DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

DHA-IPM 19-002
February 12, 2019

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)
DIRECTOR OF THE JOINT STAFF
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH SERVICES POLICY AND OVERSIGHT)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH READINESS POLICY AND OVERSIGHT)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH RESOURCES MANAGEMENT AND POLICY)

SUBJECT: Interim Procedures Memorandum 19-002, Standard Processes for Establishing and Maintaining Patient and Family Partnership Councils (PFPC) as Advisory Committees at Military Medical Treatment Facilities (MTF)

References: See Attachment 1.

Purpose. This Defense Health Agency-Interim Procedures Memorandum (DHA-IPM), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (i):

- Establishes the Defense Health Agency's (DHA) 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.

- This DHA-IPM is effective immediately; it must be incorporated into a future DHA-Procedural Instruction. This DHA-IPM will expire effective 12 months from the date of issue.

Applicability. This DHA-IPM applies to DHA, the Surgeons General of the Military Medical Departments, and Defense Health Program DoD MTFs, which deliver healthcare services to eligible beneficiaries and to which beneficiaries are empaneled.

Policy Implementation. It is DHA's instruction, pursuant to Reference (g), a PFPC will be established and maintained at each MTF. MTFs will follow standard processes for establishing PFPCs, report PFPC progress in enhancing the patient and family experience and advise the MTF Commander or Director on recommendations for improving the patient and family experience. Uniform processes and business rules in this DHA-IPM establish a standard basis for establishing PFPCs and ensuring on-going, bi-directional communication between MTF PFPCs, DHA and clinical communities on recommendations to improve the patient and family experience in support of HRO principles.

Responsibilities. See Attachment 2.

Procedures. See Attachment 3.

Sample Confidentiality Agreement. See Attachment 4.

Releasability. **Cleared for public release**. This DHA-IPM is available on the Internet from the Health.mil site at: www.health.mil/DHAPublications.

R. C. BONO
VADM, MC, USN
Director

Attachments:
As stated
cc:
Principal Deputy Assistant Secretary of Defense for Health Affairs
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Medical Officer of the Marine Corps
Joint Staff Surgeon
Director of Health, Safety, and Work-Life, U.S. Coast Guard
Surgeon General of the National Guard Bureau
Director, National Capital Region

ATTACHMENT 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
(c) United States Code, Title 10
(d) DHA-Procedural Instruction 5025.01, "Publication System," August 21, 2015, as amended
(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 of the DoD Patient Bill of Rights and Responsibilities in the Military Health System (MHS) Military Medical Treatment Facilities (MTFs)", October 9, 2018
(g) National Defense Authorization Act for Fiscal Year 2017, Section 731
(h) Public Law 104-191, "Health Insurance Portability and Accountability Act of 1996," August 21, 1996[1]
(i) United States Code, Title 5, Section 552a

[1] HHS HIPAA Training at https://www.hhs.gov/hipaa/for-professionals/training/index.html

ATTACHMENT 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness and the Assistant Secretary of Defense for Health Affairs, and in accordance with Reference (b), the Director, DHA, will:

a. Assign responsibility for tracking the establishment of PFPCs at each MTF and for compliance with the standard processes outlined in this DHA-IPM to the Deputy Assistant Director (DAD), Healthcare Operations (HCO).

b. Support the Military Medical Departments and Markets by ensuring resources are in place to assist MTFs in the establishment of PFPCs.

c. Exercise authority, as outlined in Reference (b), over the National Capital Region.

2. DAD, HCO. The DAD, HCO, will:

a. Monitor compliance with this DHA-IPM through the DHA Clinical Business Operations (CBO) with the establishment and on-going activities of PFPCs at MTFs based on the guidance outlined in this DHA-IPM through the Chief, DHA CBO.

b. Ensure the Chief, DHA CBO solicits feedback and recommendations through the Markets on current and proposed Military Health System (MHS)-wide improvements in patient and family experience.

c. Coordinate recommendations for MHS-wide improvements in patient and family experience through the Enterprise Solutions Board (ESB), based on PFPC feedback.

