



Defense Health Agency

ADMINISTRATIVE INSTRUCTION

NUMBER 6025.33
December 19, 2024

DAD HCO

SUBJECT: Standard Processes for Establishing and Maintaining Patient and Family Partnership Councils at Military Medical Treatment Facilities

References: See Enclosure 1

1. **PURPOSE.** Reference (d), the 2017 National Defense Authorization Act Section 731, directed the establishment of advisory committees at each military medical treatment facility (MTF). Known within DHA as Patient and Family Partnership Councils (PFPC), each PFPC established shall provide to the director of the facility advice on the administration and activities of the facility as it relates to the experience of care for beneficiaries at the facility. This Defense Health Agency-Administrative Instruction (DHA-AI), based on the authority of References (a), (b), and (d), and in accordance with the guidance of References (c) through (l), establishes the DHA's procedures for establishing and maintaining PFPCs at MTFs to improve patient and family experience and provide feedback to DHA in support of high reliability organization (HRO) principles.
2. **APPLICABILITY.** This DHA-AI applies to the DHA Enterprise (components and activities under the authority, direction, and control of the DHA) to include assigned, attached, allotted, or detailed personnel.
3. **POLICY IMPLEMENTATION.** It is DHA's instruction, pursuant to References (a) through (l) that a PFPC will be established at each parent MTF, which will provide support for subordinate MTFs.
 - a. MTF staff will follow standard processes for establishing PFPCs, report PFPC progress in enhancing the patient and family experience and advise the MTF Directors on recommendations for improving the patient and family experience.
 - b. Uniform processes and business rules in this DHA-AI set the standard basis for establishing PFPCs to ensure on-going, bi-directional communication between MTF PFPCs, the Defense Health Network (DHN), the DHA, and clinical communities on recommendations to improve the patient and family experience in support of HRO principles.

4. RESPONSIBILITIES. See Enclosure 2

5. PROCEDURES. See Enclosure 3

6. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director (DAD) Healthcare Operations (HCO). When parent MTFs are unable to comply with this publication, the parent MTF may request a waiver that must include a justification including an analysis of the risk associated with not granting the waiver. The MTF director or senior leader will submit the waiver request through the respective DHN to DAD-HCO to determine if the waiver may be granted by the Director, DHA or their designee.

7. RELEASABILITY. **Cleared for public release**. This DHA-AI is available on the Internet from the Health.mil site at <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

8. EFFECTIVE DATE. This DHA-AI:

a. Is effective upon signature.

b. Will expire 5 years from the date of signature if it has not been reissued or canceled before this date in accordance with Reference (e).

9. FORMS. The DHA Form 189, Annual PFPC Report Format is available at: https://info.health.mil/cos/admin/DHA_Forms_Management/Lists/DHA%20Forms%20Management/AllItems.aspx

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Enclosures

1. References
2. Responsibilities
3. Procedures
4. Non-Disclosure Agreement

Appendices

1. Patient and Family Partnership Council Non-Disclosure Agreement (Template)

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, as amended
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” April 1, 2022
- (d) National Defense Authorization Act (NDAA) for Fiscal Year 2017, Section 731
- (e) DoD Instruction 6000.14 “DoD Patient Bill of Rights and Responsibilities in the Military Health System (MHS),” September 26, 2011, as amended
- (f) DHA-Procedural Instruction 6025.10, “Standard Processes, Guidelines, and Responsibilities in the Military Health System (MHS) Military Medical Treatment Facilities (MTFs),” October 9, 2018, as amended
- (g) DoD Instruction 6025.18, “Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs,” March 13, 2019
- (h) DoD Instruction 8580.02, “Security of Individually Identifiable Health Information in DoD Health Care Programs,” August 12, 2015
- (i) DoD Manual 6025.18, “Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs,” March 13, 2019
- (j) Section 552a of Title 5, U.S. Code
- (k) Section 1102 of Title 10, U.S. Code
- (l) Section 1588 of Title 10, U.S. Code

ENCLOSURE 2
RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA will:
 - a. Assign responsibility for tracking MTF PFPC establishment and standard process compliance outlined in the DHA-AI to the DAD HCO.
 - b. Support the DHA components, including Defense Health Networks (DHNs), by ensuring resources are in place to assist MTFs establish and maintain PFPCs.

