MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DIRECTOR, JOINT STAFF

SUBJECT: Policy on Worldwide Use of the Theater Medical Information Program-Joint

References: (a) National Defense Authorization Act (NDAA) for Fiscal Year 2005, Section 734, "Medical Care and Tracking and Health Surveillance in the Theater of Operations"
(b) Title 10, United States Code, Section 1074f: "Medical Tracking System for Members Deployed Overseas"
(c) Joint Publication 4.02, "Doctrine for Health Service Support in Joint Operations"
(d) Assistant Secretary of Defense (Health Affairs) (ASD (HA) Memorandum, "Expand the Use of Theater Medical Information Program Products," August 4, 2004, hereby rescinded (attached)
(e) ASD (HA) Memorandum, "Implementation of the Joint Patient Tracking Application," November 29, 2004, hereby rescinded (attached)
(f) ASD (HA) Memorandum, "Coordination of Policy to Establish a Joint Theater Trauma Registry," December 22, 2004, hereby rescinded (attached)
(g) ASD (HA) Memorandum, "Expanded Use of Automated Medical Data Collection and Patient Tracking Applications," June 7, 2005, hereby Rescinded (attached)

The purpose of this memorandum is to formally document policy on the use of the approved deployed electronic health record system, the Theater Medical Information Program-Joint (TMIP-J), to meet the requirements of references (a) through (c). TMIP-J includes applications to assist commanders and units in the delivery of health care in a deployed environment with clinical, patient movement, logistics, preventive medicine and health surveillance, medical command and control, and reference applications. The use of these approved applications will ensure the Military Health System Clinical Data Repository contains health care data collected on deployed Service members and will enable sharing these data with other governmental agencies, such as the Department of Veterans Affairs, in accordance with health care guidelines and information sharing agreements. This policy also consolidates and replaces guidance in references (d) through (g).
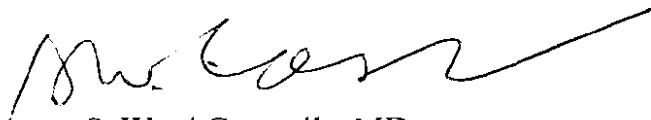
HA POLICY: 08-017

Effective immediately, only the TMIP-J suite applications are authorized for use to collect and store theater health care-related data on Service members. Deployed medical units will use the TMIP-J applications, AHLTA-Mobile, and AHLTA-Theater to document outpatient care, and the TMIP-J Composite Health Care System Cache application to document ancillary and inpatient care. TMIP-J Theater Medical Data Store (TMDS) is the authoritative repository for all medical data captured in the deployed environment on patient care, patient tracking, and in-transit visibility. Services must complete transition to the exclusive use of TMIP-J applications and ensure the use of TMDS across the continuum of care within 90 days of the date of this memorandum.

For requirements not provided by TMIP-J, the Services and Combatant Commands must submit requests to allow continued use of their applications to the Theater Functional Working Group for validation and, if validated, to the Capability Area Manager supporting the Joint Force Health Protection process for approval. If approved, the Capability Area Manager will direct the Defense Health Information Management System (DHIMS) to provide the capability in TMIP-J to eliminate the nonstandard application, and may approve the use of that application on an interim basis until the TMIP-J application is available.

In addition, this memorandum formally establishes the Joint Theater Trauma Registry (JTTR) as the official theater trauma registry for the Department of Defense. Responsibility for JTTR will migrate from the U.S. Army Institute of Surgical Research to the DHIMS Program Office. The DHIMS Program Manager will be the technical manager of the JTTR transition with the Army as the lead developer.

The point of contact for this policy is Mr. Tommy Morris, who may be reached at (703) 578-8544 or Tommy.Morris@tma.osd.mil.

