Defense Health Agency

ADMINISTRATIVE INSTRUCTION

SUBJECT: Military Health System Health Information Technology Systems Training

References: See Enclosure 1

1. <u>PURPOSE</u>. This Defense Health Agency-Administrative Instruction (DHA-AI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (k), establishes the Defense Health Agency's (DHA) procedures to:

   a. Establish the standards for development of Military Health System (MHS) enterprise training related to Health Information Technology (HIT) systems. For the purposes of this DHA-AI, the term "HIT system" includes electronic health record (EHR) systems.

   b. Establish the standards for delivery of enterprise training related to HIT systems.

   c. Identify the requirements for documentation of training and education in an approved enterprise Learning Management System (LMS).

   d. Establish maintenance and improvement of enterprise training and education content and programs.

   e. Establish enterprise training standards for initial access to HIT systems.

   f. Establish training standards for how existing end users maintain access to HIT systems.

2. <u>APPLICABILITY</u>. This DHA-AI applies to the DHA enterprise (components and activities under the authority, direction, and control of the DHA), including assigned, attached, allotted, or detailed personnel. Hereinafter, the term military medical treatment facility (MTF) in this document includes all locations with any combination of MTF only, dental treatment facilities only, and locations with both medical and dental care facilities. It also applies to any agencies, non-government personnel, volunteer organizations, or other entities that are granted use of MHS HIT systems.

3. <u>POLICY IMPLEMENTATION</u>. It is DHA's instruction, pursuant to References (a) through (k), that this DHA-AI defines the applicable policy for enterprise training standards, including training content, delivery, and documentation, and access to MHS HIT systems.

4. <u>RESPONSIBILITIES</u>. See Enclosure 2.

5. <u>PROCEDURES</u>. See Enclosure 3.

6. <u>PROPONENT AND WAIVERS</u>. The proponent of this publication is the Chief, DHA-Health Informatics (HI). When activities are unable to comply with this publication, the activity may request a waiver by providing justification, including an analysis of the risk if the waiver is not granted. The activity director or senior leader will endorse the waiver request and forward it through their supervisory chain to Chief, DHA-HI to determine if the waiver may be granted by the Director, DHA or their designee.

7. <u>RELEASABILITY</u>. **Cleared for public release**. This DHA-AI is available on the Internet from the Health.mil site at: https://health.mil/Reference-Center/Policies and is also available to authorized users from the DHA SharePoint site at: https://info.health.mil/cos/admin/pubs/.

8. <u>EFFECTIVE DATE</u>. This DHA-AI:

    a. Is effective upon signature.

    b. Will expire 5 years from the date of signature if it has not been reissued or canceled before this date in accordance with Reference (c).

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Director

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ENCLOSURE 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, as amended
(c) DHA-Procedural Instruction 5025.01, "Publication System," April 1, 2022
(d) DHA-Administrative Instruction 5015.01, "Records Management Program," November 21, 2023
(e) DoD Manual 5400.07, "DoD Freedom of Information Act (FOIA) Program," January 25, 2017
(f) DHA-Procedural Instruction 8140.02, "The Military Health System Informatics Steering Committee Structure," May 19, 2022
(g) DoD Instruction 6040.45, "DoD Health Record Life Cycle Management," April 11, 2017, as amended
(h) DHA-Procedural Instruction 6040.10, "MHS GENESIS Resolution of Procedural Conflicts," June 23, 2021
(i) Public Law 104-191, Health Insurance Portability and Accountability Act of 1996, Sections 261 through 264; and implementing regulations, 45 CFR Parts 160 and 162, and Subparts A, C, and E of Part 164
(j) DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019
(k) DHA End User Engagement SharePoint website, latest web edition. [1]

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1 This reference can be found at: https://militaryhealth.sharepoint-mil.us/sites/DHA-EUE, and can only be accessed with a Common Access Card.

ENCLOSURE 2

RESPONSIBILITIES

1. <u>DIRECTOR, DHA</u>. The Director, DHA will:

a. Provide leadership and guidance for the implementation of this DHA-AI to ensure consistent application across the DHA to set enterprise training standards for MHS HIT systems.

b. Support the Directors of Defense Health Networks (DHNs) in their efforts to provide standard clinical, business, and administrative process changes or requirements, and assign resolution to the appropriate directorate within DHA.

c. Support the Military Departments, DHNs, and MTFs in the execution of this DHA-AI.

2. <u>ASSISTANT DIRECTOR, HEALTHCARE ADMINISTRATION</u>. The Assistant Director, Healthcare Administration, will delegate authority to the Deputy Assistant Director (DAD), Health Care Operations (HCO) to oversee and monitor the establishment of training standards for MHS HIT systems.