3. CHIEF, DHA CBO. The Chief, DHA CBO will:

a. Monitor the establishment of MTF PFPCs based on the standard processes and business rules in this DHA-IPM and coordinate the results with the ESB through the Patient Centered Care Operations Board (PCCOB).

b. Solicit feedback and recommendations from MTF PFPCs on current and proposed MHS-wide improvements in patient and family experience to Integrated Health Care System co-creation efforts through the Markets, at least annually.

c. Provide recommendations to the DAD, HCO on MHS-wide improvements to patient and family experience, based on feedback from the PFPCs and coordinate the results with the ESB through the PCCOB.

d. Maintain a DHA PFPC SharePoint site to provide resources for establishing and optimizing PFPCs based on MTF and industry leading practices.

e. Develop additional resources for PFPCs for distribution on the DHA SharePoint site, as requested by MTF PFPCs.

f. Coordinate recommendations for MHS-wide improvements in patient and family experience with other applicable areas in DHA, as needed.

g. Report to the DAD, HCO, at least annually NLT June 30 on compliance with establishment of PFPCs and the standard processes identified in this DHA-IPM.

4. DIRECTOR, TRANSITIONAL INTERMEDIATE MANAGEMENT ORGANIZATION. The Director, Transitional Intermediate Management Organization will:

a. Ensure MTFs establish PFPCs and comply with the standard guidance in this DHA-IPM.

b. Solicit recommendations on improvements to patient and family experience from MTF PFPCs and coordinate recommendations for potential MHS-wide improvements to the Chief, DHA CBO.

c. Request feedback from the MTF PFPC on specific issues identified by the Chief, DHA CBO through the DAD, HCO.

5. SURGEONS GENERAL OF THE MILITARY MEDICAL DEPARTMENTS. The Surgeons General of the Military Medical Departments will:

a. Ensure MTFs establish PFPCs and comply with the standard guidance in this DHA-IPM.

b. Solicit recommendations on improvements to patient and family experience from MTF PFPCs and coordinate recommendations for potential MHS-wide improvements to the Chief, DHA CBO.

c. Request feedback from the MTF PFPC on specific issues identified by the Chief, DHA CBO through the DAD, HCO.

6. MTF COMMANDERS AND DIRECTORS. MTF Commanders and Directors will:

a. Establish a PFPC and comply with the standard guidance in this DHA-IPM.

b. Appoint a PFPC Chair, who is either active duty or government civilian. Commanders and Directors have the option of also appointing a PFPC Co-Chair, who is a patient, to enhance committee partnership.

c. Appoint all PFPC members.

d. Ensure all PFPC members who are not active duty, or employees of the Federal Government, are treated as volunteers under the guidance of Reference (g), and receive training from the American Red Cross or other established local volunteer training programs.

e. Ensure the PFPC addresses and makes recommendations to improve the experience of care at the MTF, based on the processes identified in this DHA-IPM.

f. Assess and implement recommendations from the PFPC, as appropriate and/or feasible, to improve the experience of care at the MTF, and provide recommendations on potential MHS-wide improvements in the experience of care to the DHA annually NLT June 30 to the Market.

g. Solicit feedback from the MTF PFPC on current and proposed MHS-wide improvements in patient and family experience sent through the Market and provide feedback to the Market, if requested.

h. Request additional support or resources, if needed, to optimize MTF PFPC activities through the Markets.

ATTACHMENT 3

PROCEDURES

1. OVERVIEW. This DHA-IPM supplements Reference (g) and develops uniform processes and accountability for establishing PFPCs at MTFs. The overarching objective of this DHA-IPM is to ensure patients, family members and staff participate in information sharing and program development to enhance the overall healthcare experience for patients and families in MTFs. This DHA-IPM also facilitates on-going, bi-directional communication between MTF PFPCs and MHS governance on recommendations to improve patient and family experience in support of HRO principles. To the extent practicable, this DHA-IPM applies to all MTFs providing care and to which covered beneficiaries are empaneled.

a. Input into the patient experience by PFPC volunteers does not include the review or involvement of MHS quality assurance activities, as contemplated by Reference (c), section 1102, and DHA quality assurance issuances.

b. PFPCs are not subject to the Federal Advisory Committee Act (Reference (c), section 1783.

2. TIMELINE. Full compliance with this DHA-IPM is required 6 months from signature for all MTFs, including those in enhanced Multi-Service Markets.

