBR)** providing MQS contractors with a monthly report showing their performance relative to other MQS contractors to allow them to improve their performance

Results point to increased standardization of health care worker timelines and FTE protocol to ensure standards are clear, achievable, and accounted for; improved fill rates for hard to fill requirements due to increased eligibility for qualified candidates; a decrease in monthly deliverables by 65%; and improved methods for utilizing performance metrics.

The DHA demonstrates its leadership on matters of patient safety by implementing a number of practices and protocol that spotlight current trends in patient safety data. Naval Hospital Jacksonville brings together front-line staff and leaders from across 6 locations for daily briefs to discuss patient safety and identify potential risks early so they can be acted on promptly.

In 2011, they were the first Naval MTF to launch the Caring Communications initiative, which improves communication and relationships between providers and patients, ultimately improving clinical outcomes. As of the end of FY 2019, **92% of providers completed Caring Communications training.** In September 2019, 6 facilities again earned The Joint Commission's Gold Seal of Approval® for hospital accreditation by demonstrating continuous compliance with performance standards. The Joint Commission is the nation's oldest and largest standard-setting and accrediting body in health care.

The MHS introduced the Global Trigger Tool (GTT) to augment existing patient safety improvement initiatives at MTFs. As a retrospective patient safety monitoring tool, the GTT can provide data to guide improvement efforts to eliminate patient harm and deliver safe, reliable care. MHS health care professionals use their GTT data to measure, trend, and prevent harm. The DHA gained a better understanding of its facilities through the GTT Monthly Report data and as a result, was able to explore strategies for using GTT findings with other patient safety data to identify opportunities for improvement.

The DHA oversaw the implementation of an enterprise-wide Central Line Associated Blood Stream Infections (CLABSI) Toolkit based on proven leading practices. The DHA implemented this Toolkit to reduce the occurrence of CLABSI. This collaborative effort, with tri-Service and Market representation, standardized CLABSI prevention practices and procedures across all MTFs. The DHA also provided patient safety enabling expertise to the Clinical Communities. Enabling expertise support to the Clinical Communities allowed the DHA to begin implementing improvement initiatives to improve patient safety.

The DHA participates in strategically selected national databases, such as the National Surgical Quality Improvement Program (NSQIP), to drive improvement throughout the enterprise for identified common executable goals. The DHA's participation in national clinical quality programs provides powerful tools to systematically assemble large volumes of individual and population patient care data that are used to enhance health care quality, delivery of care, clinical decision support, and cost improvement initiatives. The databases extract data from multiple sources, providing a broader range of information and increasing the opportunities for greater performance improvement analysis and quality/safety measurements. The American College of Surgeons (ACS) National Surgical Quality Improvement Program (ACS NSQIP®) is a nationally validated, risk-adjusted, outcomes-based program to measure and improve the quality of surgical care. Nationwide, over 700 hospitals participate in NSQIP, of which 88 were recognized for "Meritorious" performance in calendar year 2018, including 7 DoD MTFs. Meritorious hospitals are among the top 10% of performers for surgery-related quality measures such as pneumonia, unplanned intubation, and renal failure. NSQIP reporting for 2020 indicates that MTFs perform better for a number of metrics in comparison to overall scores among NSQIP-reporting hospitals. MTFs reported a 30% lower mortality rate, and 7% fewer hospital readmissions than peer facilities.

The DHA was the first federal agency to participate in the Leapfrog Group's Hospital Survey, and in November 2019, successfully piloted survey participation across 5 facilities within the newly formed DHA NCR Market. The DHA has planned to roll-out the survey across all MTFs.

In January 2019, DoD joined over 4,000 hospitals participating in the Hospital Compare searchable database. The Access, Quality of Care, and Patient Safety Memorandum directed the DHA to establish a MHS performance management system to drive improvement throughout the enterprise for identified common executable goals and develop dashboard measures that address all areas covered by the MHS review. The expansion of Hospital Compare Quality Measurements and the DoD's participation in National clinical quality programs provides powerful tools to assess patient health care data. **The databases extract data from multiple sources, providing a broader range of information and increasing the opportunities for greater performance improvement analysis and quality/safety measurements.** MHS clinical measurement results data can be found on Health.mil.



The DHA is leveraging virtual care capabilities to revolutionize the entirety of the health care experience—not only improving the ease of access for patients receiving care, but optimizing working conditions for the staff who provide and deliver the care as well. The DHA made significant progress on the consolidation of Service Virtual Health (VH) capabilities under the Virtual Medical Center construct, allowing for enterprise-wide VH planning. The DHA worked with the VH Project Management Office (PMO) to ensure the growth and sustainment of enterprise-wide VH and completed extensive work with the initial DHA Markets on standing up VH capabilities.



Mock-up of a virtual visit

The DHA oversaw the creation and coordination of a mandated Residential Treatment Center (RTC) on Telebehavioral Health within the MHS and completed initial Functional Requirements for synchronous and asynchronous VH.

