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DOD HEALTH CARE

DOD Should Monitor Implementation of Its Clinical Practice Guidelines

Accessible Version

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GAO-21-237

GAO@100 Highlights

Highlights of GAO-21-237, a report to congressional committees

February 2021

DOD HEALTH CARE

DOD Should Monitor Implementation of Its Clinical Practice Guidelines

Why GAO Did This Study

Through DOD's TRICARE program, eligible beneficiaries may receive care from providers at MTFs or from civilian providers. The National Defense Authorization Act for Fiscal Year 2017 required DOD to establish a program to develop, implement, update, and monitor clinical practice guidelines, which are evidence-based treatment recommendations to improve the consistency and quality of care delivered by MTF providers.

The Act also included a provision for GAO to assess issues related to the military health system, including the process of ensuring that providers adhere to clinical practice guidelines, and to report annually for 4 years. This is GAO's fourth report based on the Act. This report describes (1) how the process for developing the guidelines considers the health care needs of the military and veteran populations, (2) how they are distributed by the military services to their providers and how providers access them, and (3) the extent to which DHA and the military services monitor MTF implementation of them, among other things. GAO reviewed relevant policies and guidance; analyzed each of the 22 CPGs; and interviewed officials with DOD, the military services, and VA.

What GAO Recommends

GAO recommends that DHA work with the military services to develop and implement a systematic process to monitor MTFs' implementation of VA/DOD CPGs. DOD concurred with this recommendation.

View GAO-21-237. For more information, contact Debra A. Draper at (202) 512-7114 or draperd@gao.gov.

What GAO Found

As of October 2020, the Departments of Defense (DOD) and Veterans Affairs (VA) had jointly developed 22 clinical practice guidelines (VA/DOD CPG) that address specific health conditions, including those related to chronic diseases, mental health issues, pain management, and rehabilitation. Such guidelines are important as military and veteran populations may have different health care needs than civilians due to involvement in combat or occupational exposures (e.g., fumes from burn pits) that may amplify physical and psychological stresses. GAO found that DOD and VA considered the health care needs of these populations throughout the guideline development process and that the guidelines include information about these health care needs in different sections. In some cases, the guidelines include treatment recommendations that specifically address the health care needs of the military and veteran populations. In other instances, they may include information about the prevalence of a specific condition for these populations, among other information.

Each of the military services (Army, Air Force, and Navy) has its own process for distributing VA/DOD CPGs to providers at their military treatment facilities (MTF). However, DOD's Defense Health Agency (DHA) is in the process of assuming administrative operations—to include distributing guidelines—for all of the military services' MTFs through an incremental transition process that is to be completed by the end of September 2021. While DHA officials acknowledged that they need to develop a uniform distribution process for the guidelines once they complete the transition, MTF providers can currently access the guidelines through VA's designated website and DOD's electronic health record systems.

Congress directed DOD to implement VA/DOD CPGs, using means such as providing education and training, and to monitor MTFs' implementation of them. However, GAO found that DHA and the military services are not systematically monitoring MTFs' implementation of these guidelines. While the Army tracks VA/DOD CPG education and training at its MTFs, officials with DHA, the Navy, and the Air Force explained that they have not been monitoring MTF implementation of these guidelines. DHA officials acknowledged that they need to develop a monitoring process as they assume administrative and oversight responsibilities for the military services' MTFs, but have not yet developed a plan to do so. Without a systematic process to monitor MTF implementation of these guidelines, DHA does not know the extent to which MTF providers may be using VA/DOD CPGs to reduce the variability and improve the quality of health care services provided—factors that may contribute to better health outcomes across the military health system.