2. ASSISTANT DIRECTOR, HEALTH CARE ADMINISTRATION. The Assistant Director, Healthcare Administration, will ensure the necessary functions are in place to support compliance with this DHA-AI.

3. DAD HCO. The DAD HCO will:
 - a. Monitor compliance with this DHA-AI through the DHA Healthcare Optimization Division (HOD) and DHNs with the establishment and on-going activities of PFPCs at MTFs based on the guidance outlined in this DHA-AI through the Chief, DHA HOD.
 - b. Ensure the Chief, DHA HOD solicits feedback and recommendations through DHN on current and proposed DHA-wide improvements in patient and family experiences.
 - c. Coordinate MTF PFPC recommendations for the DHA enterprise beneficiary experience improvements through the Executive Management Board (EMB).
 - d. Facilitate PFPC-identified clinical issue reviews requiring clinical subject matter expertise with DAD, HCO.

4. CHIEF, HOD. The Chief, HOD will:
 - a. Monitor MTF PFPC establishment (based on the standard processes and business rules in this DHA-AI) and coordinate the results with the EMB through the DHNs and Healthcare Integration Board (HCIB).
 - b. Solicit DHN and MTF PFPC feedback and recommendations on proposed DHA enterprise beneficiary experience improvements to Integrated Health Care System efforts at least annually.
 - c. Provide recommendations to the DAD-HCO on DHA enterprise improvements to patient and family experience based on DHN and MTF PFPC feedback and coordinate the results with the EMB through the HCIB.

- d. Maintain a DHA MTF PFPC milSuite site to provide resources for establishing and optimizing PFPCs based on MTF and industry leading practices.
- e. Review, update, and develop standardized MTF PFPC resources, including requested products, for distribution on the DHA milSuite site.
- f. Coordinate recommendations for DHA enterprise improvements in patient and family experience with other applicable areas in DHA headquarters, as needed.
- g. Report to the DAD-HCO, at least annually (no later than 30 June) on compliance with establishment of PFPCs and the standard processes identified in this DHA-AI.
- h. Is delegated the authority to grant or reject exceptions to this DHA-AI for any MTF requesting an exception via this issuance.

5. DIRECTORS, DEFENSE HEALTH NETWORKS. The Directors, Defense Health Networks will:

- a. Ensure MTFs under their authority, direction, and control develop guidance and procedures that conform to this DHA-AI.
- b. Communicate recommended DHA-AI revisions to the DAD-HCO for inclusion in future versions of the DHA-AI.
- c. Review MTF PFPC elements including charters, membership, and meeting minutes.

6. MTF DIRECTORS. MTF Directors will:

- a. Establish a MTF PFPC and ensure compliance with this DHA-AI.
- b. Appoint a PFPC Chair and Co-Chair who exemplify the leadership and customer relations characteristics and skills required for the job. Given the position, the Chair and Co-Chair must either be a general schedule civilian employee or military member.
- c. Ensure PFPC beneficiary volunteer member recruitment and training requirements (HIPAA and/or Privacy Act, as well as confidentiality requirements, are accomplished.
- d. Appoint all PFPC members in writing.
- e. Ensure all PFPC members complete all role-related DHA training, both initial and annual. DHA approved privacy training is available at: <https://www.milsuite.mil/book/groups/patient-and-family-partnership-councils>. All training will be complete prior to initial PFPC participation. PFPC-specific training is on milSuite.
- f. Ensure the PFPC addresses and makes recommendations to improve the experience of care at the MTF utilizing the processes identified in this DHA-AI.

g. Assess and implement recommendations from the PFPC, as appropriate and feasible, to improve the experience of care at the MTF.

h. Provide recommendations on potential DHA enterprise improvements in the experience of care to the DHA annually (no later than 30 June) via the DHN Director.

i. Solicit feedback from the MTF PFPCs regarding current and proposed DHA-wide improvements in patient and family experience sent through the DHN and provide feedback to the DHN, if requested.

j. Request additional support and resources as needed to optimize PFPC activities through the DHN and DHA headquarters (HQ).