S. Ward Casscells, MD

Attachments:
As stated

cc:
Vice Chief of the Army
Vice Chief of the Navy
Vice Chief of the Air Force

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HA POLICY: 08-017

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MEMORANDUM FOR VICE CHIEF OF THE ARMY
VICE CHIEF OF THE NAVY
VICE CHIEF OF THE AIR FORCE

SUBJECT: Expand the Use of Theater Medical Information Program Products

Our experience to date with medical data collection in theater has been fragmented and inconsistent. Among many contributing factors, the uneven deployment of medical automated information systems figures prominently. Fortunately, reasonable electronic solutions already exist, but I need your help to expedite funding, fielding, and use of such systems.

Force Health Protection (FHP) efforts currently hinge on the timely analysis of medical data. Significant data gaps hamper our efforts. A notable example is documenting health encounters in deployed settings, e.g., Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF). Most forward locations are hampered by the absence of electronic, patient-focused data collection systems and rely largely on paper records. Garrison medical record reviews performed as part of the Deployment Health Quality Assurance program show that handwritten records often do not accompany the patient back to the permanent medical record. On the other hand, patients cared for at forward sites using electronic medical data collection systems, like the Composite Health Care System (CHCS2-T), are far more likely to have appropriate documentation in their medical records.

Such data gaps make it difficult to provide the highest quality medical care and results in suboptimal FHP. Missing data and improper documentation increase the possibility that line commanders will not have the fittest, healthiest fighting forces when they need them.

CHCS2-T and CHCS NT are major components of the Theater Medical Information Program (TMIP) suite. CHCS2-T provides for structured collection of outpatient information, and CHCS NT provides the laboratory, radiology, pharmacy and other inpatient capabilities. Both of these products of the TMIP suite were developed by the medical community to use in deployed settings to support patient care, clinical encounter documentation and Force Health Protection requirements. Future increments of TMIP will combine the capabilities of CHCS2-T and CHCS NT into a single TMIP component. The CHCS2-T component of TMIP has been successfully fielded in OIF at a

limited number of medical units. Further deployment of CHCS2-T, CHCS NT, and the other TMIP products in the area of responsibility will require an appropriate deployed infrastructure (hardware, communication, etc.), which hinges on your support.

Gathering theater-level data using TMIP products is important, but it is even more important to analyze that data quickly and get meaningful reports to commanders and other decision makers. This will require a stronger integration between medical and line data systems. I have seen examples of locally produced systems that have integrated medical, personnel, and other data systems to feed robust command reporting tools. All commanders need this capability, anytime, anywhere. You can help by ensuring effective coordination across the information management/information technology community so that new systems are designed with such integration in mind. Our medical information personnel look forward to working with you to develop and field these critical command tools.

I ask you to quickly identify and validate the requirement to accelerate implementation of CHCS2-T, CHCS NT, and the rest of the TMIP components. While the highest priority should go to getting CHCS2-T and CHCS NT deployed to all combatant theaters, e.g., OIF/OEF, it is also important to integrate an equally capable system at Reserve units stationed at home.

Please let me know if there is any way I can help. My point of contact is Colonel Kenneth L. Cox, (703) 578-8524, kcox@deploymenthealth.osd.mil.

William Winkenwerder, Jr., MD

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MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DIRECTOR, JOINT STAFF

SUBJECT. Implementation of the Joint Patient Tracking Application

This memorandum directs the implementation of the Joint Patient Tracking Application (JPTA) at military treatment facilities in theater and in the Continental United States to improve patient tracking and management