Contents

Abbreviations

AHLTA	Armed Forces Health Longitudinal Technology Application
CPG	clinical practice guideline
DHA	Defense Health Agency
DOD	Department of Defense

EBPWG	Evidence-Based Practice Workgroup
MHS	Military Health System
MTF	military treatment facility
NDAA 2017	National Defense Authorization Act for Fiscal Year 2017
VA	Department of Veterans Affairs

441 G St. N.W.
Washington, DC 20548

February 5, 2021

Chair
Ranking Member
Committee on Armed Services
United States Senate

The Honorable Adam Smith
Chairman
The Honorable Mike Rogers
Ranking Member
Committee on Armed Services
House of Representatives

The Department of Defense (DOD) offers health care services to over 9 million eligible beneficiaries through its TRICARE program, which is administered by the Defense Health Agency (DHA).[1] Through TRICARE, eligible beneficiaries may receive care from military hospitals and clinics, referred to as military treatment facilities (MTF), or from civilian hospitals and providers who participate in TRICARE plans administered by contractors.

The National Defense Authorization Act for Fiscal Year 2017 (NDAA 2017) required DOD to develop a program to eliminate variability in patient health outcomes and improve the quality of health care services delivered at selected MTFs.[2] As part of the program, DOD is also required to develop, implement, monitor, and update clinical practice guidelines (CPG), which are evidence-based recommendations intended to help providers improve the consistency and quality of care in determining the best treatment options for a particular disease or condition.[3] DOD was

[1]Eligible beneficiaries include active duty personnel and their dependents, medically eligible National Guard and Reserve servicemembers and their dependents, and retirees and their dependents and survivors. Active duty personnel include Reserve component members on active duty for at least 30 days.

[2]Pub. L. No. 114-328, § 726, 130 Stat. 2000, 2231-2232 (2016). The NDAA 2017 noted that DOD should select MTFs to implement the program, with priority in selection given to facilities that provide specialty care.

[3]See Institute of Medicine of the National Academies, C*linical Practice Guidelines We Can Trust* (Washington, D.C.: March 2011).

also directed to implement the guidelines in selected MTFs, using means such as providing education and training, and to monitor MTFs' implementation of them.[4] Having CPGs for military and veteran populations is important, as these populations may have different health care needs than civilians. For example, servicemembers may have experienced combat or been exposed to environmental and occupational exposures (e.g., fumes from burn pits, chemical toxicants) that may amplify physical and psychological stresses.

As of October 2020, DOD and the Department of Veterans Affairs (VA) had jointly developed 22 CPGs, which are referred to as VA/DOD CPGs (also referred to as guidelines in this report).[5] These guidelines address specific health conditions, including those related to chronic diseases, mental health issues, pain management, and rehabilitation. Providers at MTFs and VA medical centers may refer to VA/DOD CPGs when determining the best course of treatment for TRICARE beneficiaries or veterans with a particular condition. However, because VA/DOD CPGs are guidelines, providers are not required to use them. DOD officials told us they may instead choose to use guidelines developed by other federal agencies or civilian medical associations, such as the American Heart Association. In addition, VA and DOD officials told us that they review their existing guidelines annually to determine if they need to be updated based on changes in relevant scientific literature.

Responsibilities related to VA/DOD CPGs at MTFs will transition to DHA from the military services (Army, Navy, and Air Force) that own and

[4]The NDAA 2017 directed DOD to implement clinical practice guidelines using appropriate means, including by communicating with the relevant health care providers of the evidence upon which the guidelines are based and by providing education and training on the most appropriate implementation of the guidelines. It also directed DOD to monitor this implementation using appropriate means, including by monitoring the results in clinical outcomes based on specific metrics included as part of the guidelines. Pub. L. No. 114-328, § 726(d), (e), 130 Stat. 2000, 2232 (2016).

