



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6025.19
August 9, 2019

DAD Medical Affairs

SUBJECT: Population Health, Operation, and Integration across the Military Health System (MHS)

References: See Enclosure 1.

1. **PURPOSE.** This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (j), establishes the Defense Health Agency's (DHA) procedures to:

- a. Oversee, manage, and administer population health management functions performed in alignment with military medical treatment facilities (MTFs).
- b. Identify and implement strategies that support and improve population health and health outcomes for MHS beneficiaries.

2. **APPLICABILITY.** This DHA-PI applies to:

- a. The Military Medical Departments, DHA, Markets, Direct Support Organizations, and MTFs.
- b. Healthcare practitioners and facilities within the MHS involved in the delivery of population health program support to eligible beneficiaries.

3. **POLICY IMPLEMENTATION.** It is DHA's instruction, pursuant to References (d) through (j), to:

- a. Implement processes and procedures for monitoring the health outcomes of the MHS beneficiary population, identify patterns of health indicators, and define policies and interventions intended to benefit population health.

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b. Establish an infrastructure and operational capability for continuous evidence-based measures and performance that captures the effectiveness of services, population needs, and trends.

c. Promote effective integration of population health with clinical operations, including Clinical Communities.

d. Collaborate with DHA Public Health Division, health and wellness promotion, and patient health education functions as a means of improving health outcomes.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: www.health.mil/DHAPublications.

7. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).



R. C. BONO
VADM, MC, USN
Director

Enclosures

1. References
2. Responsibilities
3. Procedures

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) DoD Instruction 1010.10, “Health Promotion and Disease Prevention,” April 28, 2014, as amended
- (e) DoD Instruction 6025.13, “Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS),” February 7, 2011, as amended
- (f) DoD Manual 6025.13, Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS)” October 29, 2013, as amended
- (g) DoD Instruction 6025.20, “Medical Management (MM) Programs in the Direct Care System (DCS) and Remote Areas,” April 9, 2013, as amended
- (h) Assistant Secretary of Defense (Health Affairs) Policy Memorandum 09-015, “Policy Memorandum Implementation of the ‘Patient-Centered Medical Home’ Model of Primary Care in MTFs,” September 18, 2009
- (i) National Defense Authorization Act for Fiscal Year 2017, Section 702
- (j) National Defense Authorization Act for Fiscal Year 2019, Section 711
- (k) 45 CFR 164.501, Subpart E - Privacy of Individually Identifiable Health Information, Definitions
- (l) DoD 5400.11-R, “Department of Defense Privacy Program,” May 14, 2007
- (m) DoD 6025.18-R, “DoD Health Information Privacy Regulation,” January 24, 2003
- (n) DoD 8580.02-R, “DoD Health Information Security Regulation,” July 12, 2007

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, Assistant Secretary of Defense for Health Affairs, and in accordance with Reference (b), the Director, DHA will:

a. Oversee implementation of uniform Population Health Management policy guidance and ensure standardized processes are established.

b. Support population health program implementation through dedicated and standardized program evaluation and reporting in alignment with this DHA-PI.

2. DEPUTY ASSISTANT DIRECTOR (DAD), MEDICAL AFFAIRS (MA). The DAD-MA, will:

a. Direct and oversee the establishment and implementation of a comprehensive and standardized Population Health Management program and processes within the MHS in accordance with this DHA-PI.

b. Develop and establish DHA strategy, policy, and guidance for execution of MTF population health functions within context of current national standards.

c. Monitor the implementation and tracking of required programs and associated reporting as outlined within this DHA-PI.

d. Improve coordination between clinical operations, clinical support services, advisory boards, Clinical Communities, and DHA Public Health Division to integrate population health programs within the Direct Care System.

e. Advocate for the development of integrated strategies that improve the readiness of active duty forces and the health of all beneficiaries.

f. Recommend evidence-based measures to evaluate population health programs and initiatives. Analyze the trends of those measures in order to make recommendations for improved active duty medical readiness and health outcomes for all MHS beneficiaries.

g. Coordinate recommendations as an integrating function to the Enterprise Solutions Board on compliance with this DHA-PI.

h. Ensure any protected health information shared under the direction of this DHA-PI fall under the auspices of healthcare operations or quality assessment as defined by References (k) through (n).