3. <u>DAD-HCO</u>. The DAD-HCO delegates authority to the Chief, DHA-HI, to execute the establishment of enterprise training standards for MHS HIT systems as described herein.

4. <u>CHIEF, DHA-HI</u>. The Chief, DHA-HI, will:

a. Ensure that the co-creation and co-development of educational materials for HIT system end users is specific to any defined workflows or competency models to validate end users' comprehension of the knowledge, skills, and abilities associated with the role, position, or function addressed by that system.

b. Evaluate the effectiveness of each HIT system training event. This process involves collecting end user feedback, analyzing it, and identifying any changes to be made to the existing content.

c. Oversee the maintenance of educational materials for HIT systems on a regular basis to ensure that training remains current and accurate.

d. Co-create and co-develop educational materials supporting new or updated functionality of each HIT system in sustainment, in collaboration with the appropriate vendor and stakeholders.

e. Training content includes synthetic, fictional, or de-identified data to ensure no protected health information or personally identifiable information appears, per References (i) and (j). All training content includes a statement to this effect.

f. Ensure training content is entered into an appropriate LMS and complies with the training requirements of prospective HIT system end users.

g. Through the LMS, track and report on HIT systems training compliance, including completion of baseline courses required for initial access, as well as any refresher training that may be required to retain access to the HIT system.

5. <u>DIRECTOR, EDUCATION AND TRAINING (J-7)</u>. The Director, J-7 will provide and maintain an approved LMS for DHA-HI to host and track training for appropriate HIT systems.

6. <u>DEFENSE HEALTH NETWORK AND MTF DIRECTORS</u>. These Directors will:

a. Allocate resources to the MTF staff under their respective areas of responsibility to enable them to comply with this DHA-AI, particularly regarding Enclosure 3, in which the training standards are articulated for MHS HIT systems access, delivery, and documentation.

b. Provide direction to their MTFs to support the MHS HIT enterprise training standards. Directors may, at their discretion, require supplemental training for end users at their sites for MHS GENESIS; however, neither Component Commanders, Directors, nor other parties may reduce or eliminate the standardized DHA-Health Informatics catalog and regimen of training requirements for access, per the training strategy and plan for each system.

7. <u>MTF TRAINING LEADS AND FACILITY TRAINERS</u>. MTF Training Leads and facility trainers must deliver the standard training packages defined in the training plan for each HIT system. Additionally, they must support the Informatics Steering Committee (ISC) by implementing and managing training delivery; support Peer Experts to help identify and resolve end user competency, training issues, and knowledge gaps; support training issue resolution; and communicate and deliver to end users updated training related to changes in the relevant HIT systems. They work in partnership with the Peer Expert to ensure supporting the adoption of HIT system workflows. For information regarding the specific role of ISC leadership and ISC membership related to training, see Reference (f). For more information about stakeholder programs, see Reference (k).

ENCLOSURE 3

PROCEDURES

1. <u>PURPOSE</u>. This section includes broad procedures for MHS HIT systems training standards. Included herein are standards for HIT systems training content development and maintenance; standards for training delivery; requirements for documenting and hosting training in a learning management system; and standards for access to HIT training (including both initial access to an HIT system, and for end users to retain access).

2. <u>WHERE TO FIND SPECIFICS FOR EACH HIT SYSTEM</u>. For each HIT system, specific procedures are outlined in relevant training strategy documents or Standard Operating Procedures (SOPs). These documents must be updated and maintained frequently. For this reason, while the method or location of such resources may change over time, this information is available to MHS stakeholders using a cyber-secured method, such as with a Common Access Card (CAC)-protected web portal. At the time of publication, this web portal is the DHA SharePoint website located at https://info.health.mil.

3. <u>HIT SYSTEMS TRAINING DEVELOPMENT AND MAINTENANCE</u>. Training content for each HIT system is typically co-created and co-developed by the software vendor, contracted partners, and relevant DHA stakeholders. After development and initial operating capability of each system, user feedback is collected and applied to update materials on a regular basis. Additionally, new training content is developed to support new or updated functionality of each HIT system in sustainment, in collaboration with the appropriate vendor, contracted partners, and DHA stakeholders. Training materials developed outside of DHA-HI must be processed through DHA-HI for approval prior to being uploaded in the LMS or distributed enterprise-wide. For procedures on developing, updating, and maintaining training for any specific HIT system, see the training strategy or SOP for that system.