3. PFPC PROCESSES AND MEETING BUSINESS RULES

a. Establishing an MTF PFPC. The MTF Commander or Director will assign responsibility for developing and leading the MTF PFPC to a senior active duty staff member or government employee who will serve as the PFPC Chair. PFPCs are required at the parent-level MTF only. Parent-level PFPCs will represent all child MTFs. Commanders or Directors have the option of also appointing a PFPC Co-Chair, who is a patient, to enhance committee partnership.

(1) Charter. The PFPC Chair will develop a charter for the MTF Commander's or Director's signature. The charter may be based on the draft charter on the DHA PFPC SharePoint Site: https://info.health.mil/hco/clinicsup/hsd/pfpc/SitePages/Home.aspx and will include information, at minimum on:

(a) Membership;

(b) Meeting frequency and standard recurring meeting information;

(c) Responsibilities as defined in Reference (g);

(d) Deliverables; and

(e) Process for advising the MTF Commanders or Directors on PFPC recommendations.

(2) Recruiting a Pool of Potential Volunteers. The PFPC Chair will recruit volunteers through multiple means, which may include MTF staff member recommendations, secure messaging, posters, installation newspaper articles, social media, and other appropriate means.

(3) Evaluating Potential PFPC Members. The PFPC Chair will develop a process to evaluate potential volunteers to ensure the potential volunteer:

(a) Understands and supports the PFPC purpose and goals.

(b) Is able to participate in collaborative efforts to improve patient and family experience in the MTF.

(c) Is able to make a time commitment to participate in PFPC meetings.

(d) Does not have any financial or other personal conflict of interest related to the MTF, its staff, or the MHS.

(e) Is eager to participate in meetings and improve the patient and family experience.

b. PFPC Membership Selection. The PFPC Chair will make recommendations on membership to the MTF Commander or Director, who will designate members, in writing. PFPC membership will include both MTF staff members and beneficiaries empaneled to and receiving care at the MTF.

(1) MTF Staff PFPC Members. The PFPC membership should include staff members from key areas in the MTF related to patient and family experience, such as a representative from primary care, specialty care, pharmacy, patient advocacy, patient administration, and facilities. Personnel from other areas in the MTF may be permanent members or attend on an ad hoc basis, as needed by the PFPC Chair.

(2) Beneficiary PFPC Members. PFPC beneficiary membership should reflect the demographics of the beneficiaries empaneled to and receiving care at the MTF, including active duty personnel, active duty family members, retirees, retiree family members, and TRICARE Plus or TRICARE for Life beneficiaries. Beneficiary PFPC members should not be MTF staff members. Volunteer PFPC members will:

(a) Complete training provided by the American Red Cross or other established local volunteer training programs;

(b) Sign a confidentiality agreement (a sample confidentiality agreement format can be found in Attachment 4;

(c) Complete annual Privacy Act training; Reference (i);

(d) Complete annual Health Insurance Portability and Accountability Act training through current MTF training curriculum or via training provided by Health and Human Services, Reference (i);

(e) Review Patient Rights and Responsibilities annually; Reference (f);

(f) Complete any other training required by the MTF Commander or Director;

(g) Understand the volunteer should not have a personal or financial conflict of interest related to the MTF, its staff or the MHS; and

(h) Understand at any time, the services of the volunteer may no longer be needed if continued service is not in the best interest of the volunteer, staff, the MTF, or the MHS.

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 identify rules of order in conducting the PFPC, and ensure the PFPC meetings are oriented towards positive system improvements rather than serving 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 Commander or Director. The MTF Commander or Director will ensure the PFPC Chair has administrative support for PFPC meetings and other required documentation.

4. PFPC REPORTING

a. Report to the MTF Commander or Director. The PFPC Chair will provide feedback to the MTF Commander or Director within 30 duty days following each PFPC meeting. Report will include at 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 MHS-wide improvements in patient and family experience.

(4) An assessment of MTF compliance with reference (g) and any recommendations for improvement.

b. Feedback to the Installation and Beneficiary Community. The PFPC Chair will prepare an annual report NLT June 30 for the MTF Commander's or Director's release to the installation and beneficiary community through means to include MTF social media, installation newspapers, secure messaging, or other appropriate means. This 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 any evidence of the impact of the recommended change, if available.

c. MTF PFPC Input

(1) MTF PFPC Recommendations. The MTF Commander or Director will provide any recommended MHS-wide improvements in patient and family experience to the Chief, DHA CBO NLT June 30 through the Markets.