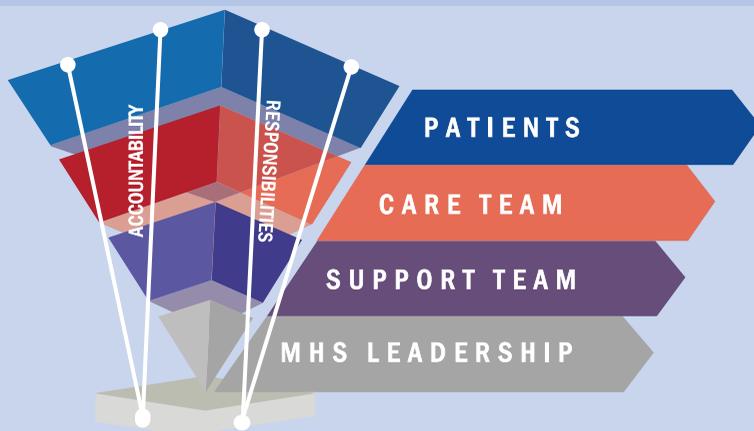
The Navy Care app launched at Naval Hospital Jacksonville offers a faster, innovative way to complete health visits without a trip to the hospital or clinic. The app enables patients to have a live, virtual visit with a clinician using a smartphone, tablet, or computer. Providers can be more engaged with patients and gather necessary patient information without needing a face-to-face visit. By improving ease of access to appointments for diabetes, wellness, family medicine, nutrition, and orthopedics/podiatry, the app allows patients to receive health care services wherever they are. The Navy Care app also allows Sailors and Marines to complete their Periodic Health Assessment (PHA) from their unit or home, **decreasing the amount of time away from the mission and family.** Nearly 50 health care providers at the hospital and branch health clinics have completed specialized training to provide virtual care through this app. **The app has been rated 4.95 by patients and 4.85 by providers (out of 5).** The app has made it more convenient and accessible for physicians to provide care for their patients.

The DHA collaborated with the Defense and Veterans Center for Integrative Pain Management to establish an Opioid Overdose Education and Naloxone Distribution program to implement the DHA's prescribing policy and help ensure Naloxone, a life-saving opioid overdose reversal drug, is dispensed to patients at an elevated risk for overdose. The goal of the program was to combat low co-prescription rates that stem from a lack of awareness about prescribing policies, misunderstandings about the clinical criteria for prescribing, and stigma from both clinicians and patients about Naloxone. An initial pilot was conducted at Madigan Army Medical Center which applied dissemination and implementation best practices to increase Naloxone co-prescription and destigmatize myths associated with the lifesaving drug. Within 3 months of implementation, **Naloxone co-prescriptions at the pilot site were 32.8% higher than the MHS, on average.**



U.S. Air Force Tech Sgt. pharmacy craftsman processes prescriptions. The pharmacy processes and fills prescriptions for hundreds of different medical needs.

A PATIENT-CENTERED MHS



A READY, RESILIENT AND RELIABLE MILITARY HEALTH SYSTEM REQUIRES PATIENT-FIRST DECISION-MAKING AT EVERY LEVEL. EACH ONE OF US, THROUGH OUR SHARED ACCOUNTABILITY AND COMMITMENT, PROVIDES THE SUPPORTIVE FOUNDATION TO A SUCCESSFUL MHS.

The DHA has prioritized engaging with stakeholders throughout the Transition to provide guidance on navigating through the health care system. This led to the creation of an active communications plan to destigmatize Naloxone and provide clinicians with resources such as key messages and patient brochures to talk to their patients. In addition, the DHA worked to develop clinical decision support tools and trainings via a sustainable, scalable model to a cohort of interdisciplinary champions. One of the goals of the training was to increase use of the CarePoint Tool. Following the training, **high-risk patients opioid dispensing encounters increased from 4% to 44% in the CarePoint Tool.** The program effectively increased clinician competencies surrounding Naloxone and **100% of participants reported that they would recommend the training.**

Coordinators from Operation Warfighter, the Education and Employment Initiative, and the Military Caregiver Peer Forum Initiative participated in a 2-day training and discussion session in Arlington, Virginia to discuss the future of recovery coordination, define measures of success, and better understand the avenues for collaboration within the MHS. It was an atypical week for the 28 coordinators who traveled from their regions to attend the training, but it was an important learning opportunity. A typical week for regional coordinators working in support of the DHA's Recovery Coordination Program consists of meeting with Service members and their families, conducting briefings to military and private sector leaders, and working hand-in-hand with medical and non-medical case managers to help Service members and their caregivers through the recovery, rehabilitation, and transition or reintegration process. Through supporting education, employment, internship and caregiver programs, regional coordinators work on the front lines of care coordination.

Education and Employment Initiative coordinators identify more than 900 employers and more than 1,400 suitable employment opportunities for transitioning Service members each month. **As a result, coordinators produce more than 200 possible employment matches for transitioning Service members on a monthly basis—and then assist Service members with developing strong resumes by translating their military skills to the civilian workplace.**

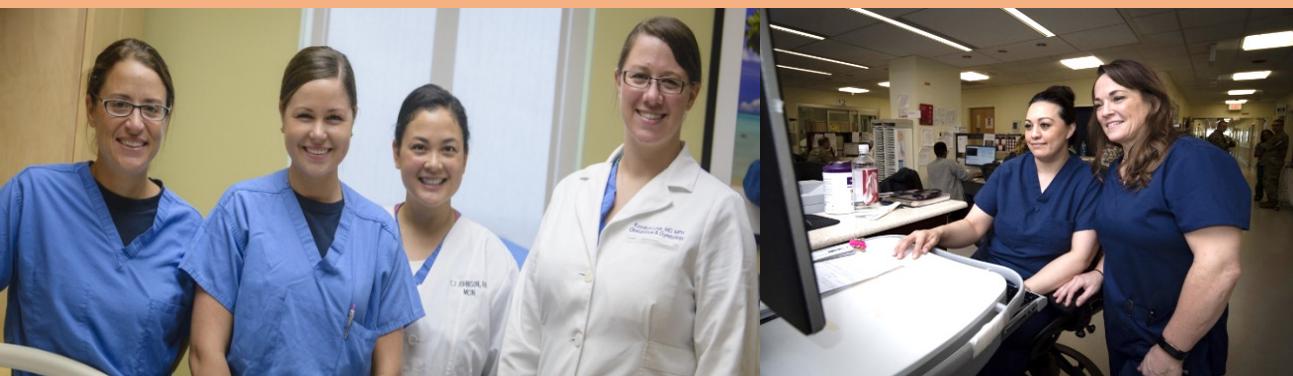
The MHS relies on a global network of both military agencies and the private sector in order to provide a seamless, high-quality care experience for all beneficiaries. Although the MHS mission remains unique to its kind, there remain many areas in which the MHS also shares common interests and common measures with colleagues in civilian medicine. As a consequence, the MHS has long worked in close partnership with other government and industry leaders in developing, testing, and refining shared measures of health care quality. The resounding impact of Transition efforts will be felt on a large scale, spanning far past the walls of the Agency as the DHA strengthens its role as a global leader in military and civilian health care.