ENCLOSURE 3

PROCEDURES

1. OVERVIEW. This DHA-AI supplements Reference (d) and develops uniform processes and accountability for establishing PFPCs at MTFs. The overarching objective of this DHA-AI is to ensure patients have an opportunity to share information to enhance the overall healthcare experience for MTF beneficiaries. It also facilitates on-going communication between MTF PFPCs, MTF Directors, DHNs, and DHA HQ leaders to improve patient and family experience in support of HRO principles. This DHA-AI applies to all MTFs providing care to DoD beneficiaries.

a. Input into the patient experience by PFPC volunteers does not include the review or involvement of DHA quality assurance activities described in Reference (k) or DHA quality assurance issuances.

b. A member of an advisory committee who is not a member of the Armed Forces on active duty or an employee of the Federal Government shall, with the approval of the director of the MTF concerned, be treated as a volunteer under Reference (l), in carrying out the duties as a member of a PFPC.

2. PFPC PROCESSES AND MEETING BUSINESS RULES

a. Establish MTF PFPC. The MTF Director will assign PFPC Chair and Co-Chair responsibility for developing and leading the MTF PFPC to personnel who exemplify the required leadership and customer relations characteristics and skills. Parent-level MTF PFPCs may represent both parent and child MTFs, particularly when the child MTF is located within a one-hour drive time (specialty care standard) of the parent MTF. Child MTFs located greater than a one-hour drive time from the parent MTF is encouraged to establish a local PFPC to facilitate beneficiary communication regarding geographically specific concerns; child MTF PFPCs will report to the parent MTF PFPC. PFPC leaders will strive to achieve diverse beneficiary representation and participation. Any MTF requesting exception to the DHA-AI must be approved by the Chief, DHA HOD. MTFs requesting an exception must be able to demonstrate how they will capture and incorporate patient feedback to improve the patient experience.

(1) Establish a Charter. The PFPC Chair will develop a charter for the MTF Director's signature. The charter will be based on the DHA PFPC milSuite charter template located at <https://www.milsuite.mil/bookd/groups/patient-and-family-partnership-councils> and it will include the below information, at a minimum:

(a) Membership.

(b) Meeting frequency and standard recurring meeting information.

- (c) Responsibilities
- (d) Deliverables; and
- (e) Process for advising the MTF Director on PFPC recommendations.

(2) Recruit Potential PFPC Volunteer Members. The PFPC Chair and Co-Chair will recruit volunteers through multiple means which may include MTF and area military installation command personnel recommendations, secure messaging, posters, installation newspaper articles, social media, etc.

(3) Evaluate Potential PFPC Volunteer Members. The PFPC Chair will develop an evaluation process to ensure the potential volunteer:

- (a) Understands and supports the PFPC purpose and goals.
- (b) Is able to participate in collaborative efforts.
- (c) Is able to make a time commitment to participate in PFPC meetings.
- (d) Does not have any financial or personal conflict of interest related to the MTF, its personnel, or the DoD.
- (e) Is eager to participate in meetings.

b. PFPC Membership Selection. The PFPC Chair and Co-Chair will recommend membership composition to the MTF Director who will appoint members in writing. PFPC membership will include both MTF personnel and beneficiaries that receive MTF care (e.g., primary care enrolled or empaneled, specialty care referred, and/or ancillary care utilization).

(1) MTF Personnel PFPC Members. PFPC membership will include MTF personnel representing key MTF areas related to patient and family experience including primary care, specialty care, pharmacy, patient advocacy, patient administration, quality assurance, safety, and facilities. Personnel from other MTF areas in the MTF may be permanent members or attend as needed by the PFPC Chair.

(2) Beneficiary PFPC Members. PFPC beneficiary membership will reflect the MTF's beneficiary demographics (e.g., active-duty personnel and their family members, retired personnel and their family members, TRICARE for Life beneficiaries, TRICARE Plus, and SECDES to the greatest extent possible). Ideally, beneficiary PFPC members should not be MTF personnel from the same MTF where the PFPC is established. Volunteer PFPC members will:

- (a) At a minimum, complete HIPAA and/or Privacy Act training.
- (b) Sign a confidentiality agreement.