The JPTA is a web-based patient tracking and management tool developed by and used very successfully at Landstuhl Regional Medical Center (LRMC) to streamline the business processes associated with managing patients moved from United States Central Command operations. The application collects patient data at the local treatment facility, and also from other critical sources such as the Composite Health Care System. Total Army Personnel Data Base, Air Force Personnel System, U S. Marine Corps Personnel File, Defense Enrollment Eligibility Reporting System, and the United States Transportation Command Regulating and Command and Control Evacuation System It facilitates coordination of medical services by providing a common interface used by commanders, case managers, service liaisons, and health care providers for shared decision-making The JPTA improves patient visibility by providing a joint theater-level picture of patient movement in real time, with "drill down" capability from theater level to Service to the individual soldier (at this level specifics related to the patient's current status and treatment history are available only to authorized users) Reporting capabilities include diagnosis, injury type (battle injury/non-disease battle injury), length of stay, patient numbers and types, pending departures, patient disposition, and a number of other available reports
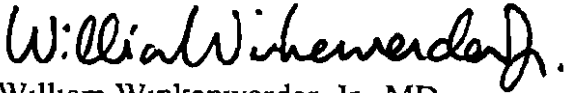
The Services will develop a concept of operations that ensures deployment in high-risk areas within 90 days, followed by deployment to the remaining facilities as soon as practicable The Services will also provide this capability at the earliest possible time to the Combatant Command Surgeons they support under the Unified Command plan. The Services will work with LRMC to implement the application. Management responsibility for this application will transition from LRMC to the Military Health System as soon as money can be identified in the POM cycle (within 24 to 36 months)

Deployment to Level 5 facilities is required to achieve full functionality of JPTA. At these facilities. JPTA will provide a means to integrate relevant patient data for tracking purposes and enable continuity in patient accountability, reporting and documentation It will also provide real-time tracking information and eliminate multiple stand-alone databases, streamlining the business management process for patients.

Deployment to Level 3 facilities will provide improved capability to track and document inpatient visits, and, when integrated with Composite Health Care System II, outpatient visits will be documented The JPTA will enhance visibility of patients treated in, but not transported out of the theater of operations, which will allow the Coalition Forces Land Component Command, division surgeons, and other authorized users to advise commanders on patient location, patient status, and total movement numbers on a real-time basis

It is our goal to fully integrate JPTA into the total Military Health System as soon as possible, but not later than 36 months from the date of this memorandum. At that time, JPTA will project critical health information forward to the theater of operations and backward to the continental United States. Data from the system will assist the personnel community to project the need for replacements by individual unit.

My point of contact for this action is Anthony DeNicola, Program Director, Deployment Systems and Records, 703.578 8544 or tony.denicola@ha.osd.mil

William Winkenwerder, Jr , MD

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
                     ASSISTANT SECRETARY OF THE NAVY (M&RA)
                     ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
                     DIRECTOR, JOINT STAFF

SUBJECT: Coordination of Policy to Establish a Joint Theater Trauma Registry

Collection and aggregation of combat casualty care epidemiology, treatment and outcome is essential to understanding the challenges, successes and failures the military medical corps faces in providing effective and timely care for combat casualties Scientifically valid analysis of aggregated data can provide important information for prevention and mitigation of wounds, effective and timely deployment of medical resources and rapid identification of needed improvements. It can also provide a foundation for training, planning and medical resourcing. An accurate medical record is essential for developing such a database. The absence of such impedes the effective delivery of care and makes adequate quality management of the process of medical care evacuation and logistics supply incomplete and inaccurate   Therefore, it is essential to establish a Joint Theater Trauma Registry (JTTR) to ensure documentation and archiving of combat casualty epidemiology, treatment, and outcome.

The first step in establishing a JTTR is for the Services to collaborate on and implement an effective custodial chain of medical records from Level 1 through Level 5 care   This particularly refers to adequate transfer of records from Level 2 to Level 3, and Level 3 to Level 4 facilities through the evacuation chain   This will at a minimum be the Theater Trauma Record, Narrative Summary, and all Operations Reports   These records are an essential part of any Service member's medical history, and will be integrated into the clinical data repository (CDR). Each service maintaining a trauma registry will work with the point of contact for the CDR to develop a plan for this integration

Army, Navy/Marine, and Air Force medical personnel will collaborate on and implement a Theater Trauma Record. This document will provide uniform descriptions of the epidemiology, nature and severity of injuries, the time of and nature of care provided and patient outcome   The Army Trauma Record is attached as an example.
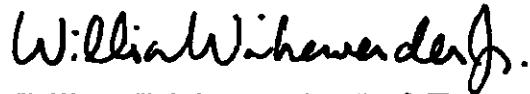
Army, Navy/Marine, Air Force and the Armed Forces Institute of Pathology will collaborate and implement a JTTR using data from the Theater Trauma Record no later than April 2005   Each Service should record and accurately enter its Theater Trauma Record data into a service/institution specific database, which will then be pooled as de-identified data at the USA Institute of Surgical Research for detailed analyses.