4. <u>HIT SYSTEMS TRAINING DELIVERY</u>

 a. <u>Training Modalities</u>. Training for HIT systems at DHA are typically delivered using one of several modalities. When possible, training should be delivered within 5 days of the request. Modalities using web-meeting tools, such as Microsoft Teams Medical 365, can be used to deliver training when end user candidates are physically dispersed from training resources. Typical modalities used for training include:

 (1) Synchronous learning

 (2) Asynchronous learning

 (3) Blended learning

b. <u>Competency Assessments</u>. Training participants typically must prove competency in the subject of instruction by passing a competency assessment, review, quiz, or exam. Based on topic-specific criteria and the training modality used, the assessment method may be one of various verbal or computer-based methods, including a checklist, a knowledge- or performance-based examination, or other suitable methods. See the relevant training strategy document or SOP for specific competency assessment requirements.

c. <u>Availability of Training</u>. All training is tracked and documented in the current approved enterprise LMS.

d. <u>Training Issue Resolution</u>. Trainers and Training Leads must look for opportunities using analytical systems to run sprints or other training activities to target knowledge gaps in end user competency. After delivery of training required for initial access, Training Leads and Trainers assess competency gaps and training problems and, working with Peer Experts and the ISC, work to the best of their ability to close those gaps with targeted training solutions including over-the-shoulder support. They report back their success or escalate the issues identified to the ISC Chair for resolution at that level.

5. <u>HIT SYSTEMS TRAINING DOCUMENTATION</u>. Documentation and management of HIT systems training is performed in the enterprise LMS.

a. <u>Availability and Enrollment</u>. Each approved course is loaded into the LMS and is available for use within the enterprise. For example, enterprise training managers and instructors can manage the courses in the LMS (assign courses to specific individuals, and award credit for the training). Once available, end users (students) can self-enroll in courses or be assigned courses by management approval. Once students complete any course (meeting its specified competency requirements or criteria), they are awarded a DHA certificate of completion, which is permanently available in their LMS training record.

b. <u>Role-Based Assignment</u>. For role-based HIT systems, all students must complete all assigned training for each role they are required to perform in the relevant HIT system.

c. <u>Training Metrics</u>. The LMS tracks completion of all HIT systems training. Training-specific metrics and reports are available for your organization through the LMS reporting feature. Enterprise-level reports and metrics are derived from LMS data by DHA Health Informatics (End User Engagement) and made available through an enterprise tool. The method or location of these enterprise training metrics may change over time, but are expected to be available to MHS stakeholders using a cyber-secured method, such as with a CAC-protected web portal. At the time of publication, this information is available monthly and displayed on a training dashboard located within the CarePoint tool at: https://carepoint.health.mil/sites/SDD_DB/SitePages/End%20User%20Training.aspx.

6. <u>HIT SYSTEMS ACCESS</u>. Every HIT system managed by or supporting the MHS has specific system access requirements. These training requirements are typically defined in the training strategy document for that system. Additionally, all such systems must take into

consideration standards for access, and for account creation, and must be mindful to follow existing policy and guidance such as Health Insurance Portability and Accountability Act and privacy concerns (per References (i) and (j)). Consequently, every HIT system managed by or supporting the MHS is assigned an agency proponent to promote accountability and stewardship of government resources. In most cases, this proponent is the Program Executive Office Medical Systems/Chief Information Officer (Chief Information Officer), J-6. Based on the specific functional area served by the relevant HIT system, DAD-Medical Affairs and DHA-HI may also have a role in the access process.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AI	Administrative Instruction
CAC	Common Access Card
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHN	Defense Health Network
EHR	Electronic Health Record
HI	Health Informatics
HIT	health information technology
ISC	Informatics Steering Committee
LMS	learning management system
MHS	Military Health System
MTF	military medical treatment facility
SOP	Standard Operating Procedure

PART II. DEFINITIONS

end users.   The people that a software program or hardware device is designed for. The term is based on the idea that the "end goal" of a software or hardware product is to be useful to the consumer. The end user can be contrasted with the developers or programmers of the product. End users are also in a separate group from the installers or administrators of the product. Until they complete all requirements, including security and privacy prerequisites as well as the MHS GENESIS training described in this document, they are end user candidates.

Peer Experts. Designated resources within the organization who will learn how the new system works and transfer that knowledge to end users. They will become the internal experts on the system and its implementation. Peer Experts should have a level of technical skill high enough to navigate the new system, learn how it works, and teach it to others after receiving training from the implementation team. These resources therefore need to fully understand the processes and workflows of the new solution. Peer Experts should be active supporters of the new system, communicating its many benefits, encouraging end user adoption (as detailed in Reference (f)), and serving as the first point of contact for end users to answer questions and provide peer-to-peer support.

<u>trainers</u>. The individuals that provide formal and informal on-the-job training, instructor-led training (both face-to-face and virtual), computer-based training, and over-the-shoulder training to support end users requiring assistance in implementing, using, and integrating the enterprise portfolio of HIT systems throughout the MHS.