



Department of Defense

DIRECTIVE

NUMBER 6025.13

May 4, 2004

ASD(HA)

SUBJECT: Medical Quality Assurance (MQA) in the Military Health System (MHS)

- References:
- (a) DoD Directive 6025.13, "Clinical Quality Management Program (CQMP) in the Military Health Services System (MHSS)," July 20, 1995 (hereby canceled)
 - (b) DoD Directive 6025.14, "Department of Defense Participation in the National Practitioner Data Bank (NPDB)," November 1, 1990 (hereby canceled)
 - (c) DoD Directive 6040.37, "Confidentiality of Medical Quality Assurance (QA) Records," July 9, 1996 (hereby canceled)
 - (d) DoD Instruction 6025.15, "Implementation of Department of Defense participation in the National Practitioner Data Bank (NPDB)," October 12, 2000 (hereby canceled)
 - (e) through (o), see enclosure 1

1. REISSUANCE AND PURPOSE

This Directive:

- 1.1. Reissues reference (a) and replaces references (b) through (f).
- 1.2. Establishes policy for the Department of Defense on issues related to MQA programs and activities.
- 1.3. Authorizes the "Medical Quality Assurance (MQA) in the Military Health System (MHS) Regulation" in accordance with DoD 5025.1-M (reference (g)).

2. APPLICABILITY

This Directive applies to:

2.1. The Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities in the Department of Defense (hereafter referred to collectively as the "DoD Components"). The term "Military Services," as used herein, refers to the Army, the Navy, the Air Force, and the Marine Corps.

2.2. DoD military treatment facilities (MTFs), medical or dental, and DoD healthcare practitioners who are involved in the delivery of healthcare services to eligible beneficiaries.

2.3. Groups of civilian preferred providers under managed care support contracts to the Department of Defense in health services regions throughout the MHS.

3. DEFINITIONS

3.1. Military Health System (MHS). The combination of military and civilian medical systems used to provide healthcare to DoD medical beneficiaries.

3.2. Sentinel Events. An unexpected occurrence involving death or serious physical or psychological injury or risk thereof.

4. POLICY

It is DoD policy that:

4.1. MQA Program. The MHS shall maintain active and effective organizational structures, management emphasis, and program activities to assure quality healthcare throughout the MHS.

4.2. MQA Records. MQA records and information created by or for the Department of Defense as part of a MQA program are confidential and privileged in accordance with 10 U.S.C. 1102 (reference (h)). Disclosures of such records and information shall occur only as authorized by that law.

4.3. Medical Management. The Department of Defense shall implement medical management procedures to assure that healthcare services provided in MTFs or paid for from non-DoD providers are necessary and appropriate.

5. RESPONSIBILITIES

5.1. The Assistant Secretary of Defense for Health Affairs (ASD(HA)), under the Under Secretary of Defense for Personnel and Readiness, and consistent with DoD Directive 5136.1 (reference (i)), shall:

5.1.1. Issue the "Medical Quality Assurance (MQA) in the Military Health System (MHS) Regulation" and any other issuances necessary to implement the policies of this Directive.

5.1.2. Exercise oversight of the implementation of this Directive to ensure consistent application across the MHS.

5.1.3. Exercise authority to grant waivers or exceptions, consistent with law, to this Directive in exceptional circumstances.

5.2. The Secretaries of the Military Departments shall comply with this Directive, the MQA in the MHS Regulation, and any other issuances implementing policies established by this Directive, and shall ensure that:

5.2.1. Accreditation. All fixed MTFs, as well as hospitals and other facilities used by managed care support contractors, shall meet or exceed the standards of appropriate external accrediting bodies. This includes accreditation of all hospitals by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and participation, as directed by the ASD(HA), in all JCAHO quality management programs. Operational ambulatory clinics (those treating active duty Service members or Reserve component members on a duty status exclusively) are exempt from this accreditation requirement.

5.2.2. Provider Qualifications. Individual provider qualifications shall be carefully evaluated before allowing involvement in patient care.

5.2.2.1. Staff appointments and clinical privileges shall be granted to healthcare providers only after all pre-selection criteria have been verified through the primary source.

5.2.2.2. Healthcare practitioners shall have and maintain a current, valid, and unrestricted license or other authorizing document, in accordance with the issuing authority, before practicing within the defined scope of practice for like specialties. Licensing shall comply with reference (h). Authority to waive the license requirement is vested with the ASD(HA) and shall be used only to address extraordinary circumstances and in accordance with that law.

5.2.3. Medical Readiness Certification. Active and Reserve component healthcare providers shall earn medical readiness certification that documents preparation for assignments involving military operations. The certification shall be reviewed and verified by the Medical Commander every 12 months. Noncompliance with the certification requirement may be the basis for personnel actions, such as withholding of special pays, promotions, awards, or actions under the Uniform Code of Military Justice (reference (j)).

