**Prepared Statement**

**Of**

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**REGARDING**

**PATIENT SAFETY AND QUALITY OF CARE**

**BEFORE THE**

**HOUSE ARMED SERVICES COMMITTEE**

**MILITARY PERSONNEL SUBCOMMITTEE**

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Chairwoman Speier, Ranking Member Gallagher, distinguished Members of the Subcommittee, I am pleased to represent the Defense Health Agency (DHA) today and describe our comprehensive, enterprise approach to ensuring quality of care in the Military Health System—the MHS. I'm honored to represent the dedicated military and civilian medical professionals in the MHS which provides direct support to our combatant commanders, and delivers or coordinates health care for our 9.6 million beneficiaries.

This testimony will outline the integrated approach for overseeing quality programs in the MHS – from the initial credentialing and privileging process for our health care team, to the programs and partnerships we sustain to ensure high performance. I will also address the processes we have recently put in place to address those instances when our standards are not met.

As background to DHA's responsibilities for quality programs, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017 enacted sweeping reforms to the organization and management of military medicine. The over-arching direction from Congress was to centralize and standardize many military health care functions in a way that better integrates readiness and health delivery throughout the Department. Included among these reforms is the expanded authority and responsibility of DHA to manage military medical treatment facilities, or MTFs, worldwide. Today, DHA exercises authority, direction, and control over all MTFs worldwide.

The foundation of our approach to quality is captured in our "Ready, Reliable Care" initiative. This initiative unifies the Military Departments' and DHA's programs to drive high reliability across the continuum of health care delivery from MTFs, to dental treatment facilities (DTFs) to the operational environment. The initiative also spans both the delivery of clinical

care as well as the leadership and administrative support that guides our health care system.

The DHA standardized the Department's overarching approach in October 2019, when we issued DHA Procedural Manual 6025.13, "Clinical Quality Management in the Military Health System." This policy consolidated, streamlined, and strengthened what had previously been addressed in 24 separate quality of care policies across the Military Departments and DHA.

For DoD, quality starts with the individual medical personnel we recruit and onboard every day. The credentialing and privileging process serves as the foundation for quality and safe care by ensuring qualified and competent staff deliver care in a manner that is consistent with their education and training, and the scope of services approved by their organization. For our health care providers, DHA captures comprehensive individual education, training, licensing, assignment history, privileges and other certifications and demographic information in our Centralized Credentials Quality Assurance System, or CCQAS – a web-based, worldwide credentialing, privileging, risk management and adverse actions database. CCQAS standardizes tri-service business processes and enables electronic workflow for review, routing and approval of provider privileges as they move throughout their careers.

The DHA Director and Military Department Designee are the Privileging Authorities for their respective organizations. Within DHA, my privileging authority is delegable to Market Directors or MTF Directors, as appropriate.

In addition to individual credentialing and privileging, the DHA oversees accreditation and certification for hospitals and clinics, as well as specialty specific certifications and quality assurance programs. It is important to note that DoD participates in multiple civilian accreditation programs and is held to the same standards as our private sector health care colleagues.

Beginning in December 2020, DHA established, and now manages, an enterprise-level contract with The Joint Commission (or TJC) for all 131 parent MTFs. A "parent" MTF refers to those MTFs that may also have a number of subordinate medical facilities, like smaller clinics, under their purview. TJC-accreditation is an essential accreditation in both private sector and public hospitals and demonstrates an organization's commitment to continuous improvement in patient care. The DHA now augments participation in TJC with an enterprise-level contract for Accreditation Site Assist Visits (or SAVs) that began September of 2021. SAVs prepare MTFs for TJC accreditation surveys and focus on addressing any specific concerns. All DoD MTFs are fully accredited by TJC, and their accreditation status is shared with patients.

At the specialty level, the MHS participates in numerous voluntary health care collaboratives that help drive improvement and allow us to compare our performance with others in respective specialty areas and medical fields. Some of the most notable examples include:

- The National Surgical Quality Improvement Program (NSQIP) – a collaborative led by the American College of Surgeons that assesses surgical quality and outcomes across general surgery and surgical subspecialties. About 700 U.S. hospitals participate in NSQIP, including all MTFs with surgical programs.
- The National Perinatal Information Center (NPIC) – a consortium of more than 80 health systems with high volume obstetric care, which is one of the top product lines in the DoD direct care system. All MTFs who perform deliveries participate.
- The Health Employer Data and Information Set (HEDIS), a program overseen by the National Committee on Quality Assurance (NCQA), provides a set of standardized measures of health plan performance allowing comparisons of quality, access, patient satisfaction, membership, utilization, and more. All MTFs participate.

- In 2018, DoD voluntarily elected to participate in the Leapfrog Group and its public hospital ratings on critical quality and safety measures. Today, all DoD hospitals participate in Leapfrog.

All of our laboratories are certified by the College of American Pathologists (CAP). Our blood banks are Food and Drug Administration certified and accredited by both CAP and the American Association of Blood Banks. DoD participates in the Scientific Registry of Transplant Recipients. Our physician medical education programs are accredited by the American Council for Graduate Medical Education. The list goes on – from pharmacy programs to public health to nutrition and dietetics, DoD holds itself to the same standards as private sector colleagues and shares its status with our beneficiaries and the American public.

The DoD Patient Safety Program similarly incorporates strategies and practices from the private sector and uses widely accepted measures for performance. Central to our strategy is cultivating and sustaining a "culture of safety" that actively learns from patient safety events, and DoD requires MTFs to capture and report on them.

