



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

DHA-IPM 20-001
March 12, 2020

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 READINESS POLICY AND OVERSIGHT)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH SERVICES POLICY AND OVERSIGHT)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH RESOURCES MANAGEMENT AND POLICY)
DIRECTOR, NATIONAL CAPITAL REGION MARKET
DIRECTOR, JACKSONVILLE MARKET
DIRECTOR, MISSISSIPPI COAST MARKET
DIRECTOR, CENTRAL NORTH CAROLINA MARKET

SUBJECT: Defense Health Agency-Interim Procedures Memorandum 20-001, "Military Health System (MHS) GENESIS Policy Conflict Resolution"

References: See Attachment 1.

This Defense Health Agency-Interim Procedures Memorandum (DHA-IPM), based on the authority of References (a) and (b), establishes DHA procedures for MHS GENESIS Policy Conflict Resolution in compliance with Reference (c).

The potential exists for conflicts to occur between current Office of the Secretary of Defense (OSD), Service, or Military Medical Treatment Facility (MTF) policies, and newly-approved business and patient care processes as a result of implementing the new electronic medical record, MHS GENESIS.

MHS GENESIS implementation has started at Initial Operating Capability (IOC) sites in the Pacific Northwest and will continue throughout the MHS until the end of April 2024. This deployment promises the significant benefit of workflow and process standardization across the MHS. With implementation of MHS GENESIS across the enterprise, occasional policy conflicts are expected and will need correction over time. This policy provides guidance on how to resolve the policy conflicts.

The following are required actions:

- MHS GENESIS trained workflows supersede all legacy system policies.
- MTFs and associated clinics are required to use MHS GENESIS as the official System of Record to record health care information in the electronic health record system, as well as to use MHS GENESIS- approved workflows and capabilities, immediately upon implementation at the facility.
- If existing OSD, Service, or MTF policy is in conflict with the agreed-upon workflows in MHS GENESIS, the workflow of MHS GENESIS will be used and the commanding officer will notify, via appropriate MHS Market leadership and appropriate DHA Deputy Assistant Directors (DADs).
- The appropriate level of governance, as determined by the MHS Market leadership and appropriate DHA DADs, will work to resolve the OSD, Service, or MTF policy to match the MHS GENESIS workflow, unless the result would adversely affect patient safety or the change would markedly impede or degrade another process.
- If the policy conflict results in a patient safety issue or significantly impedes or degrades mission accomplishment, cease using the MHS GENESIS workflow, ensure an Issue Report is submitted into the MHS GENESIS Issue Resolution Process, and coordinate with the local MTF Informatics Steering Committee. Then report the issue, via the appropriate MHS Market leadership and appropriate DHA DAD who will coordinate with DHA-Health Informatics to assess the workflow.
- If the policy prevents compliance with DoD regulation or policy above the MHS report the issue, via appropriate MHS Market leadership and DHA DADs.

In regard to Health Information Privacy and Security:

- If the conflicting policy in any way impacts health information privacy or security, involved parties of the conflict will adhere to the privacy and security requirements of protected health information (PHI) and personally identifiable information (PII) under References (d) and (e), respectively, in accordance with the higher authority guidance as applicable in References (f); (g) Enclosure 4, paragraph 1i; and Reference (h). All compliance-related issues regarding health information privacy should be coordinated through the DHA Privacy and Civil Liberties Office.

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- PHI and PII data must be secured at all times and appropriate safeguards taken for the use, storage and maintenance, transit and final disposition of all data, to prevent unauthorized use or disclosure of PHI and PII, to include but not limited to, encryption of electronic PHI and electronic PII data at rest and in transit per all applicable Federal and State laws and DoD regulations. Any instance of actual or possible unauthorized use or disclosure of PII/PHI must be reported to the DHA Privacy and Civil Liberties Office.

In regard to Records Management and Information Management Control:

- Records created as a result of this notice, regardless of media and format, must be managed in accordance with References (i) through (n).
- All information management must adhere to DHA cybersecurity requirements according to References (m) and (n).

This DHA-IPM is effective upon signature. It will expire one year from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).



RONALD J. PLACE
LTG, MC, USA
Director

Attachments:

As stated

Distribution:

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)
Deputy Assistant Secretary of Defense (Health Readiness Policy and Oversight)
Deputy Assistant Secretary of Defense (Health Services Policy and Oversight)
Deputy Assistant Secretary of Defense (Health Resources Management and Policy)

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

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) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) Health Insurance Portability and Accountability Act of 1996
- (e) Privacy Act of 1974
- (f) DoD Manual 6025.18, “Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs,” March 13, 2019
- (g) DoD Instruction 8580.02, “Security of Individually Identifiable Health Information in DoD Health Care Programs,” August 12, 2015
- (h) DoD 5400.11-R, “DoD Privacy Program,” May 14, 2007
- (i) DoD Instruction 5015.02, “DoD Records Management Program,” August 17, 2017
- (j) DoD Instruction 6040.43, “Custody and Control of Outpatient Medical Records,” June 10, 2004
- (k) DoD Instruction 6040.45, “DoD Health Record Life Cycle Management,” April 11, 2017
- (l) Code of Federal Regulations, Title 5, Part 293, “Personnel Records,” January 21, 2020
- (m) DoD Instruction 8500.01, “Cybersecurity,” October 7, 2019
- (n) DoD Instruction 8510.01, “Risk Management Framework (RMF) for DoD Information Technology (IT),” July 28, 2017