The DHA's goal to elevate the quality of care through a patient-centered approach remains a top priority. From the numerous patient safety efforts enacted, to the new and innovative expansion of virtual care opportunities offered to patients, the DHA is ensuring patients can access premier health care. Several of the patient-centered initiatives also spread benefits to staff and health care providers as the entire health care delivery process is transformed to accommodate both parties. Patients have more access to personalized health care benefits and providers are able to deliver tailored care with greater access to patients. It's a win for the entire MHS, and the DHA is proud to be leading the effort and making an impact that matters.



FOCUSING ON A PATIENT-CENTERED APPROACH TO CARE RESULTS IN A BETTER UNDERSTANDING OF OUR PATIENTS, BETTER CARE AND ULTIMATELY, A BETTER QUALITY OF LIFE. OUR PATIENTS SERVE AS OUR TRUE NORTH FOR EVERYTHING WE DO.

- DR. PAUL CORDTS, DEPUTY ASSISTANT DIRECTOR, MEDICAL AFFAIRS



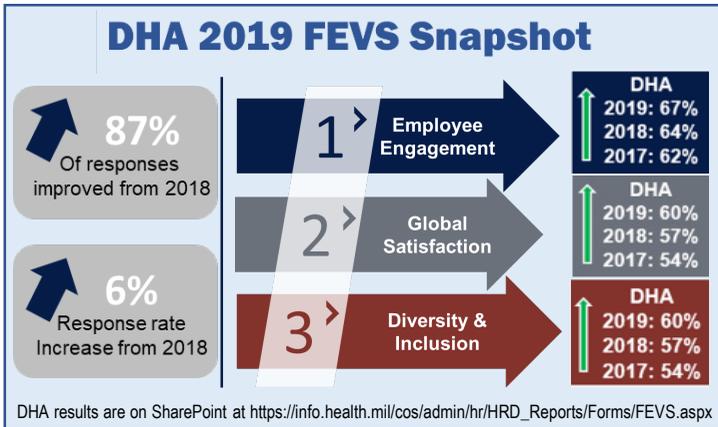


FULFILLED STAFF

BUILDING TEAMS THAT MAKE A DIFFERENCE

The DHA continues to foster a fulfilling employee experience where staff feel joy and purpose working in the MHS. The DHA strives to make the MHS the best place to work in the DoD by ensuring all employees feel valued and respected by emphasizing employee development, providing staff with impactful advancement opportunities, creating an inclusive and productive work environment, and utilizing the latest technology to allow for enhanced employee flexibility and engagement.

The DHA recognizes the outstanding contributions from dedicated staff members through Employee and Service Member of the Year programs. Some of the accomplishments of the 2019 recipients include ensuring over 150,000 TRICARE beneficiaries across 16 states continue to be supported by their Management Care Support Contractor and leading the development and implementation of the transformational MHS Intake Portal, which standardized the multi-disciplinary management MHS requirements. By automating and standardizing the process, the Portal allows the DHA to innovate much faster and more effectively.



The DHA also recognizes the outstanding contributions of its Service members with the selection of a field grade, company grade, senior enlisted, and junior enlisted Service Member of the Quarter. Both recognition programs have the same focus—acknowledge extraordinary achievements of the men and women supporting the MHS in the delivery of health care to those who have defended our nation, those serving presently, and their family members.

The Federal Employee Viewpoint Survey (FEVS) serves as a tool for employees to share their perceptions of various critical workplace areas, including their work experiences, organization, and leadership. The DHA has participated in the FEVS since the Agency's establishment in 2013. Participation was at an all-time high in 2019 with a 38.5% rate; results improved for 62 of 71 core survey questions resulting in a 4% improvement in the DHA's ranking for the Best Places to Work in the Federal Government. The DHA continues to trend upward in key survey indices that measure employee engagement, global satisfaction, and diversity and inclusion. In 2020, the DHA will leverage FEVS responses to continue shaping a positive employee experience, increasing its participation rate, and improving its Best Places to Work in the Federal Government ranking.

DHA Facilities is committed to developing modern and efficient workspaces to increase the well-being of employees. The Aurora Replacement Lease activities, conducted in Colorado, impacted approximately 360 personnel across 8 organizations and resulted in an annual cost savings of approximately \$28,000. The space includes open floorplans to promote team collaboration, motion sensor light technology to reduce energy consumption and costs, data center upgrades to centralize infrastructure, enhance network security, and standardize workstation size to increase seat count for a smaller footprint.

NCR received the Joy in Medicine Recognition in 2019 and earned recognition from the American Medical Association (AMA) for their outstanding efforts to address systemic causes of physician burnout in areas such as assessment, leadership, teamwork, and practice-environment facility. The Joy in Medicine Health System Recognition Program was designed by the AMA to spark and guide organizations interested, engaged, and committed to improving physician satisfaction and reducing burnout. The Joy in Medicine Health System Recognition Program aims to:

To ensure employees have the services necessary for mission support, the DHA Unified Communications Network Refresh updated equipment located at DHHQ and its remote locations to replace end-of-life, end-of-support equipment that supports over 7,000 DHA personnel. By refreshing the equipment, the DHA reduces the amount of service calls and potential outages. Additionally, the DHA conducted a total refresh of desk phones to provide all DHA personnel with the latest digital phone sets and worked with Xerox to remove all the old Multi-Function Devices (MFDs) across the enterprise and provide new MFDs to all locations.