5.2.4. Centralized Credentials Quality Assurance System (CCQAS). The CCQAS shall collect, track, and report required provider data for credentialing and the granting of clinical privileges by the Military Services, risk management, and adverse privileging actions. All required data shall be promptly reported and available for review by the ASD(HA). The Defense Practitioner Data Bank (DPDB) shall be part of the CCQAS.

5.2.5. MQA Reviews. MTFs shall conduct regular, systematic, and comprehensive reviews of the quality of healthcare provided in these facilities.

5.2.6. Sentinel Events. MTFs shall actively identify Sentinel Events that occur in these facilities, conduct a root cause analysis and form a corrective action plan for each event. The results of the analysis and plan for each event shall be promptly reported through their Military Department to the Armed Forces Institute of Pathology. In addition, each MTF shall comply with JCAHO Sentinel Event reporting requirements for those Sentinel Events that are reviewed by the JCAHO.

5.2.7. Risk Management. MTFs shall implement active risk management systems and programs to reduce liability risks associated with actual or alleged medical malpractice and use those systems and programs to reinforce other MQA program activities. Risk management programs shall encompass the potential risk of liability for death or disability benefits to members of the Uniformed Services arising from possible substandard medical care, including that provided in a field environment.

5.2.7.1. Every unexpected adverse patient outcome that suggests a potential compensable event shall be reviewed. The MTF shall assess whether the standard of care was met in relation to the adverse patient outcome.

5.2.7.2. Every claim for liability compensation under the Federal Tort Claims Act (reference (k)), Military Claims Act (reference (l)), or Foreign Claims Act (reference (m)), alleging medical malpractice shall be reported by the receiving claims office to the medical office designated by the concerned Secretary. The MTF involved shall, unless previously done, review the healthcare provided and assess whether the standard of care was met in all cases in which sufficient information is provided with the claim to allow identification of the patient and healthcare involved.

5.2.7.3. Information concerning every potentially compensable event, claim, and standard of care assessment shall be promptly reported to the CCQAS.

5.2.8. Patient Safety. MTFs shall participate in the Military Health System Patient Safety Program (MHSPSP) to identify and report actual and potential problems in medical systems and processes and to implement effective actions to improve patient safety and healthcare quality throughout the MHS. The MHSPSP shall focus on systems and procedures, and complement other MQA program activities.

5.2.9. National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB). MTFs shall query the NPDB and HIPDB for information on all healthcare practitioners before the granting or renewal of clinical privileges, and shall report to the NPDB and HIPDB in accordance with 42 U.S.C. 11131-11152 (reference (n)) and 42 U.S.C. 1320A-7E (reference (o)).

5.2.9.1. Reports to the NPDB shall include a report in the name of a healthcare practitioner each time a malpractice payment is made for the benefit of such practitioner. A payment shall be considered to be made for the benefit of any practitioner significantly involved in the healthcare that was the basis for the malpractice payment unless, within 180 days after the Surgeon General concerned receives notice of such payment, the Surgeon General has made a final, non-delegable determination, following external peer review, that the malpractice payment was not caused by the failure of such practitioner to meet the standard of care. If such determination has not been made within the 180-day time period, a report shall immediately be made to the NPDB.

5.2.9.2. All reports to the NPDB or HIPDB shall also be made to the DPDB. DPDB reports shall also include instances in which a practitioner's failure to meet the standard of care causes or contributes to the death or disability separation of a member of the Uniformed Services under reference (h).

6. EFFECTIVE DATE

This Directive is effective immediately.

A handwritten signature in black ink, appearing to read "Paul Wolfowitz". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Paul Wolfowitz
Deputy Secretary of Defense

Enclosures - 1

E1. References, continued

E1. ENCLOSURE 1

REFERENCES, continued

- (e) DoD Instruction 6025.16, "Portability of State Licensure for Health Care Professionals," August 31, 2000 (hereby canceled)
- (f) DoD Instruction 6025.17, "Military Health System (MHS) Patient Safety Program (PSP) (MHSPSP)," August 16, 2001 (hereby canceled)
- (g) DoD 5025.1-M, "DoD Directive System Procedures," March 5, 2003
- (h) Sections 1094 and 1102 and Chapter 61 of title 10, United States Code
- (i) DoD Directive 5136.1, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," May 27, 1994
- (j) Sections 801 through 940 of title 10, United States Code, "Uniform Code of Military Justice"
- (k) Sections 1346(b) and 2671 through 2680 of title 28, United States Code, "Federal Tort Claims Act"
- (l) Section 2733 of title 10, United States Code, "Military Claims Act"
- (m) Section 2734 of title 10, United States Code, "Foreign Claims Act"
- (n) Public Law 99-660, Title IV, "The Health Care Quality Improvement Act of 1986," November 1986 (Sections 11131 through 11152 of title 42, United States Code)
- (o) Section 1128E of the Social Security Act (Sections 1320A through 7E of title 42, United States Code)