Background

With the Defense Health Agency (DHA) top priorities of ‘Great Outcomes’ and ‘Ready Medical Force,’ quality and safe care delivery is paramount within the Military Health System (MHS). Effective Oct. 1, 2019, Defense Health Agency (DHA) Procedures Manual (PM) 6025.13, Clinical Quality Management in the MHS, replaces Department of Defense (DoD) Manual 6025.13 MHS Quality Assurance Program Regulation. DHA-PM 6025.13 outlines procedures for managing Clinical Quality Management (CQM): the integrated processes, both clinical and administrative, that provide the framework to objectively define, measure, assure, and improve the quality and safety of care received by beneficiaries. CQM supports the MHS “Quadruple Aim” of Better Care, Better Health, Lower Cost, and Improved Readiness leading to quality care that is safe and reliable for every patient, every time.

DHA-PM 6025.13: EFFECTIVE OCT. 1 2019

Communication Goals

- Inform practitioners of new CQM processes and the need to comply.
- Equip MTF Commanders/Directors and staff with information and resources needed to direct the successful implementation of the DHA-PM.
- Promote quality, safe, reliable care to every patient, every time.

Key Audiences and Stakeholders:

- MHS and DoD Healthcare Providers and Staff
  - MHS, DoD MTFs, Uniformed Services, civilian, contract, volunteer, other medical or dental healthcare providers and staff
- Other Providers
  - Credentialed healthcare providers who are members of the Army National Guard or the Air National Guard, trainees with granted privileges, managed care support contractors (MCSCs), designated providers, and overseas contractors
- Leadership
  - OSD, MILDEPS, Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, Combatant Commands, DoD Office of Inspector General of the DoD, Defense Agencies, DoD Field Activities, and DoD Components
- Beneficiaries
Key Messages

- Through CQM, the Military Health System (MHS) affirms its unwavering commitment to quality healthcare and patient safety for beneficiaries, joint healthcare teams, and Combatant Commands across the globe.

- DHA-PM 6025.13 establishes CQM procedures in the MHS to provide an organized structure for an integrated framework of programs to objectively define, measure, assure, and improve the quality of care received by MHS beneficiaries.

- DHA-PM 6025.13 strengthens CQM accountability, transparency, and standardization to prevent harm, promote continuous learning, and improve the quality of care and services delivered in the MHS.

Talking Points

- DHA-PM 6025.13 replaces DoD-M 6025.13 as part of standardization efforts as the Defense Health Agency (DHA) assumes authority, direction, and control of the Military Treatment Facilities (MTFs) through direct support of the Military Department (MILDEP) Medical Departments.

- Effective as of October 1, 2019, MTFs are required to implement new standards immediately.

- Providers should use DHA-PM 6025.13 for guidance and, in the absence of applicable DHA Publications, continue to utilize existing Military Department policies.

- Ultimately, DHA-PM 6025.13 supports the MHS’s commitment in striving to be a more highly reliable organization (HRO).

- While the majority of the content is not new, there are 10 key changes.

- DHA-PM 6025.13 is relevant for:
  - Leadership: OSD, MILDEPS, Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, Combatant Commands, DoD Office of Inspector General, Defense Agencies, DoD Field Activities, and DoD Components
    - Leaders need to be able to explain and emphasize the importance of the PM: how the new procedures fit within standardization across MTFs, which leads to reliable and safe, quality care.
  - MHS and DoD Healthcare Providers and Staff: MHS, DoD MTFs, Uniformed Services, civilian, contract, volunteer, other medical or dental healthcare providers and staff
    - Providers need to understand how the changes affect them.
Other Providers: Credentialed healthcare providers who are members of the Army National Guard or the Air National Guard, trainees with granted privileges, managed care support contractors (MCSCs), designated providers, and overseas contractors

- Providers need to understand how the changes affect them.

- DHA-PM 6025.13 clarifies, defines, and standardizes key practices across the system to enable greater learning and improvement.

- The CQM framework is guided by three strategic elements: Quadruple Aim, High Reliability Principles, and Aims for Healthcare Quality (STEEP—Safe, Timely, Efficient, Effective, Equitable, and Patient and Provider-Centered)

- The six programs that operationalize CQM are: Patient Safety, Healthcare Risk Management, Credentialing and Privileging, Accreditation and Compliance, Clinical Measurement, and Clinical Quality Improvement.

- As we organize to be a highly reliable integrated system of readiness and health, Clinical Quality Management plays a critical role to support improvement, promote safety and ensure the quality of care to our Service Members and their families.

- We are doing this to ensure safe, reliable, high-quality care for every patient, every time.