- Provide a roadmap for health system leaders interested in implementing programs and policies that actively support physician well-being
- Unite the health care community in building a culture committed to increasing joy in medicine for the profession nationwide
- Build awareness of solutions that promote joy in medicine and spur investment within health systems to reduce physician burnout

The DHA continues to pursue a culture that celebrates and rewards excellence in its staff. The fulfillment of each individual staff member—uniformed Service member, civilian, and contracted—all contribute to and play a part in building teams that make a difference, are ready to deploy, and collectively deliver medical readiness to our force.

TRICARE

HEALTH CARE PROGRAM

TRICARE is the health care program for uniformed Service members, retirees, and their families around the world. TRICARE provides comprehensive coverage to all beneficiaries, including: health plans, special programs, prescriptions, and dental plans. TRICARE enhances the DoD's readiness mission by providing sustained health support for all Service members and their families entrusted to our care.

In 2019, there were several TRICARE enhancements, which our patients have already benefitted from—including new TRICARE contracts for care provided through civilian networks; a successful rollout of two TRICARE Open Seasons; the new TRICARE Select benefit; expanded access to preventive care, urgent care, and mental health services; the option for retirees to purchase dental coverage; and eligibility for vision coverage for most beneficiaries through the Federal Employees Dental and Vision Insurance Program (FEDVIP). In addition, TRICARE Dental Program (TDP), a voluntary dental program administered by United Concordia, and TRICARE Pharmacy Program (TPP), managed through Express Scripts, continue to support all Service members and their families in need.

TRICARE expanded covered services for certain beneficiaries in 2019. Active duty Service members who meet certain conditions are now eligible to have a portable Continuous Positive Airway Pressure (CPAP) machine covered. For mothers, TRICARE will cover banked donor breast milk when an infant is critically ill and the mother's breast milk isn't available or sufficient. Additionally, TRICARE policy changes allow children with terminal illnesses covered by TRICARE to receive both treatment and end-of-life care. Prompted by the 2018 NDAA, the new policy allows military dependents under 21 to receive both medical treatment for their terminal illness, such as medication, radiation, or surgeries; and care that falls under the umbrella of "hospice," which includes pain relief and symptom control. Under previous law and policy, a patient could only receive one or the other.

The TRICARE Health Plan Project Management Office partnered with Humana Military and Kaiser Permanente to launch an Accountable Care Organization (ACO) demonstration in the Atlanta TRICARE Market. The ACO demonstration is a value-based initiative that seeks to improve health outcomes, and reduce cost and risks to the Government. The purpose of the demonstration is to test the hypothesis that an integrated delivery model will result in higher levels of efficiency, effectiveness of care, and beneficiary satisfaction. The demonstration was available for open season enrollment in November 2019 where **1,750 beneficiaries enrolled to Kaiser Permanente as a TRICARE Prime Option**. Those enrolled in Kaiser Permanente's TRICARE Prime Option will receive health care within Kaiser Permanente facilities.

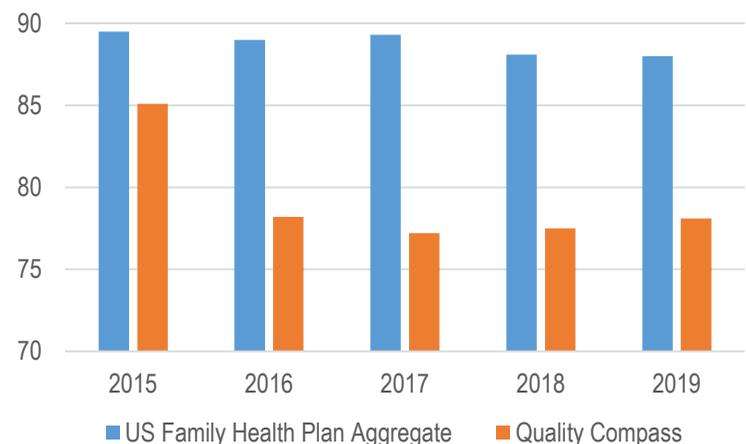
In 2019, the DHA played an integral role in educating beneficiaries about TRICARE benefits and changes. We utilized creative and unique ways to better engage with beneficiaries, increasing the reach of TRICARE. The TRICARE.mil website was the second most visited site in the DoD, **averaging 144,220 views per day**. Elsewhere on the web, the DHA created **2,000+ posts with more than 7M impressions, and 145K+ engagements, which led to more than 125K TRICARE referrals**.

The US Family Health Plan (USFHP) is a contracted TRICARE program under which the TRICARE Prime benefit is offered to eligible military beneficiaries. The USFHP requires beneficiaries to self enroll and is offered through 6 participating non-profit plans in different regions of the country located at:

- Johns Hopkins Medicine
- Christus Health
- Pacific Medical Centers
- Brighton Marine Health Center
- Martin's Point Health Care
- Saint Vincent's Catholic Medical Centers

Through the USFHP, patients will receive care from a primary care provider that they select from the network of private physicians affiliated with one of the non-profit health care systems listed above.

USFHP Consistently Receives Higher Consumer Assessment of Health Care Providers and System Ratings vs. Commercial Counterparts



Quality Compass includes all 186 commercial Non-PPO adult samples that submitted data to NCQA

The above graph shows the Consumer Assessment of Healthcare Providers and System (CAHPS) ratings for the US Family Health Plan and Quality Compass. The USFHP has received a higher rating than Quality Compass every year since 2015, demonstrating its high quality of care, patient satisfaction, and positive patient experience.

These efforts highlight the DHA's dedication and commitment to support all of beneficiaries. The DHA is also in the process of deploying MHS GENESIS, the DoD's new electronic health record, which will further improve the patient experience. This integrated health record will give patients a single record of medical and dental care, and a new patient portal will replace TRICARE Online. Patients will benefit from a new interactive interface that offers secure messaging with providers and access to their medical records, appointments, and more. It will improve communication and information sharing between military hospitals and clinics, civilian providers, and the Department of Veterans Affairs.

