DHA-PM 6025.13
TOP 10 KEY CHANGES

Clinical Quality Management (CQM) in the Military Health System (MHS)

DHA-PM 6025.13

TOP 10 KEY CHANGES

DHA-PM 6025.13 Overall CQM Top 10 Key Changes – In Brief

Volume	Key Change
1. General Overview	1. Revises the threshold rule to 'four or more' data elements for sharing aggregated data. 2. Updates Clinical Quality Management definitions.
2. Patient Safety	3. Strengthens the linkage between Patient Safety and Healthcare Risk Management.
3. Healthcare Risk Management	4. Clarifies DoD reporting to the National Practitioner Data Bank. 5. Updates and aligns current DoD clinical adverse action procedures with federal law and 6. Updates the process for identification and review of potential compensatory events for patient that reach the patient.
4. Credentialing & Privileging	7. Establishes definitions & clarifies processes & roles for utilizing Ongoing Professional Practice (OPPE), Focused Professional Practice Evaluation (FPPE), Preceptor and Proctor.
5. Accreditation & Compliance	8. Clarifies accreditation requirements for healthcare facilities and healthcare units.
6. Clinical Measurement	9. Establishes DoD participation and monitoring of quality assessment programs.
7. Clinical Quality Improvement	10. Establishes a centralized project repository for improvement efforts.

DHA-PM 6025.13 Overall CQM Top 10 Key Changes

1. Revision of the "threshold rule" from three (3) to four (4) to better ensure CQM and Medical Quality Assurance Program (MQAP) statistical data are appropriately aggregated prior to release to meet legal requirements for protecting the identity and privacy of individual patients and providers.
2. Updates CQM definitions, which includes Patient Safety Event, Potentially Compensable Events (PCEs), Clinical Adverse Actions (e.g., Summary Suspension exceeding 30 calendar days, Restriction, Reduction, Revocation, and Denial), DoD Reportable Events (DoD RE), and Comprehensive Systematic Analysis (CSA).
3. Strengthens the linkage between Patient Safety and Healthcare Risk Management (HRM) for improved transparency, collaboration, information sharing, and improvement.
4. Clarification that, for paid medical malpractice claims, reports to the National Practitioner Data Bank (NPDB) are required when a claim payment was made and the Report Authority determines a significantly involved provider (SIP) did not meet the standard of care (SOC), and a similar process applies when failure to meet SOC results in harm to an active duty member.
5. Updates and aligns current DoD clinical adverse action procedures with law and regulation described by the NPDB reporting requirements. This alignment includes: 1) Removal of an abeyance period, 2) NPDB reporting of summary suspensions exceeding 30 days, and 3) Deletion of suspension as a clinical adverse action.
6. Updates the process for identification and review of PCEs for Patient Safety Events that reach the patient (i.e., adverse event and no-harm events), including: 1) All events that reach the patient will be reviewed to determine whether the event is likely to present a possible financial loss, 2) All DoD REs are PCEs, 3) HQ review of all Active Duty deaths.
7. Establishes definitions for Ongoing Professional Practice Evaluation (OPPE), Focused Professional Practice Evaluation (FPPE), Preceptor, and Proctor, which clarifies the process and roles for utilizing OPPE and FPPE.
8. Clarification of requirements for accreditation of health care facilities and documentation of comparable quality of care mechanisms for health care units exempt from accreditation.
9. Establishes participation and monitoring of quality assessment programs and activities in other Federal Agencies and external clinical quality management organizations to include national quality databases, registries, or networks that are recognized as leading practices.
10. Establishes a centralized project repository where MTFs can submit their CQM improvement efforts for central review and consideration for adoption across the enterprise.

DHA-PM 6025.13

KEY CHANGES BY VOLUME

DHA-PM 6025.13, Vol. 1: CQM General Key Changes

The DHA-PM clarifies, defines, and standardizes key practices across the system to enable greater learning and improvement. **Specifically, the DHA-PM:**

Includes CQM strategy elements: Quadruple Aim, High Reliability Principles, and Aims for Healthcare Quality (STEEEP).

Adopted the National Patient Safety Foundation's four domains of transparency in its transparency framework.

The CQM programs may potentially create an MQAR from peer review; care must be taken to protect such records, in accordance with Section 1102 of Reference (p).

Revision of "threshold rule" from three to four to better ensure CQM and Medical Quality Assurance Program statistical data are appropriately aggregated prior to release to meet legal requirements for protecting the identity/privacy of individual patients and providers.

Updates CQM definitions, including PS Event, Potentially Compensable Event, Clinical Adverse Actions (e.g., Summary Suspension exceeding 30 calendar days, Restriction, Reduction, Revocation, and Denial), DoD Reportable Events, and Comprehensive Systematic Analysis.

Includes Healthcare Resolutions and Patient's Right to be Heard and is now contained in a separate procedure (DHA-PI 6025.17: Healthcare Resolutions, Disclosure, Clinical Conflict Management and Healthcare Provider Resiliency and Support in the MHS).

DHA-PM 6025.13, VOL 2: Patient Safety Key Changes

The DHA-PM clarifies, defines, and standardizes key practices across the system to enable greater learning and improvement.

Specifically, the DHA-PM:

Clarifies the definition of patient safety terms including Adverse Event, DoD Reportable Event, Comprehensive Systematic Analysis, and Corrective Action Implementation Plan Report.