[5]DOD and VA began developing and implementing clinical practice guidelines in 1998. According to DOD officials, in addition to the 22 VA/DOD CPGs, there are two archived VA/DOD CPGs—Treating Tobacco Use and Dependence and Management of Bipolar Disorder in Adults—that are no longer being updated because they have not observed significant changes to the scientific literature on these topics.

operate their own MTFs.[6] Specifically, the NDAA 2017, as amended, transferred administrative and management responsibility for MTFs from the military services' medical commands to DHA.[7] On October 1, 2018, DHA initiated an incremental process for assuming these responsibilities and plans to complete this process by September 30, 2021.[8]

The Act also included a provision for us to examine several issues related to DOD's delivery of health care, such as the processes that ensure health care providers adhere to clinical practice guidelines.[9] In this report, we

1. describe how the process for developing VA/DOD CPGs considers the health care needs of the military and veteran populations;
2. describe how often VA/DOD CPGs have been updated;
3. describe how VA/DOD CPGs are distributed by the military services to their providers and how providers access them; and
4. examine the extent to which DHA and the military services are monitoring MTF implementation of VA/DOD CPGs.

[6]Each of the military services has a medical command or agency led by its Surgeon General: U.S. Army Medical Command, the Navy Bureau of Medicine and Surgery, and the Air Force Medical Readiness Agency. These medical commands or agencies are responsible for overseeing or supporting their respective military service's MTFs. For this report, we will refer to these offices collectively as medical commands.

The Navy administers health care for the Marine Corps.

[7]DHA's new administrative responsibilities for the MTFs include budgetary matters, information technology, health care administration and management, administrative policy and procedure, and military medical construction, among other things. See 10 U.S.C. § 1073c.

[8]The John S. McCain National Defense Authorization Act for Fiscal Year 2019 extended the date for the transfer of the administration of the MTFs to the DHA to September 30, 2021. Pub. L. No. 115-232, § 711 (a)(1)(A), div. A, tit. VII, 132 Stat. 1636, 1806 (2018).

[9]Pub. L. No. 114-328, § 751, 130 Stat. 2000, 2244-2245 (2016). This is our fourth report based on this mandate. See GAO, *Department of Defense: Telehealth Use in Fiscal Year 2016*, GAO-18-108R (Washington, D.C.: Nov. 14, 2017); GAO, *DOD Health Care: Defense Health Agency Should Improve Tracking of Serious Adverse Medical Events and Monitoring of Required Follow-up,* GAO-18-378 (Washington, D.C.: April 26, 2018); and GAO, *DOD Health Care: Improvements Needed for Tracking Coordination of Specialty Care Referrals for TRICARE Prime Beneficiaries,* GAO-19-488 (Washington, D.C.: June 12, 2019).

To describe how the process for developing VA/DOD CPGs considers the health care needs of the military and veteran populations, we reviewed joint DOD and VA guidance for developing VA/DOD CPGs to determine how the health care needs of these populations are considered. Additionally, we interviewed DOD and VA officials responsible for the development of these guidelines. Finally, we analyzed the 22 VA/DOD CPGs that were available as of October 2020 to identify the types of information they contained about the health care needs of these populations.

To describe how often VA/DOD CPGs have been updated, we analyzed 20 of the 22 guidelines (excluding two new guidelines) to determine when they were last updated and if they were updated within the time frame defined in the departments' joint guidance for VA/DOD CPGs.[10] We also reviewed 2019 and 2020 meeting minutes from the joint VA and DOD work group that oversees the development and updates of VA/DOD CPGs to obtain information about the status of guideline updates. In addition, we interviewed DOD and VA officials about the process for updating these guidelines and reasons why they may not be updated within the recommended time frame.

To describe how the military services distribute VA/DOD CPGs to their providers, we reviewed relevant documentation from the military services (Army, Navy, and Air Force) on how the guidelines are distributed to the providers at their MTFs, and we interviewed officials from the military services' medical commands about this process. We also interviewed DHA officials to obtain information about how they intend to distribute these guidelines to MTF providers in the future as part of their responsibility to assume administrative management for all MTFs. To determine how providers access VA/DOD CPGs, we interviewed officials from the military services' medical commands. In addition, we interviewed officials who manage DOD's electronic health record systems—the Armed Forces Health Longitudinal Technology Application (AHLTA) and Military Health System (MHS) Genesis—to ascertain which VA/DOD CPGs are accessible to MTF providers within each of these systems.[11]

[10]The VA/DOD CPGs for 1) Insomnia Disorder and Obstructive Sleep Apnea and 2) Headache were developed in 2019 and 2020, respectively; therefore, these guidelines did not need to be updated during the course of our review.