SUMMARY AND KEY HIGHLIGHTS

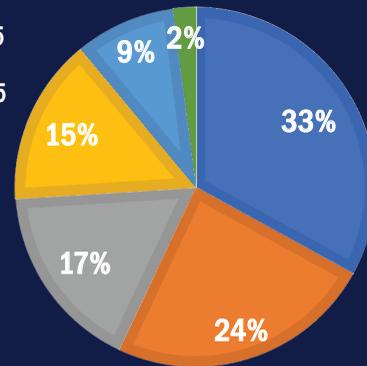
BUDGET

\$50.6 B → **\$49.2 B**
 FY 2019 Expenditures → FY 2020 Budget



BENEFICIARY CATEGORIES

- Retirees and Family Members <65
- Retirees and Family Members ≥65
- Active Duty Family Members
- Active Duty
- Guard/Reserve Family Members
- Guard/Reserve Members



\$861M
 In retail pharmacy refunds



51%

Of 9.6 million eligible beneficiaries for DoD medical care, 51% were enrolled in TRICARE Prime

HOSPITAL RATINGS

Direct care ratings improved in all product lines



URGENT ACCESS

The direct care system met future appointment goals of less than 7 days (6.5 days)



- 56% of beneficiaries enrolled in secure messaging in FY 2019
- Over 80% of patient messages were responded to within one business day



40%

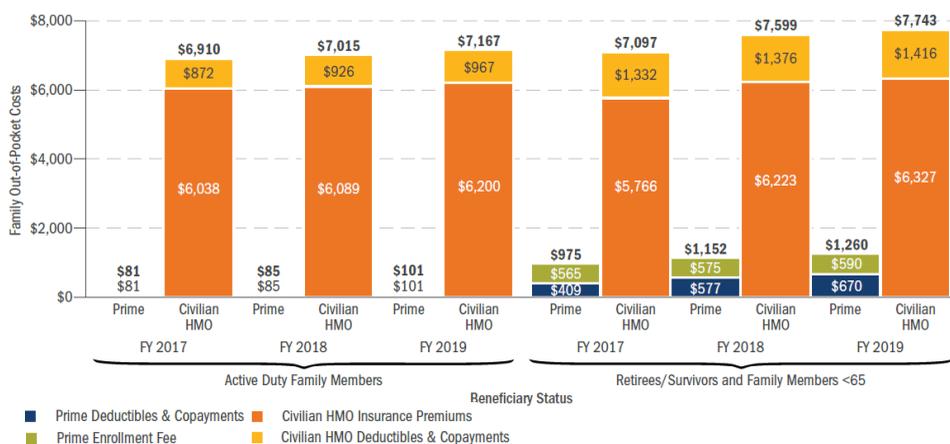
Decrease in number of wrong-site surgery reportable events

21% ↑ in Prime network providers since FY 2015

11% ↑ in total network providers since FY 2015

37% Of behavioral health providers accept TRICARE

OUT-OF-POCKET COSTS FOR FAMILIES ENROLLED IN TRICARE PRIME VS. CIVILIAN HMO COUNTERPARTS



In FYs 2017-2019, civilian counterpart families had substantially higher out-of-pocket costs than did TRICARE Prime enrollees. Civilian HMO counterparts paid more for insurance premiums, deductibles, and copayments. In FY 2019, costs for civilian counterparts were \$7,100 more than those incurred by active duty families enrolled in Prime, and \$6,500 more than those incurred by retiree families enrolled in Prime.

INFORMATION TECHNOLOGY

UTILIZING TECHNOLOGY TO BEST SERVE OUR PATIENTS

The DHA's Information Technology (IT) mission has increased in size and complexity due to consolidation mandates of FY 2017 and 2019 NDAAs. As the DHA brings over 1,200 sites—including 600 treatment facilities across 20+ Markets—under its authority, direction, and control, the DHA is working to make MHS IT reliable and secure by providing state of the art cyber protection for network connectivity across the enterprise.

The DHA has achieved an unprecedented level of visibility into MHS IT spending data utilizing Ektropy, a customized web-based program and portfolio management solution. Ektropy provides an unparalleled relational view among costs, contracts, personnel, and programs across the MHS. The DHA executed a series of enterprise-wide data calls to capture IT spending and continued to deploy enhancements to clinical IT tools. Key examples include upgrading the legacy inpatient EHR (Essentris) with the redesigned, highly reliable CliniComp|EHR, and replacing the legacy Anatomic Pathology solution (CoPathM) with the Anatomic Pathology Laboratory Information System (APLIS). APLIS enhances laboratory workflow and interfaces with both legacy EHR systems and MHS GENESIS. The result is a **6-year enterprise-wide view of IT spending that ensures funding is aligned with defined priorities and supports the effective management and administration of MHS IT.** Using the data captured with Ektropy, the DHA was successful in restoring allocated IT funds for FYs 2021-2025. This ensures that MTFs will have the IT staff and tools to support health care.

The DHA established the DHA Cybersecurity Operations Center (CyOC) to provide centralized, uniformed, and real-time 24/7 protection against cyber attacks while coordinating the implementation of proactive network defense actions across the MHS.

As the lead coordination entity, the DHA CyOC “fights and protects” MHS IT networks and systems against malicious cyber actors. The CyOC protects individual and population health care data by monitoring MHS networks and conducting malicious cyber intrusion incident response, mitigation, and remediation.

The DHA established open lines of communication with MTF Chief Information Officers (CIOs) by issuing a welcome email to MTF CIOs from the initial 4 Markets. The message shared DHA onboarding information, including how to participate in DHA CIO meetings. The DHA also issued the “Field Operating Guide: Enterprise Services IM/IT Standards Manual” to MTF IT staff, detailing the sustainment standards for enterprise IT services and promoting partnership between the DHA and MTF staff.