(2) PFPC Input on MHS-wide Specific Issues. The MTF Commander or Director may be asked for feedback from the MTF PFPC on specific MHS-wide issues related to patient and family experience by the Chief, DHA CBO through the Markets.

d. Informal Feedback to DHA The Chief, DHA CBO and the Patient Experience Working Group (PEWG) will solicit informal, ongoing communication with MTF PFPCs through webinars and a PEWG SharePoint site to be maintained by the DHA CBO.

(1) Webinars. The Chief, DHA CBO and the PEWG will hold two webinars, open to all MTFs, NLT than 30 January and June 30 respectively, in order to obtain informal and on-going communication with MTF PFPCs on potential improvements in patient and family experience, to solicit feedback on MHS-level issues and to identify any additional support required by the MTF PFPCs.

(2) SharePoint Site. The DHA CBO will maintain a PFPC SharePoint site which will include resources for managing PFPC meetings, summary of information on recommendations made by MTF PFPCs, a forum for MTF PFPCs to ask questions of the PEWG or other MTF PFPCs, and any ongoing efforts by the PFPC to implement PFPC recommendations MHS-wide.

5. MEASURES OF SUCCESS

a. The Chief, DHA CBO will report to the DAD, HCO on the number of MTFs with established PFPCs compared to total MTFs within 6 months following approval of this DHA-IPM and will coordinate this information with the ESB through the PCCOB.

b. The Chief, DHA CBO will provide a summary of any recommendations on MHS-wide improvements in patient and family experience obtained from MTF PFPCs NLT June 30 to the DAD, HCO and will coordinate this information to the ESB through the PCCOB.

c. The Chief, DHA CBO and PEWG will monitor improvement in patient experience based on the Joint Outpatient Experience Survey and on the TRICARE Inpatient Satisfaction Survey and report the survey results to the ESB through the PCCOB.

ATTACHMENT 4

SAMPLE CONFIDENTIALITY AGREEMENT

[MTF Name**] Confidentiality Agreement**

Privacy Act of 1974

READ CAREFULLY: The [MTF NAME(S) and subordinate clinics] (collectively hereafter "the Command") are committed to their responsibilities of protecting non-public information[2]; the privacy and security of individual identifiable health information; human resources, payroll, fiscal, research, computer systems and management information; and other information of a confidential nature for the hospital organization. All employees of the Command are required to read the following agreement and acknowledge acceptance of the terms herein by signing where indicated.

STATEMENT: In the course of my employment/assignment/visit/volunteer activity at the Command, I may be engaged in activities of a confidential nature, and may have access to sensitive or proprietary business, technical, financial, non-public information, and/or source selection information belonging to the Government or other contractors. This is also inclusive of proprietary information, trade secrets, and other confidential business information protected by the Privacy Act of 1974 (e.g., social security numbers, home addresses, and telephone numbers), Protected Health Information, Personally Identifiable Information, and other sensitive information that would not be released by the Command under the Freedom of Information Act.

By signing this document, I understand and agree to do the following:

1. Only disclose or discuss "non-public information" with individuals who are authorized to receive such information, and who have a 'need-to-know.'
2. Only access clinical, patient, human resources, payroll, fiscal, research, management/administrative, non-public, or other confidential information required in the performance of my job duties. I may not access this information for personal reasons under any circumstances. This also includes utilizing equipment for such purposes.
3. Do not have access to quality assurance information protected per 10 USC 1102.