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Compatibility of service/ institution specific registries must be ensured. Based on the POM cycle we estimate that by Calendar Year 2008 this information will be captured in CHCS II and CHCS IIT (theater).

During times of active conflict, information reporting of de-identified data from the databases will be provided to the Assistant Secretary of Defense for Health Affairs and the Surgeons Generals of the Army, Navy, and Air Force on a monthly and year-to-date aggregate quarterly basis.

My POC for this action is Salvatore Cirone, Program Director for Health Science Policy. He can be contacted at (703) 575-2670 or at Salvatore.Cirone@ha.osd.mil.

William Winkenwerder, Jr., MD

Attachment
As stated

cc:
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Commander, USAMRMC

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
        ASSISTANT SECRETARY OF THE NAVY (M&RA)
        ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
        DIRECTOR, JOINT STAFF

SUBJECT: Expanded Use of Automated Medical Data Collection and Patient Tracking
     Applications

   The last year has increased our understanding of how and when to use the varied
and numerous theater medical automated products. In previous correspondence
(Attachment 1), I requested the Services accelerate the deployment of the Theater
Medical Information Program (TMIP) products so we will have a standard electronic
record of care provided in theater. This record must be used for medical surveillance and
be a permanent part of the life long medical record. The TMIP products provide long-
term storage of a standardized medical record and provide the capability for medical
surveillance. There are other products that offer similar capabilities. For example, the
Air Force Global Expeditionary Medical System (GEMS), the Shipboard Automated
Medical System (SAMS), and the Joint Patient Tracking Application (JPTA) are products
currently being used in the theater of operations. Our goal is to collect this critical
medical information and reduce the amount of duplicate entry.

   The JPTA is an excellent product that has met the requirement for tracking
patients. It allows commanders to locate injured personnel and have a general idea of
their medical status. To further this objective, I requested the Services accelerate the
deployment of JPTA (Attachment 2). JPTA provides a capability to capture outpatient
and inpatient care provided in theater. A provider in the theater can enter this
information directly into the JPTA web based portal, or the outpatient and inpatient
information can be moved into JPTA from other databases, such as the Clinical Data
Repository (CDR). We want theater medics to provide this information; however, we
must minimize duplicate entry by our medics in the field.

   To support the goal of collecting this critical information and minimize duplicate
entry, I am directing the Services to:

   1) Continue with the accelerated deployment of the TMIP products. When they
   are available in theater, the TMIP tools will be used to capture outpatient and
   inpatient encounters. JPTA will get inpatient and outpatient data feeds from other
   sources, such as the CDR in as near real time as possible, but not longer than every
   three hours.

2) The Navy may continue to use the Shipboard Automated Medical System (SAMS) and the Air Force may continue to use the Global Expeditionary Medical System (GEMS), but will take action to migrate to TMIP at the earliest opportunity.

3) If TMIP, GEMS, or SAMS are not available, then JPTA will be used to collect outpatient and inpatient information, but action must be taken to migrate to TMIP at the earliest opportunity.

As we learn more about how to use these medical automated tools in theater, we must continue to collect this critical information while minimizing the impact on our providers in the field. My point of contact for this action is Mr. Anthony DeNicola at (703) 578-8544 or e-mail tony.denicola@deploymenthealth.osd.mil.

William Winkenwerder, Jr., MD

Attachments:
As stated

cc:
Vice Chief of the Army
Vice Chief of the Navy
Vice Chief of the Air Force