- i. Support the execution of TRICARE population health benefit support and policy.
- j. Establish and maintain a workgroup of population health subject matter experts.
- k. Monitor DHA measures critical to population health and select additional measures with input from the Markets' and Direct Support Organizations' population health representatives through collaboration with their respective Population Health Leads and with Clinical Communities with consideration to current and emerging DHA priorities and industry trends.
- l. Make recommendations on the future role of Population Health Management in developing and disseminating standardized patient health education. Strategy will consider health indicator trends and strategies engaging and empowering MHS beneficiaries to adopt healthy behaviors.
- m. Develop and establish the Population Health Management strategy and maintain this policy based on population health analytics; feedback from MTFs, Markets, DHA Public Health Division, and Direct Support Organizations; and recommendations from Clinical Community and clinical operations partnerships.
- n. Identify opportunities and inform wellness requirements for MHS GENESIS.
- o. Identify opportunities and inform requirements for health information technology (IT) and Connected Health support of population health and wellness activities and provide subject matter expert support.
- p. Inform and define analytics needs and methods.
- q. Provide guidance for the execution of MTF Population Health Management functions, including:
 - (1) Establishing a communication mechanism to inform the Markets, DHA Public Health Division, Direct Support Organizations, and MTF-relevant personnel of changes in process or policy.
 - (2) Providing analysis of MHS, the Markets, and MTF performance outcome measures, and other measures as determined by DAD-MA.

3. DHA MARKETS AND DIRECT SUPPORT ORGANIZATIONS. The DHA Markets and Direct Support Organizations will:

- a. Designate a Population Health Lead to support full implementation of and compliance with this DHA-PI, integrated Population Health Management program requirements, and reporting.

- b. Identify and implement strategies to improve readiness, better health, better care, and lower cost indicators for the MTFs.
- c. Monitor and implement the required Population Health Management program-specific staff education and training activities within the MTFs and Markets.
- d. Ensure MTF commanders and directors develop, integrate and coordinate population health programs with clinical operations.
- e. Monitor and evaluate effectiveness of population-based health services offered through MTFs, including performance improvement initiatives defined by the DAD-MA.
- f. Identify barriers to the success of population health programs or population health focused process improvement initiatives and facilitate resolution at the appropriate level of authority.
- g. Coordinate with the DAD-MA to ensure the information shared by the DAD-MA is comprehensively communicated to the MTF leadership.
- h. Monitor leadership-identified priorities and measures and key indicators (e.g., demographics) of the health of the Market MTFs and population to help improve Market performance.

4. MTF COMMANDERS AND DIRECTORS. The MTF Commanders and Directors will:

- a. Designate an MTF Population Health Lead to support full compliance with this DHA-PI and integrated population health program requirements and reporting.
- b. Support readiness and deployment capability as needed through population health initiatives.
- c. Ensure all population health programs align with core, evidence-based components and meet a minimum set of standardized requirements to ensure effectiveness.
- d. Monitor leadership-identified priorities and measures and key indicators (e.g., demographics) of the health of the MTF population and help the MTF improve performance.
- e. Implement standardized and integrated DHA population health policies, training, and reporting requirements.
- f. Develop an organization-wide interdisciplinary population health plan to include procedures outlined in this DHA-PI.

(1) The population health plan will be developed in coordination with the MTF strategic plan and complement the overall MTF goals for process improvement initiatives.

(2) The population health plan should complement the MTF business and DHA Quadruple Aim Strategic Performance Plans.

ENCLOSURE 3

PROCEDURES

1. OVERVIEW. The establishment of this DHA-PI supports the execution of standardized and integrated Population Health Management program activities, processes, collaboration, and communication with multidisciplinary care teams to put in place a systematic approach for improving the health of the population. In addition, this DHA-PI aims to improve collaboration between advisory boards, Clinical Communities, as well as clinical and non-clinical programs promoting health and wellness to maintain and improve the quality of health outcomes for the MHS beneficiary population.

2. TIMELINE. Implementation of this DHA-PI is required within 6 months of publication date.

3. GOVERNANCE. DHA Medical Affairs will coordinate program requirements through the appropriate advisory boards, Clinical Communities, and report to the Enterprise Solutions Board on program implementation.

4. POPULATION HEALTH MANAGEMENT FUNCTIONS. Population Health Management converges the assessment and understanding of factors impacting populations to evolve the delivery of health care beyond an individual-level focus. The population-level focus does not supplant direct delivery of healthcare services to individuals; rather a population-level focus requires integration and coordination of functions and activities across the continuum of care. This DHA-PI describes Population Health Management processes and activities to:

a. Serve the required integrating function, supporting the alignment and effective execution of clinical support services, clinical operations, health analytics, and health IT across the MHS;

b. Partner with DHA Public Health Division, Service programs, and community-based agencies; and

c. Serve as a consultant on social and environmental factors affecting population health.

d. Support Clinical Communities to improve effectiveness of healthcare delivery through better health performance measures and corresponding interventions.

5. POPULATION HEALTH GUIDANCE AND COORDINATION. The MTF Population Health Lead will:

a. Report local population health best practices and programs to DHA using a standardized approach to propose population health programs as candidates for MHS-wide dissemination.

The approach will include at a minimum:

- (1) Problem Statement
- (2) Needs Assessment
- (3) Literature Review
- (4) Environmental Scan
- (5) Goals and Specific, Measurable, Achievable, Realistic, Time-bound Objectives
- (6) Logic Model
- (7) Evaluation Methods
- (8) Programmatic data (including the total number of participants, outcomes, and costs)

b. Partner with stakeholders including, but not limited to, Primary Care Managers, medical management staff, public health staff, nurses, dentists, behavioral health providers, patient administration staff, and staff providing health education.