(c) Review patient rights and responsibilities policies upon council appointment then annually; References (e) and (f).

(d) Complete any other training required by the MTF Director.

(e) Attest upon council appointment and then annually that they do not have a personal or financial conflict of interest with the MTF, its personnel, or the DHA.

(f) Confirm understanding that council membership status may be changed at any time if continued service is not in the best interest of the volunteer, council, the MTF, or the DHA.

c. PFPC Meeting Management

(1) Meeting Frequency. The MTF will hold PFPC meetings at least quarterly.

(2) Rules of Order and Complaints. The PFPC Chair will establish and implement rules of order in conducting the PFPC and ensure the PFPC meetings are oriented towards positive system improvements rather than servicing solely as forums for specific patient complaints. The PFPC Chair will direct any specific patient complaints to the MTF Patient Advocate for resolution.

(3) Minutes. The PFPC Chair is responsible for sending meeting minutes to the MTF Director for review. The MTF Director will ensure the PFPC Chair has administrative support for PFPC meetings and other required documentation.

3. PFPC REPORTING

a. Report to the MTF Director. The PFPC Chair will provide feedback to the MTF Director within 10 working days and then to the DHN Director within 30 working days following each PFPC meeting. The report will include at a minimum:

(1) An overall assessment of the PFPC meeting and topics being addressed.

(2) Any PFPC recommendations on the administration and activities of the MTF improving the patient and family experience for beneficiaries.

(3) Any PFPC recommendations for the DHA-wide improvements in patient and family experience.

(4) An assessment of MTF compliance with any recommendations for improvement using Annual Report form DHA 189.

b. Feedback to the Installation and Beneficiary Community. The PFPC Chair will prepare and submit an annual report no later than 30 June for the MTF Director's release to the installation and beneficiary community through MTF social media sites, installation newspapers, secure messaging, or other appropriate means. The annual report will also be forwarded to the

DHN Director. PFPCs are encouraged to communicate updates as needed in addition to the annual report. The annual report will include:

- (1) Information on topics related to MTF patient and family experience addressed by the PFPC.
- (2) Any PFPC recommendations implemented by the MTF to improve patient and family experience. Reporting to the community will also include available evidence of the impact of the recommended change.
- (3) Only de-identified information.

c. MTF PFPC Input

(1) MTF PFPC Recommendations. The MTF Director will provide any recommended DHA enterprise-wide improvements in the patient and family experience to the Chief, DHA HOD annually no later than June 30 through the Directors, DHNs. The MTF Director may be asked for feedback from the MTF PFPC on specific DHA-wide issues related to patient and family experience by the Chief, DHA HOD through the Directors, DHNs.

(2) PFPC Input on DHA-Enterprise Specific Issues.

(3) Patient Feedback Session by Beneficiary Category (BENECAT) Group. MTF PFPC Chairs should collaborate with MTF Director to hold open sessions, such as Town Halls, at least annually for patients to provide feedback on access to care and other patient experience areas by BENECAT group. Suggested groups are:

- (a) Active-Duty Service members.
- (b) Active-Duty family members.
- (c) Retirees and their family members (include TRICARE for Life and TRICARE Plus).
- (d) Secretarial Designees

d. Informal Feedback to DHA. The Chief, DHA HOD, and the Patient Experience Branch (PEB) will solicit informal, ongoing communication with DHNs MTF PFPCs through webinars and the PFPC milSuite maintained by the DHA HOD.

(1) Webinars. The Chief, DHA HOD and the PEB will hold two webinars, open to all DHNs and MTFs bi-annually to obtain informal feedback and encourage communication with DHNs and MTF PFPCs on potential improvements in patient and family experience including DHA enterprise issues and additional support requirements.