MHS IT BY THE NUMBERS

MANAGED A \$2.6B BUDGET REDUCTION

240,000 WINDOWS ENDPOINTS

940,000 SUPPORT CENTER CALLS ANNUALLY

125+ FUNDED IT SYSTEMS

CyOC 24/7 CYBER PROTECTION

2,000+ TERABYTES OF GLOBAL OPERATIONAL DATA

400+ SUPPORT AGREEMENTS

420 ACCREDITATIONS ENROLLED IN RISK MANAGEMENT FRAMEWORK

\$13M MEDICAL SUPPLY AND Rx ITEMS PROCESSED DAILY

PROVIDING WORLDWIDE CYBER PROTECTION

Streamlined a cyber authorization process for sites transitioning to the DHA network—Reduced timeframe from 9 months to 9 weeks

Initiated a culture change by shifting Assessment and Authorization from “Cop to Counselor”



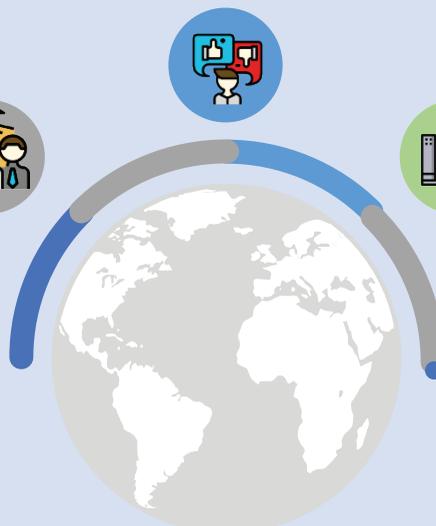
Established the Cyber Operations Center—Providing 24/7 real-time protection and response to cyber attacks



Established an Assess and Incorporate procedure to ensure cyber health of Medical Devices—Process requires devices to address 124 cyber controls vs. 2065



Centralized management of Medical Device cyber assessments—Currently has 85 enterprise-level cyber authorizations addressing 85+ medical devices



The DHA is developing a new standard for documenting patient care with its new Electronic Health Record (EHR) system, MHS GENESIS. During the 2-year optimization period, the DHA focused much of its attention on making improvements in enterprise infrastructure, management structure, user readiness, and system usability. To address issues in these areas, the DHA created 5 branches to focus on the immediate needs of the MHS GENESIS deployment and further improve the standardization and integration of technology. Those branches include: End User Engagement, Standards and Workflow, Technology Management and Integration, Projects, Requirements, Resources, and Enterprise Coordination.



Charge nurses at Madigan Army Medical Center use Clairvia, a workload management tool in MHS GENESIS

Key MHS GENESIS implementation support activities to improve enterprise infrastructure, management structure, user readiness, and system usability include:

- Ensuring the Desktop to Datacenter (D2D) initiative—which provides a single consolidated enterprise network Medical Community of Interest (Med-COI) and standardized enterprise service to effectively support all military health mission needs—is operational at least 6 months prior to a site’s MHS GENESIS go-live date
- Determining which medical devices will be certified for use on the new consolidated network and filtering device data to populate MHS GENESIS
- Dispatching teams from the DHA to work with MTF Commanders and their staff to create local Informatics Steering Committees
- Ensuring all future end-users are assigned a peer expert to help them understand how day-to-day tasks may be impacted due to the Transition
- Improving the MHS GENESIS system configuration for future end-users

In September 2019, MHS GENESIS went live at 4 sites on the West Coast, known as the “Wave Travis” implementation. With the implementation of the EHR, providers and beneficiaries began to experience an integrated system of health and readiness that connects medical and dental information across the continuum of care, wherever the patient is in the world.