6. POPULATION HEALTH ANALYSIS

a. Population Health Leads working closely with other workgroups and teams involved in the development of health measures will provide subject matter expertise concerning measure definitions and how health IT systems and clinical workflows impact the collection of data.

b. Population health developments within the MHS and in the broader civilian health industry will be used to identify new measures (based on emerging priorities and challenges), existing measures (for which changes to methodology would support enhanced reporting), and obsolete measures.

c. Impacts on existing DHA core measures, better health, better care, lower health system cost, improved force readiness, and other relevant factors should determine how potential measures are prioritized and monitored.

d. All DHA, Markets, and Direct Support Organizations' population health representatives will use analytics tools to monitor trends in health outcomes, health determinants, and healthcare processes related to population health among the MHS population. Reporting and analytics will utilize multiple perspectives, to include beneficiary location and category, disease patterns, and Quadruple Aim Strategic Performance Plans metrics and trends to gain understanding of the health status for the MHS beneficiary population and relevant sub-populations.

7. PATIENT HEALTH EDUCATION

a. The MTF Population Health Lead will coordinate with staff providing health education to assess the effectiveness of health education on the health of the population and identify opportunities for standardization.

b. Staff providing health education will collaborate with disease managers, Patient Centered Medical Home teams, and other healthcare professionals to ensure delivery of timely, relevant, and accurate health education content to patients.

8. HEALTH AND WELLNESS

a. MTF Population Health Leads will coordinate MTF population health activities and leading practices that support wellness, including collaborating with and leveraging capabilities of installation and local community partners, in alignment with DoD, DHA Public Health Division, MHS, and national strategic priorities.

b. Markets, Direct Support Organizations, and MTF Population Health Leads will use DAD-MA coordinated strategic communications, including social media and marketing, to support health and wellness initiatives and provide recommendations for communications content and messaging.

c. Population health has a responsibility to collaborate on support for health promotion and wellness programs involving TRICARE benefits.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
IT	information technology
MA	Medical Affairs
MHS	Military Health System
MTF	military medical treatment facility

PART II. DEFINITIONS

These terms and their definitions are for the purposes of this DHA-PI.

beneficiary population. Those who are eligible to receive care directly from or paid for by the MHS.

Clinical Communities. Condition-based networks of clinicians organized by high-volume, high-risk groups of care processes to align clinical specialties, Clinical Community support functions, and other clinical support services such as medical management. Clinical Communities enable front line clinicians and others to optimize outcomes and eliminate harm by driving MHS-wide performance improvements in readiness and health. Clinical Communities create, track, and share the conditions for high reliability (processes, standards, metrics, cost) at the point of care by identifying and resolving unwarranted variation, and they foster a culture of safety and innovation.

Connected Health. A socio-technical model for healthcare management and delivery using technology to provide healthcare services remotely. Connected Health aims to maximize healthcare resources and provide increased, flexible opportunities for consumers to engage with clinicians and self-manage their care more effectively. Connected Health in the MHS is a tool to support care delivery across Clinical Communities.

environmental scan. Systematic process to define the context of the problem through the identification of what resources currently exist, partners that can be leveraged, and gaps that can be filled.

evaluation methods. A deliberate approach to measuring the process and outcomes of an initiative, to include the impact on the population's health. This includes data collection and analysis methodologies.

health determinants. The range of personal, social, economic, and environmental factors that influence health status.

health education. Health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes.

health promotion. The process of enabling people to increase control over and improve their health. It moves beyond a focus on individual behavior toward a wide range of social and environmental interventions.

logic model. A systematic, visual road map depicting linkages between a program's inputs, activities, outputs, and desired outcomes.

Market. A group of MTFs working together in one geographic area make up a market. Markets operate as a system led by a Market Office sharing patients, staff, budget, and many other functions across facilities to optimize the delivery and coordination of health services.

needs assessment. A systematic process for determining gaps between current conditions and desired conditions.

population health. Improving the health of a defined group by assessing determinants of health and enabling optimal health outcomes. In the MHS, the population of concern is the total beneficiary population. Therefore, this DHA-PI is referring to beneficiary population health whenever it refers to population health. Population health's purpose is to address opportunities and gaps in needed care, generally involving identification of indicated evidence-based interventions lacking in individuals. As a contrasting example, population health generally does not involve monitoring authorization, referrals, and post-discharge calls which are generally under the purview of utilization management, of which the purpose is to prevent overutilization of health care services.

Population Health Management. Also known as population medicine; specific management activities by a healthcare system to maintain and improve the health of its patient population beyond the goals of individual care and treatment.

wellness. An active process of becoming aware of and making choices toward a successful existence. It consists of six dimensions: social, occupational, spiritual, physical, intellectual and emotional.