- Health.mil/CQM offers resources to introduce and communicate DHA-PM 6025.13. Additionally, a CQM SharePoint site houses essential resources related to implementing the DHA-PM 6025.13. Visit info.health.mil and click on the CQM Toolkit button to access the CQM SharePoint.
Commander’s Checklist

- Utilize this checklist to guide actions and activities related to the implementation and communication of DHA-PM 6025.13.
FAQ Fact Sheet

Provides an overview of the top Frequently Asked Questions (FAQs)

- Print and post in common areas, distribute via email, and/or share this product on your digital platforms.

**CLINICAL QUALITY MANAGEMENT DHA-PM 6025.13**

**Frequently Asked Questions**

What brought on changes to CQM within the MHS?

Three converging requirements provided opportunities to take action and strengthen accountability, transparency, and standardization; prevention and improvement in Clinical Quality Management:

- The High Reliability Organization mandate from the MHS Review.
- The expiration of the DOD PM 6255.13.

How does this “transition” to the Defense Health Agency improve efficiency and performance?

- The Defense Health Agency (DHA), and the Military Department medical leaders have developed DHA-PM 6025.13 to support Clinical Quality Management.
- Functional capabilities will be centralized at DHA Headquarters.
- Medical Center Services will have new military officers as the Director and Service Commanders.
- DHA and Military Medical Departments are developing a standardized staffing plan.
- Military Departments will manage civilian and contract personnel and ensure plan for civilian human resource support.

What is the new organizational structure?

Under the DHA-PM 6025.13, there is a new structure. If you think of a general with the Director, DHA at the top, the structure is as follows:

- DHA Director: Provides policy and oversight.
- Deputy Assistant Director Medical Affairs: Clinical Quality Management: Administers and manages CQM Programs.
- Defense Health Agency: Manages intermediate Headquarters; supports, monitors, and operates Clinical Quality Management Programs.
- Military Treatment Facilities: Maintain continuous compliance of DHA-PM 6025.13.
Top 10 Key Changes
Provides a one page overview of the Top 10 Key Changes

- Print and post in common areas, distribute via email, and/or share this product on your digital platforms.
Introducing DHA-PM 6025.13

Through Clinical Quality Management (CQM), the Military Health System (MHS) affirms its unwavering commitment to quality healthcare and patient safety.

Overview of DHA-PM 6025.13

- Vol. II: General CQM
  - Describes the organization’s & procedures for managing CQM
- Vol. IV: Patient Outcomes (PO)
  - Defines the expectations of patient satisfaction
- Vol. V: Hypodermic Risk Management (HRM)
  - Describes the risks in the clinical aspects of hypodermic therapy
- Vol. VI: Confidentiality and Privacy (CP)
  - Ensures the protection of patient information
- Vol. VII: Accountability and Compliance (AC)
  - Ensures compliance with regulations
- Vol. VIII: Concept Quality Improvement (CQI)
  - Provides tools, resources, standards, and requires the analysis of data
- Vol. IX: Concept Quality Improvement Implementation (CQII)
  - Improves the quality of care and services provided

What you need to do:

- Use the DHA-PM for guidance in the implementation of CQM
- Continue to update existing MHS CQM
- Review the Top 10 Key Changes
- Access the DHA-PM 6025.13 Volumes
- Ask questions to gain clarity

DOWNLOAD
All Things DHA-PM 6025.13 SharePoint

To access the All Things DHA-PM 6025.13 SharePoint page, visit the LaunchPad Homepage at info.health.mil and scroll down to “Latest News.” Click the announcement titled “Access the Clinical Quality Management (CQM) Toolkit.”
Clinical Quality Management
Implementing DHA-PM 6025.13

Briefing Slides

MTF Commander / Director Briefing Slides

- Download this slide deck for use in briefings to introduce DHA-PM 6025.13 and guide providers and staff in implementing CQM.

To access the All Things DHA-PM 6025.13 SharePoint page, visit the LaunchPad Homepage and scroll down to “Latest News.” Click “Access the Clinical Quality Management (CQM) Toolkit”
Briefing Slides

Staff Briefing Deck

- Download this slide deck for a briefing on the key components of DHA-PM 6025.13.

To access the All Things DHA-PM 6025.13 SharePoint page, visit the LaunchPad Homepage and scroll down to “Latest News.” Click “Access the Clinical Quality Management (CQM) Toolkit”
Clinical Quality Management
Implementing DHA-PM 6025.13

Briefing Slides
Top 10 Key Changes

► Download this slide deck for an overview of the Top 10 Key Changes in DHA-PM 6025.13.

To access the All Things DHA-PM 6025.13 SharePoint page, visit the LaunchPad Homepage and scroll down to “Latest News.” Click “Access the Clinical Quality Management (CQM) Toolkit”