(2) milSuite Site. The DHA HOD will maintain a MTF PFPC SharePoint site (<https://www.milsuite.mil/book/groups/patient-and-family-partnership-councils>) including resources for PFPC meeting management, MTF recommendation summaries, an interactive

question and answer forum, and ongoing DHA enterprise recommendation implementation efforts.

4. MEASURES OF SUCCESS

a. The Chief, DHA HOD will report the number of MTFs with established PFPCs compared to total MTFs to the DAD-HCO and will coordinate this information with the EMB through the HCIB.

b. The Chief, DHA HOD will provide a DHN and MTF PFPC patient and family experience improvement enterprise recommendations summary annually no later than June 30 (DHA Form 189) to the DAD-HCO and will coordinate this information to the EMB through the HCIB.

c. The Chief, DHA HOD and PEB will monitor improvement in patient experience based on enterprise approved surveys and DoD applications (e.g., Joint Outpatient Experience Survey (JOES), JOES-C, TRICARE Inpatient Satisfaction Survey, Health Care Survey of DoD Beneficiaries, Interactive Customer Evaluation) and report the results to the EMB through the HCIB.

APPENDIX 1

PATIENT AND FAMILY PARTNERSHIP COUNCIL NON-DISCLOSURE AGREEMENT
(TEMPLATE)

In the course of my volunteer service as a **(MTF NAME)** Patient and Family Partnership Council (PFPC) member, I _____ understand, do hereby agree, and acknowledge:

1. That during the course of my service, there may be disclosed to me, certain information not necessarily limited to personal information: names, addresses, phone numbers, and other matters of concern to the PFPC.
2. I agree that I will not, during or at any time after the conclusion of my volunteer service as a PFPC member, use for others, or myself or disclose or divulge to others any information of the PFPC.
3. I understand I must not have any financial or other personal conflict of interest related to the MTF, its personnel, or the DHA.
4. That upon the conclusion of my service as a PFPC member:
 - a. I will return all documents and property including but not limited to reports, manuals, correspondence, and all other materials and copies therefore relating in any way to the PFPC.
 - b. I further agree that I will not retain any copies, notes, or abstracts of the foregoing.
5. I understand that I must comply with all PFPC policies, procedures, and council rules applicable while serving as a volunteer.
6. I further understand at any time, my service as a volunteer may no longer be needed if continued service is not in the best interest of myself, personnel, the MTF, or the DHA.

PFPC Volunteer Signature

Date

Print Name Legibly

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

BENCAT	Beneficiary Category
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-AI	Defense Health Agency-Administrative Instruction
DHN	Defense Health Network
EMB	Executive Management Board
HCIB	Healthcare Integration Board
HCO	Healthcare Operations
HOD	Healthcare Optimization Division
HRO	High Reliability Organization
HQ	Headquarters
MTF	Military Medical Treatment Facility
PEB	Patient Experience Branch
PFPC	Patient and Family Partnership Council
SECDES	Secretarial Designee

PART II. DEFINITIONS

child MTF. A child MTF is an echelon five clinical entity that organizationally reports to an echelon four parent MTF (see definition below).

Defense Health Network. A coordinated system group of military medical and dental facilities under DHA HQ authority, direction, and control.

Executive Management Board. Is an integrating, decision-making body responsible for executing the DHA Strategy as set by the Corporate Executive Board (CEB)B. The EMB oversees activities of boards, linking Agency-wide activities to ensure decisions are consistent with the mission, vision and strategy. The EMB reports to the CEB.

Parent MTF. A parent MTF is a facility responsible for the core operations related to the delivery of care, financial and logistic operations, and oversight responsibility for its subordinate facilities. Each parent MTF reports data from their core facility, subordinate child facilities, and external partnership agreements to DHA HQ via a Defense Health Network.

Healthcare Integration Board. Is an oversight governance body responsible for management of the full spectrum of healthcare delivery across the system. The HCIB reports to the EMB.

PEB. An HOD Branch that addresses issues related to patient experience, family experience, and engagement within the direct and purchased care systems.

PFPC. A chartered group of MTF leaders and MTF beneficiary appointed volunteers who collectively provide experience-of-care feedback and recommendations to the MTF Director. The name PFPC was approved by DHA headquarters leadership.