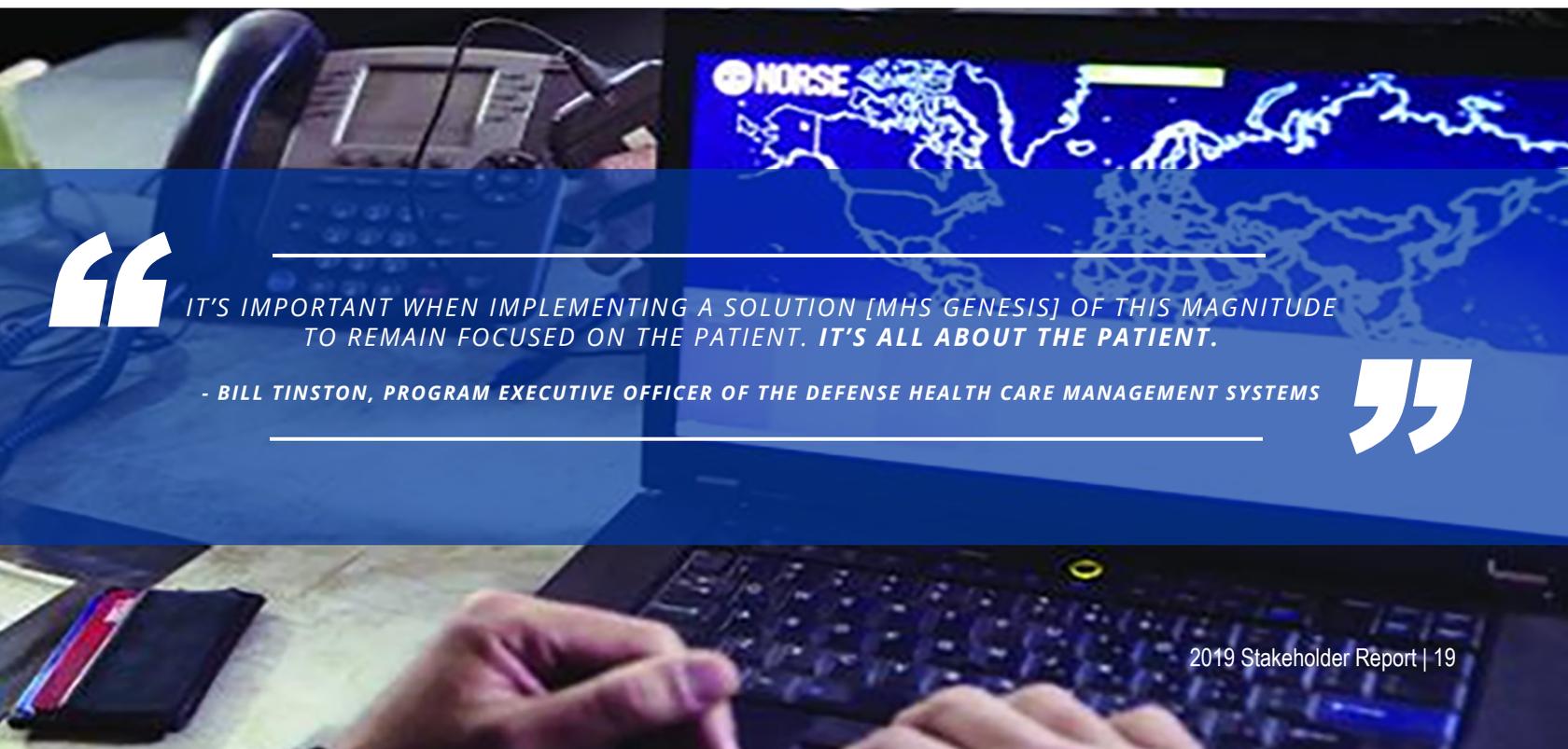


The DHA ramped up joint activities with the Department of Veterans Affairs (VA) in support of the remaining 23 MHS GENESIS waves of deployment.

Representatives from both Departments came together to stand-up a new interagency program office, the Federal Electronic Health Record Modernization (FEHRM), to help oversee a new joint issue resolution process and ensure the system’s configuration meets the unique needs of the DoD and the VA.

As the DHA transformation efforts swept across the MHS, DHA communications went through a transformation of their own. The DHA sought out a new dynamic approach to educate patients about EHRs and build momentum for MHS GENESIS. In 2019, news organizations published 430 stories on MHS GENESIS reaching 60 million people. In addition, the MHS’ EHR landing page had 160,859 page views—a 13% increase from 2018. The DHA facilitated more transparent dialogues, effectively increased user comprehension around EHRs, and enhanced the provision and coordination of care through almost 350 communications products consisting of phrases or sayings most commonly used by providers and patients to communicate, connect, and encourage behavioral changes.

The DHA continues to strive to make IT reliable and secure by providing business operations with predictable, highly available, resilient and responsive IT services and support. The DHA recognizes IT efforts as a critical and foundational component for the DHA to fulfill and advance its readiness mission.



“

IT'S IMPORTANT WHEN IMPLEMENTING A SOLUTION [MHS GENESIS] OF THIS MAGNITUDE TO REMAIN FOCUSED ON THE PATIENT. IT'S ALL ABOUT THE PATIENT.

- BILL TINSTON, PROGRAM EXECUTIVE OFFICER OF THE DEFENSE HEALTH CARE MANAGEMENT SYSTEMS

”

RECOGNITION AND RATINGS

HIGH QUALITY AND HIGH RELIABILITY

The DHA took great strides in 2019, earning the Agency national recognition and multiple awards for their exemplary professional skills and creativity. Military health programs, hospitals, and medical centers have been recognized across several disciplines such as patient safety, surgical quality, and innovative medical research.

The DHA was able to successfully redefine and revamp methods for communicating the important changes taking place within the MHS. In particular, the DHA sought out new tools to not only reach a larger audience, but ensure our messaging is **clear, transparent, consistent, and informative**. In 2019, the DHA crafted **47 plans, 42 toolkits, and 1,900+ communications products that reached nearly 110M people worldwide**. As a result, DHA stakeholders became more aware of changes happening to their health care system and patients were granted more autonomy to make decisions about their health care benefits. Enhanced communication was critical to the provision and coordination of care, and resulted in large scale improvements to the experience and value provided to both those providing care and those receiving care.



The DHA received five awards for the TAKE COMMAND campaign that recognized excellence in marketing communications. The campaign was designed to communicate monumental changes to the TRICARE health benefit and encouraged beneficiaries to become more proactive in managing their health care. The final award was for the “Moments in Military Medicine” video series that chronicles advancements in military health care in both public and private sector care. The award honored a high level of achievement in broadcast video.



Below are a few awards the DHA received from the 2019 FedHealthIT Innovation Awards:

Solution Delivery Division (SDD) Agile Playbook

The SDD Agile Playbook is a collaborative network for sharing knowledge on Agile development methodologies and practices across the DHA, which will help permeate and sustain these practices to a broader audience that is pursuing the implementation of Agile practices within their own Agency.

Traumatic Brain Injury (TBI) Portal

The TBI Portal provides a consolidated view of TBI patient data to inform clinical decisions and enable research to support patient-centered care, monitor outcomes, and obtain data to help program evaluation and research efforts across the MHS.

Cybersecurity Operations Center (CyOC)

The CyOC unifies key DHA cyber terrain responsibilities into one organization to support, provide, and coordinate cyber activities including: Incident Response, Issuance Coordination and Compliance, and Boundary Protection.

Enterprise Blood Management System (EBMS)

EBMS enhances the Armed Services Blood Program capabilities for their Donor Centers and Blood Bank/Transfusion Services through the integration of blood product inventory management, transport, availability, and blood product traceability from collection to disposition.

Over 700 hospitals participate in ACS National Surgical Quality Improvement Program (NSQIP). Of the 83 hospitals recognized for “meritorious” performance, **4 of those were military hospitals and medical centers**. David Grant Medical Center was recognized for the 3rd consecutive year.