4. Refrain from discussing patient, human resources, payroll, fiscal, research, non-public, or management/administrative information where individuals without the 'need-to-know' are able to overhear the conversation. This includes, but is not limited to, hallways, elevators, cafeterias, shuttle buses, public transportation, restaurants, social events, etc. Additionally, it is neither acceptable nor appropriate to discuss clinical information in public areas even if the patient's name is not used, as this can raise doubts with patients and visitors about our respect for their privacy.
5. Refrain from making inquiries or requests for information for other personnel who do not have proper authority or 'need-to-know.'
6. Refrain from giving another person my computer "USER ID(s)" and/or "Passwords" or knowingly use another person's computer password instead of the one issued to me for any reason, unless authorized by the Information Technology Department.
7. Refrain from making any unauthorized transmissions, inquiries, modifications, or purging of data in any system. Such unauthorized transmissions include, but are not limited to, removing data from computer systems, or transferring data from computer systems to unauthorized locations (e.g., unauthorized personal computers or storage devices).
8. Utilize or interact only with authorized personnel in regards to patient, human resources, payroll, fiscal, research, non-public, management, or other confidential information.
9. Immediately inform my supervisor or chain of command of any privacy or security breach that I observe or I may become aware.
10. Make only authorized entries for inquiry and changes in any Command, Government, or contract medical care system containing Protected Health Information or Personally Identifiable Information, and not to disclose any proprietary, non-public, and/or confidential information obtained during that process.
11. To comply with Information Security, privacy and confidentiality rules and regulations as set forth in directives, the Privacy Act of 1974, and the Health Insurance Portability and Accountability Act (Public Law 104-191), as well as the Collective Bargaining Agreement (CBA), and any other applicable laws, rules and regulations.
12. If I am a contractor, to ensure that my status as a contract employee is known when seeking access to and receiving non-public information. I shall not use or disclose such information for any purpose other than providing the contract support services (i.e., personal or other commercial purpose). I also will advise my supervisor or the contracting officer if I become aware of any improper release or disclosure of non-public information. Finally, I agree to return any non-public information given to me pursuant to this agreement, if not already destroyed, upon leaving the contract.
13. Violation of this agreement may result in corrective disciplinary action, up to and including suspension and loss of system privileges, termination of employment, reassignment of duties, criminal and civil penalties, and prosecution under the Uniform Code of Military Justice if applicable, or other State and Federal laws. I further understand all computer access and use is subject to random audits and/or system monitoring at any time in accordance with DoD and Health Insurance Portability and Accountability Act privacy and security policies, the CBA and other applicable laws, rules and regulations.

This non-disclosure agreement is consistent with and does not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by the CBA, existing statutes or Executive Orders relating to (1) classified information, (2) communication to

Congress, (3) the reporting to an Inspector General of a violation of any law, rule or regulation, or management, a gross waste of funds, an abuse of authority, or substantial and specific danger to public health or safety, or (4) any whistleblower protection. The definitions, requirements, obligations, rights, sanctions, and liabilities created by controlling Executive Orders and statutory provisions are incorporated into this agreement and are controlling.

If you have any questions regarding any of the above provisions, please contact the [MTF Department, Point of Contact Title, Email and Telephone Number].

My signature below indicates I have read this agreement, understand its terms, and agree to abide by both this agreement and the governing local policies and procedures concerning the security and privacy of proprietary and/or confidential information.

_____	_____
Signature of Employee/Student/Volunteer/Visitor	Date
_____	_____
Print Name Legibly	Name of Department or Group

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

CBA	Collective Bargaining Agreement
CBO	Clinical Business Operations
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-IPM	Defense Health Agency-Interim Procedures Memorandum
ESB	Enterprise Solutions Board
HCO	Healthcare Operations
HRO	High Reliability Organization
MHS	Military Health System
MTF	Medical Treatment Facility
PCCOB	Patient Centered Care Operations Board
PEWG	Patient Experience Working Group
PFPC	Patient and Family Partnership Council

PART II. DEFINITIONS

child MTF. A child MTF is a clinic or other entities that are organizationally subordinate to a reporting parent MTF.

ESB. A flag-level governance group with voting members from DHA and the Services with oversight for healthcare clinical and business operations and clinical communities.

parent MTF. A parent MTF is responsible for the core operations related to the delivery of care, financial and logistic operations, and oversight responsibility for any subordinate facility. Each parent MTF is responsible for reporting data for their core facility, as well as for the subordinate child facilities and any external partnership agreements.

PCCOB. A DHA-led board with Service lead voting representatives for primary and specialty care. The PCCOB is supported by Service representatives from access, medical management/population health, telehealth, referral management, coding/medical records, a DHA representative for the TRICARE Health Plan Enterprise Support Activity Work Group (when private sector care issues are discussed), and other key working groups. The PCCOB reports to the ESB.

PEWG. A DHA-led board with Service lead voting representatives for patient and family experience. The PEWG addresses issues related to all aspects of patient and family experience and engagement within the direct and purchased care systems.

PFPC. A chartered group of volunteers who receive care at the MTF and who provide to the MTF Commander or Director advice on the administration and activities for the MTF as it relates to the experience of care for beneficiaries at such facility. The name PFPCs was approved by the PEWG.