



THE ASSISTANT SECRETARY OF DEFENSE

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HEALTH AFFAIRS

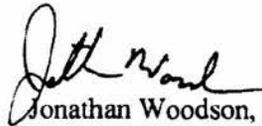
JAN 28 2015

MEMORANDUM FOR INSPECTOR GENERAL, DEPARTMENT OF DEFENSE

SUBJECT: Response to Department of Defense Inspector General Final Report, "Department of Defense Suicide Event Report Data Quality Assessment," Project No. D2013-D00SPO-0183.000, Request for Additional Comments on Recommendations 5 and 6

Thank you for the opportunity to review and comment on the Department of Defense Inspector General's Final Report, "Department of Defense Suicide Event Report Data Quality Assessment," Project No. D2013-D00SPO-0183.000. As requested, our additional responses to Recommendations 5 and 6 are attached.

My points of contact regarding this matter are (b)(6) who may be reached at (b)(6) or at (b)(6) and (b)(6) who may be reached at (b)(6) or at (b)(6)


Jonathan Woodson, M.D.

Attachment:
As stated

**DEPARTMENT OF DEFENSE FINAL RESPONSES TO DOD IG REQUEST FOR
ADDITIONAL COMMENTS ON RECOMMENDATIONS 5 AND 6
DEPARTMENT OF DEFENSE SUICIDE EVENT REPORT (DODSER) DATA
QUALITY ASSESSMENT**

RECOMMENDATION #5a: Identifying the relevant data sources that would enable improved understanding of service members' medical conditions and prior treatments when they call the Veterans/Military Crisis Line, and update the appropriate System of Record Notifications to allow for sharing of relevant DoD clinical data with the Military Crisis Line.

DOD RESPONSE:

1. Potential relevant sources of clinical data that could enable improved understanding of a Service member's medical conditions and prior treatments for the purposes described in Recommendation 5.a have been identified by the Defense Health Agency (DHA). These sources include Military Health System (MHS)-wide Armed Forces Health Longitudinal Technology Application (AHLTA), the Clinical Health Care System (CHCS), Clinical Information System (CIS) Essentris (inpatient clinical documentation and bedside point-of-care data capture), and the Pharmacy Data Transaction Service (PDTS). AHLTA, CHCS, and CIS Essentris are systems of records under system of records notice (SORN) Electronic Deployment Health Assessment (EDHA) 07, Military Health Information Systems (November 18, 2013, 78 FR 69076), and the PDTS' system of records is under SORN EDHA 23 (November 18, 2013, 78 FR 69076).
2. The Director, DHA, or other appropriate DHA official will designate a DHA Crisis Line Sharing Working Group (CLSWG) tasked with coordinating with designated representatives of the Military Crisis Line to determine the specific military personnel medical records and other relevant military healthcare information in DHA/MHS systems of record from which disclosure of personally identifiable information (PII) and/or protected health information (PHI) may be permissibly made to Military Crisis Line staff under the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45 CFR Parts 160 and 164) issues by the Department of Health and Human Services (as implemented within DoD by DoD 6025.18-R, the DoD Health Information Privacy Regulation). CLSWG members are to be formally designated by March 2015.
3. CLSWG, consistent with the March 13, 2014 overarching Memorandum of Understanding between DoD and the Department of Veterans Affairs (VA) for Sharing Personal Information (DoD-VA MOU), and in coordination with the Military Crises Line representatives, will complete identification of PII/PHI proposed to be disclosed to the Military Crisis Line workforce by July 2015. It is also anticipated that, by that date, determinations will be made as to the Military Crisis Line workforce/staff member status as healthcare providers in a treatment relationship with Active Duty Service members, Reserve/Guard members, and Veterans utilizing its services, business associates of a covered entity under the HIPAA Privacy Rule, and other matters impacting permissible disclosure of PII/PHI to the Military Crises Line.

4. DHA anticipates that changes to EDHA 07 and EDHA 23, if any, necessary to permit the MHS to disclose specified PII/PHI to the Military Crises Line workforce will be submitted to the Department of Defense Privacy and Civil Liberties Division (DPCLD) within six (6) months of completion of the activities in numbered paragraph 3, above.

RECOMMENDATION #5b: Developing a process for Military Crisis Line staff to refer service members back to the Military Health System or other appropriate medical care to improve continuity of care by ensuring the Military Health System is informed of crisis care provided.

DOD RESPONSE:

Standard operating procedures need to be developed for Military Crisis Line staff to contact Military Health System personnel, inform them of crisis care provided, and ensure appropriate follow-up care. The Military Treatment Facility (MTF) in closest proximity to the location of the beneficiary would be an appropriate contact point, however, identifying the appropriate point of contact at each MTF may have variability by Service and site, and correct contact information would require routine update and synchronization with the Military Crisis Line. This recommendation will be referred to the DHA Medical Operations Group within the MHS governance structure for action.

RECOMMENDATION #5c: Coordinating with the Veterans Affairs to ensure policies are established to appropriately manage privacy issues.

DOD RESPONSE:

1. The DHA Office of the General Counsel (OGC) and/or the DHA Privacy and Civil Liberties Office will coordinate with the Veterans Health Administration (VHA) Privacy Office and the VHA OGC (as necessary) to assure that personal information, including individual health information, shared between or disclosed by the Military Crises Line staff and the MHS is done in accordance with policies established by both DoD and VA to appropriately manage Privacy Act and HIPAA Privacy Rule issues and requirements to effectively share, through permissible disclosures, PII/PHI.
2. DHA anticipates that the coordination referenced in 1 and the establishment of appropriate policies and procedures will be completed reasonably concurrent with the effectiveness of changes to DHA SORNs made to permit and foster sharing of personal information, including individually identifiable health information, between the Military Crisis Line staff and the MHS. See response to Recommendation 5.a.

RECOMMENDATION #6a: Update appropriate System of Record Notification to allow for sharing of DoD Suicide Event Report data with the Department of Veterans Affairs to enable health surveillance, as required by DoDD 6490.02E.

DOD RESPONSE:

1. Working with the Armed Forces Health Surveillance Center (AFHSC) within the Public Health Division of the DHA Healthcare Operations Directorate, and DoD's National Center for Telehealth and Technology, the DHA Privacy Office and/or DHA OGC will coordinate with the appropriate designees of the VA to determine, in accordance and consistent with Section 1635 of Public Law 110-181, DoDD 4690.02E, and the DoD-VA MOU, the health surveillance data within the DoD Suicide Event Report (DoDSER) to be shared with the VA to enable VA's health surveillance activities. Changes necessary to DHA 20 DoD, DoDSER (May 6, 2010, 75 FR 24928) to permit disclosure of personal and individually identifiable health information in DoDSER with VA for health surveillance activities will be identified.

Start: January 2015. Completion: August 2015.

2. Within three (3) months of completion of step 1 above, the DHA Privacy Office will submit the recommended changes to SORN DHA 20 DoD to DPCLD for action. Forecast approximately three months from submission to DPCLD to publication of SORN revisions in the Federal Register.

RECOMMENDATION #6b: Coordinate with Department of Veterans Affairs to ensure appropriate policies are established to manage privacy issues while sharing Department of Defense Suicide Event Report data.

DOD RESPONSE:

DHA, consistent with the DoD-VA MOU, the Privacy Act, and the HIPAA Privacy Rule, will commence coordination with VA to ensure that appropriate DoD and VA policies are established to manage privacy issues arising in connection with sharing DoDSER data with VA in response to Recommendation 6.a.

Start: March 2015. Completion: October 2015.