David Grant USAF Medical Center
Darnall Army Medical Center
Naval Hospital Jacksonville
Naval Medical Center Portsmouth

Keesler Medical Center remained focused on best practices regarding patient safety, which resulted in several recognitions for their efforts:

2019 USAF Best Inpatient Facility Patient Safety Program

Meritorious Recognition by American College of Surgeons
1 of 6 Military Hospitals, top 10% of 722 hospitals across the nation
Breast Cancer Center of Excellence – Top 1% in DoD
#1 Cardiac Catheterization Laboratory in the Air Force

Below are various accreditations and certifications military hospitals and medical centers have received:





LOOKING FORWARD

As the DHA continues to navigate transformational efforts, such as the remaining hospitals and clinics transitioning to DHA management over the next few years, we are also navigating the ever-changing and evolving health care industry. The Transition will enable the DHA to better support the DoD's medical readiness requirements, provide a more consistent and higher quality experience for our patients, and deliver a more integrated military health enterprise that reduces the costs required to operate the system. As the DHA looks to the future, we continue to develop and utilize the most innovative solutions to deliver the highest quality of care to our patients.

Exponential change is reshaping today's health care environment and the continued viability of the DHA and the greater MHS depends on our ability to innovate. Incremental improvements are no longer enough to keep pace with change. Embracing innovation allows the DHA to build the necessary partnerships, processes, and technologies to serve warfighters and their families better. The DHA continues to make innovation a strategic priority with the establishment of the Director's Innovation Group (DIG). To ensure the MHS is the gold standard of military health care, the DHA stood up an innovation team tasked with designing a system of care that has the capacity and capability to use unconventional or disruptive technology to advance the delivery of care.

The DHA's quest for increased innovation can be linked to the Agency's overarching quest for increased readiness. As the DHA's scope expands, the demand for more agile and innovative capabilities increase. The DHA created a set of criteria to evaluate which innovation efforts will amount to the greatest outcomes and impact.

The DHA benefits from enhanced information sharing capabilities with strategic partners to further develop, inform, and enact industry best practices in health care. Like all major health systems, the DHA is driving towards a state where we are solving difficult problems by whatever means necessary—and in most cases this calls for innovative solutions—to create better outcomes. Technology developments enable the DHA to continue to enhance the quality of health care for all beneficiaries.

The DHA's Connected Health Branch is leveraging technology for the military community by using social media to deliver anonymous, free, and quick self-assessments that identify a user's symptoms of various mental health conditions and recommend innovative resources, such as mobile applications and podcasts, to help them address the challenges of military life.

Although only health care providers can deliver a diagnosis, the self-assessments provide recommended resources that adjust to users based on their responses, ensuring they receive effective resources. The anonymous self-assessments are easily accessible on Connected Health's "After Deployment" Facebook Page.

Kelly Blasko, a counseling psychologist with DHA Connected Health said: "We know Service members might not raise their hand if they are experiencing issues, so these anonymous assessments allow them to share what they are experiencing and recognize if they could use some help. By delivering support through technology, we are improving the lives of our military community."

In addition to the self-assessments, the DHA Connected Health Branch is using technology to better serve the military community through mobile applications, including:

- **Breathe2Relax:** Teaches users how to do deep breathing exercises to help in stressful situations
- **Dream EZ:** Helps those who have experienced traumatic events cope with nightmares, offering ways to make them less frequent and less intense
- **Virtual Hope Box:** Provides a place for individuals to collect all kinds of things that inspire and remind them of positive memories, such as family photos, videos, soothing music and more
- **T2 Mood Tracker:** Tracks how someone is feeling and allows them to manage emotional issues, such as anxiety, stress, depression and post-traumatic stress. Users can track their data and observe how their mood changes over time

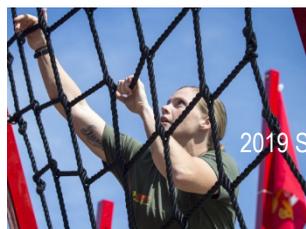
“ WE KNOW OUR MILITARY COMMUNITY MEMBERS ARE ONLINE, USING MOBILE APPS AND LISTENING TO PODCASTS, SO CONNECTED HEALTH IS MEETING THEM WHERE THEY ARE. ”

-KELLY BLASKO

These innovations are just a small snapshot of the breadth and depth of the DHA's efforts to achieve the highest level of care for patients. The transformation underway creates new opportunities for our providers to build and maintain clinical skills and leverage technology with the highest quality medical and training resources, all driving towards delivering on our readiness mission to support the warfighter, their families, and retirees.

During this time of immense change for the DHA there is also great opportunity. All of the substantial transformations taking place—the MHS transformation, MHS GENESIS, and TRICARE enhancements—are aimed at taking the DoD's health enterprise to the next level. Amidst these changes and through balancing standardization with targeted innovation, we remain steadfast in our commitment to support readiness; both for our combat forces and for our medical personnel. The DHA is committed to meeting the evolving needs of today's warfighter, and we will continue to deliver the highest quality health care for our 9.6 million active duty, retirees, and family members who play such a critical role in keeping our country safe and secure.

Our Service members and beneficiaries deserve nothing less.



READY MEDICAL FORCE...

2011

September

- DoD MHS Governance Task Force recommends DHA model

2013

Sept/Oct

- DHA formally established
- Lt Gen Robb assumes responsibility as DHA Director

2015

Oct/Nov

- DHA reaches Full Operating Capability
- VADM Bono assumes responsibility as DHA Director

2017

November

- MHS GENESIS deployed to 4 IOC sites in Pacific Northwest

2019

September

- MHS GENESIS went live at 4 sites on the West Coast
- LTG Place assumes responsibility as DHA Director

2012

March

- Memorandum issued calling for the creation of the DHA

2014

October

- DHA Initial Operating Capability Achieved

2016

Oct/Dec

- DHA Reconfiguration
- 2017 NDAA released, mandating the DHA assume management and administration of MTFs

2018

October

- DHA begins the process of transferring the administration and management of MTFs

... MEDICALLY READY FORCE



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