[11]MHS Genesis is a new system designed to standardize electronic health records throughout DOD, which will replace existing systems. The implementation of MHS Genesis began in 2017 and is scheduled to be completed for all MTFs by the end of 2024.

To examine the extent to which DHA and the military services are monitoring MTF implementation of VA/DOD CPGs, we interviewed DHA and officials with the military services' medical commands to determine how, if at all, they were monitoring implementation of these guidelines. We also reviewed documentation collected by the military services that contained information related to MTF implementation of these guidelines, such as reports on the implementation of health care quality improvement initiatives. Additionally, we spoke with VA officials and reviewed documentation related to two surveys (2013 and 2019) they fielded about providers' use of VA/DOD CPGs. We assessed this evidence to determine the extent to which DOD's efforts were consistent with the NDAA 2017, which requires DOD to monitor MTF implementation of the clinical practice guidelines.

We conducted this performance audit from November 2019 to February 2021 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

As of October 2020, DOD and VA had jointly developed 22 VA/DOD CPGs. (See table 1.) While these guidelines address different types of health conditions, their content is organized in the same standard format. This format includes a background section that describes the particular disease or condition the guideline addresses, its prevalence, and its effect on patients. It also contains treatment recommendations, as well as a discussion section with the rationale for the recommendations. The guidelines are accessible through a VA/DOD CPG website maintained by VA.[12] To accompany the guidelines, VA and DOD develop toolkits, which include pocket cards and summaries for MTF providers and clinical staff.

[12]Department of Veterans Affairs, *VA/DoD Clinical Practice Guidelines*, accessed October 16, 2020, https://www.healthquality.va.gov/.

Table 1: Department of Veterans Affairs (VA)/Department of Defense (DOD) Clinical Practice Guidelines (CPG), by Topic, as of October 2020

Topic
1. **Chronic diseases in primary care:** Asthma
2. **Chronic diseases in primary care:** Chronic Kidney Disease
3. **Chronic diseases in primary care:** Chronic Obstructive Pulmonary Disease
4. **Chronic diseases in primary care:** Diabetes Mellitus
5. **Chronic diseases in primary care:** The Non-Surgical Management of Hip & Knee Osteoarthritis
6. **Chronic diseases in primary care:** Dyslipidemia[a]
7. **Chronic diseases in primary care:** Hypertension
8. **Chronic diseases in primary care:** Chronic Insomnia Disorder/Obstructive Sleep Apnea
9. **Chronic diseases in primary care:** Obesity and Overweight
10. **Mental health:** Assessment and Management of Patients at Risk for Suicide
11. **Mental health:** Major Depressive Disorder
12. **Mental health:** Posttraumatic Stress Disorder
13. **Mental health:** Substance Use Disorder
14. **Military related condition:** Management of Chronic Multisymptom Illness
15. **Pain:** Opioid Therapy for Chronic Pain
16. **Pain:** Lower Back Pain
17. **Pain:** Headache
18. **Rehabilitation:** Concussion-mild Traumatic Brain Injury
19. **Rehabilitation:** Lower Limb Amputation
20. **Rehabilitation:** Stroke Rehabilitation
21. **Rehabilitation:** Upper Extremity Amputation
22. **Women's health:** Pregnancy

Source: Department of Veterans Affairs, VA/DoD Clinical Practice Guidelines, accessed October 16, 2020, https://www.healthquality.va.gov/. GAO-21-237

Notes: According to DOD officials, in addition to the 22 VA/DOD CPGs there are two archived VA/DOD CPGs—Treating Tobacco Use and Dependence and Management of Bipolar Disorder in Adults—that are no longer being updated because they have not observed significant changes to the scientific literature on these topics.