The emphasis on reporting all possible safety events contributes to continuous improvement. Over the last four years, DoD has seen improved patient safety performance measures that reflect this improvement. MTFs are scored on the strength of corrective actions implemented following an event – and we have seen strong corrective actions implemented in almost 80% of cases, up from 55% in 2017. On two important measures of safety performance – Catheter Associated Urinary Tract Infections (CAUTI) and Central Line Associated Blood Stream Infection (CLABSI), the MHS has consistently performed at, or statistically better than, the national benchmarks. Since our introduction of the Global Trigger Tool, DoD has experienced a significant decrease in harm events per 100 admissions.

For national surgical quality, the American College of Surgeons recognized the top 90 performing hospitals in the United States. Six of those hospitals were from DoD – Brooke Army Medical Center (San Antonio, TX); Darnall Army Medical Center (Ft. Hood, TX); Evans Army Community Hospital (Ft. Carson, CO); David Grant USAF Medical Center (Travis AFB, CA); Naval Medical Center San Diego (San Diego, CA); and Naval Medical Center Portsmouth (Portsmouth, VA).

The Department also enjoys a substantial and expanding partnership with the Department of Veterans Affairs (VA) on quality and safety initiatives. At the governance level, the DoD / VA Health Executive Council (HEC) chartered work groups (WG) for Credentialing & Privileging and Patient Safety that is helping to identify more touchpoints for federal health integration. DoD and VA now both use the Joint Patient Safety Reporting System. As we implement a common Electronic Health Record (EHR) in both Departments, we're sharing clinical workflows that support quality and safety, with the DoD and VA collaborating to produce evidence-based Clinical Practice Guidelines. And, as VA expands their use of civilian health care options for Veterans, we are sharing our quality and safety measures for monitoring care from network providers.

Across the board, we see positive signs of continuous improvement in quality and safety measures, and we continue to focus on unwanted variability. While DoD is confident in its processes for ensuring quality care, and proud of its performance as measured against peers in American medicine, the Department also has clear policies and procedures in place when patient safety incidents occur.

All reported safety events that reach a patient are evaluated for immediate and future risk mitigation and further reporting requirements by the MTF Chief of the Medical Staff and the MTF Clinical Quality Management Team. These events are also reviewed to determine if they meet criteria as a Potentially Compensable Event (PCE), thus initiating the quality assurance review

process.

If the event is determined to be a PCE, or the situation involves an Active Duty (AD) military member where medical care may be related to a death or disability payment, a case review occurs at the MTF level. This review will render a preliminary determination as to whether the significantly involved providers met the standard of care (SOC). In cases where a military medical malpractice claim, AD disability, or AD death payment is made, additional reviews are required by the DHA Headquarters, including an external peer review and specialty consultant review, as indicated. Following these additional reviews, I am responsible for rendering a final SOC determination and reporting decision.

Every case is also evaluated to determine whether a clinical adverse action (CAA) should be initiated. The CAA process is initiated when the PCE or patient safety review identifies concerns for provider misconduct, impairment, incompetence, or any conduct which adversely affects, or could adversely affect, the health or welfare or a patient, or a staff member. The CAA process involves a separate quality assurance investigation which protects provider due process rights and reviews the relevant facts, documents, and witness statements regarding the event(s) of concern. Following reviews at the MTF and the DHA Headquarters level, I am also responsible for rendering a final decision and reporting determination for the CAA.

After I render a final SOC determination for a paid medical tort claim (which includes a payable military medical malpractice claim), AD death, or AD disability case, the National Practitioner Data Bank, State(s) of licensure, and other applicable regulatory entities are notified when it is determined that the SOC was not met. In addition, the Credentials Committee and Privileging Authority at the MTF will be informed of the final case outcome, to include any recommendations regarding further review of a provider's practice.

The Department has taken steps to methodically implement section 731 of the NDAA for FY 2020, which amended the Military Claims Act by allowing members of the Uniformed Services

(or their representatives) to file claims for compensation for personal injury or death caused by the medical malpractice of a DoD health care provider in a MTF. These DoD procedures are now codified in an Interim Final Rule.

The Military Departments are actively receiving and adjudicating claims, and issuing determinations to claimants. Each Military Department reviews claims based on whether they were responsible for the MTF where the care was delivered before it transferred to DHA. The review process is conducted in a non-adversarial manner. Claimants have access to their medical records and have opportunities to submit additional information during the process. The Military Departments offer settlements based on their best assessment of liability and damages.

In those cases where a claimant disagrees with the determination made by the Military Department concerned, DHA administers an Appeals Board which includes members who are attorneys in the Military Departments and the DHA Office of General Counsel. Appeals Board members have no prior connection with the cases they are reviewing, and the Appeals Board does not include a member from the Military Department whose Determination is being appealed. These appeals procedures were issued on December 22, 2021. The Appeals Board began reviewing appeals on January 20, 2022. The Appeals board began issuing final determinations on February 4, 2022. As of March, 23, 202 2, 16 appeals have been received by the board.

The Department is grateful for the support and oversight from this Subcommittee on patient safety and quality of care programs in the MHS. We are confident that recent changes put in place within the MHS properly respond to both the spirit and letter of legislatively directed changes. We will continue to closely manage these vital programs on behalf of the Service members and families we're privileged to serve. I appreciate the opportunity to appear before you today, and I look forward to your questions.