Strengthens the link between Patient Safety and Healthcare Risk Management (HRM) for improved transparency, collaboration, information sharing, and improvement.

Clarifies the notification of all events that reach the patient and DoD REs to HRM and the DoD RE identification and investigation process and timeline.

Clarifies expectations regarding PS education: Patient Safety Professional Course and TeamSTEPPS implementation and learning

Established Infection Prevention and Control as a function of the Patient Safety Program.

DHA-PM 6025.13, VOL 2: Patient Safety-Infection Prevention & Control Key Changes

The DHA-PM clarifies, defines, and standardizes key practices across the system to enable greater learning and improvement.

Specifically, the DHA-PM:

Clarifies specific roles and responsibilities of Infection Prevention and Control (IPC) at Headquarters (HQ), Market/HQ, and MTF.

Market/Intermediate HQ IPC SMEs are encouraged to maintain certification by national certifying standards.

Market/Intermediate HQ share lessons learned from focused improvement to IPCWG.

DHA-PM 6025.13, VOL 3: Healthcare Risk Management Key Changes

The DHA-PM clarifies, defines, and standardizes key practices across the system to enable greater learning and improvement.

Specifically, the DHA-PM:

Clarifies that, for paid medical malpractice claims, reports to the National Practitioner Data Bank (NPDB) are required when a claim payment was made and the Report Authority determines a significantly involved provider (SIP) did not meet the standard of care (SOC), and a similar process applies when failure to meet SOC results in harm to an active duty member.

Updates and aligns current DoD clinical adverse action procedures with law and regulation described by the NPDB reporting requirements. This alignment includes: 1) Removal of an abeyance period, 2) NPDB reporting of summary suspensions exceeding 30 days, and 3) Deletion of suspension as a clinical adverse action.

Updates the process for identification and review of PCEs for Patient Safety Events that reach the patient (i.e., adverse event and no harm events), including: 1) All events that reach the patient will be reviewed to determine whether the event is likely to present a possible financial loss 2) All DoD REs are PCEs, 3) HQ review of all Active Duty deaths.

Defines a new process for the Impaired Healthcare Professional.

DHA-PM 6025.13, VOL 4: Credentialing and Privileging Key Changes

The DHA-PM clarifies, defines, and standardizes key practices across the system to enable greater learning and improvement.

Specifically, the DHA-PM:

Establishes definitions for Ongoing Professional Practice Evaluation (OPPE), Focused Professional Practice Evaluation (FPPE), Preceptor, and Proctor, which clarifies the process and roles for utilizing OPPE and FPPE.

Clarifies credentialing of providers engaged in telemedicine services, including requirements for virtual Medical Center providers.

Clarifies and standardizes the privileging by proxy process.

Defers to the Status of Forces Agreements (SOFA) regarding Foreign National local hire providers at OCONUS MTFs.

Distinguishes the differences between temporary privileges and disaster privileges.

Clarifies Graduate Medical Education Training Office responsibilities to track and maintain credentials information on all in-service trainees.

Outlines requirements for unrestricted licenses.

DHA-PM 6025.13, VOL 5: Accreditation and Compliance Key Changes

The DHA-PM clarifies, defines, and standardizes key practices across the system to enable greater learning and improvement.

Specifically, the DHA-PM:

Clarifies requirements for accreditation of health care facilities and documentation of comparable quality of care mechanisms for health care units exempt from accreditation.

Outlines the healthcare facility Accreditation Program for MTFs' transition from the Service Headquarters to the Accreditation and Compliance Program in Medical Affairs at the Defense Health Agency. (The Service accreditation contracts will remain in effect through December 2020.)

Defines how DHA will manage and assist with Compliance Visits to support assigned MTFs with policy implementation (starting 1 January 2021).

Updates the accreditation of a military installation in or outside the United States, unless it is under the operational control of Combatant Commands. If the unit provides healthcare services in a fixed facility, the facility is subject to accreditation.

Defines alternatives to satisfy the accreditation requirement. Upon a request from the Military Department, the facility providing healthcare services may obtain accreditation exemption from the ASD(HA). This will be based on documentation that the facility operates under comparable CQM compliance mechanisms established and implemented by the Military Department.

DHA-PM 6025.13, VOL 6: Clinical Measurement Key Changes

The DHA-PM clarifies, defines, and standardizes key practices across the system to enable greater learning and improvement.

Specifically, the DHA-PM:

Establishes participation and monitoring of quality assessment programs and activities in other Federal Agencies and external clinical quality management organizations to include national quality databases, registries, or networks that are recognized as leading practices.

Expands the clinical quality measurement information in to include examples of clinical measure sets.

Expands the MHS Core Dashboard and Transparency Framework to include examples and data links.

DHA-PM 6025.13, VOL 7: Clinical Quality Improvement Key Changes

The DHA-PM clarifies, defines, and standardizes key practices across the system to enable greater learning and improvement.

Specifically, the DHA-PM:

Establishes a centralized project repository where MTFs can submit their CQM improvement efforts for central review and consideration for adoption across the enterprise.

Operationalizes CQI through the MHS High Reliability Operating Model (HROM) by involving the MHS clinical communities and front-line staff to identify and prioritize improvement opportunities and implement changes.

Increases collaboration between DHA, the Market, Clinical Communities, front-line staff and MTFs to improve the quality of care and services across the enterprise.

For more information & resources, visit

HEALTH.MIL/CQM