On the VA website where guidelines are posted, Nuclear, Chemical and Biological Illness is a condition listed under the military-related VA/DOD CPGs. We did not include this condition in our list because DOD officials told us that the information for this condition consists of educational material and is not a VA/DOD CPG.

[a]Dyslipidemia is an abnormal level of cholesterol and other lipids, also called fats, in the blood.

Evidence-Based Practice Workgroup

The VA/DOD Evidence-Based Practice Workgroup (EBPWG) is a multidisciplinary group of officials from VA and DOD that facilitates the development and updating of VA/DOD CPGs.[13] These processes are detailed in a guidance document called *Guideline for Guidelines*, which was jointly developed by DOD and VA and last updated in January 2019.

Guideline development. According to *Guideline for Guidelines*, VA or DOD providers or members of the EBPWG may request topics for new VA/DOD CPGs.[14] The EBPWG votes to approve or disapprove the development of new guidelines. Once approved, new guidelines are developed by work groups that are comprised of clinical and subject matter experts from VA and DOD. According to *Guideline for Guidelines*, these work groups may review guidelines developed by other federal agencies or civilian medical associations as a part of their process to develop a new VA/DOD CPG. Additionally, they can adopt an entire guideline, including the treatment recommendations; adopt specific treatment recommendations within an existing guideline; or modify specific treatment recommendations (e.g., new data may be added to the original recommendation).[15]

Guideline updates. An EBPWG official explained that they determine which guidelines need to be updated through the following steps:

- Make annual projections at the beginning of the fiscal year by considering factors such as the timing of the last update.
- Consider the current state of the evidence, such as whether scientific literature on a disease or condition has changed since the last update.

[13]DOD and VA officials serve on the EBPWG. In 2020, the work group had 17 members, including the Army Medical Command's Chief of Evidence-Based Practice and a physician from the DOD's Psychological Health Center of Excellence.

[14]VA and DOD officials told us they also develop VA/DOD CPGs based on congressional mandates.

[15]EBPWG officials told us that although other clinical practice guidelines may exist for all 22 of the VA/DOD CPGs, they generally do not adopt them because they do not always meet the required quality and non-bias standards. They explained that biases include whether pharmaceutical companies played a role in the development of these other guidelines and whether individuals who helped develop them had conflicts of interest.

- Determine whether a significant change has occurred in medication or treatment pertaining to the guideline, such as issuance of a black box warning or medication being taken off the market by the Food and Drug Administration.[16]

Once specific guidelines have been identified for updates, the process is the same as that for guideline development.

Associated costs. An independent contractor, currently managed and paid for by VA, assists with developing and updating the guidelines.[17] EBPWG officials told us it costs around $1.5 million to develop a new guideline and $1 million to update an existing guideline. The total cost per year varies based on the number of guidelines that are developed or updated. Officials on the EBPWG told us typical 1-year costs are over $4 million. DOD separately pays for the development of toolkit materials for use by both VA and DOD providers at a cost of about $100,000 per year.

Health Care Needs of the Military and Veteran Populations Are Considered Throughout the Process of Developing VA/DOD CPGs

We found that there are various steps throughout the process of developing VA/DOD CPGs in which the health care needs of the military and veteran populations are considered, according to DOD and VA's guidance. (See fig. 1.)

- When making a decision to develop a new guideline, the EBPWG considers the high incidence or prevalence of the disease or condition in the military and veteran populations, as well as the corresponding risk and cost. (See step 1 in fig. 1.)
- During the development process, focus groups are conducted with patients at a military or veterans' hospital prior to drafting

[16]A black box warning is the strongest warning that the Food and Drug Administration issues, indicating that the drug carries a significant risk of serious or life-threatening adverse effects.

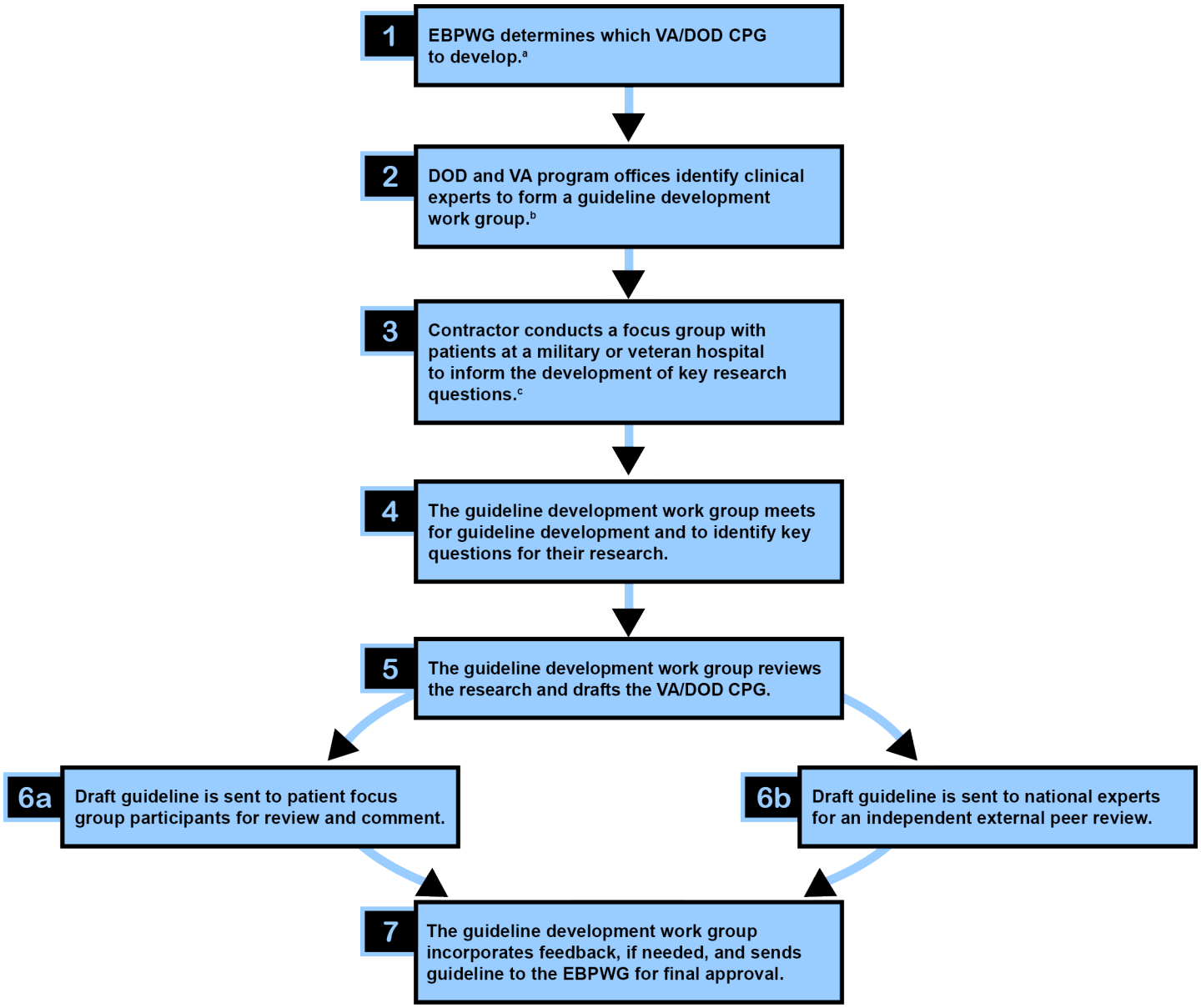
[17]The VA Evidence-Based program office manages the contract, which is a 5-year contract. As of December 2020, VA is in year 4 of the 5-year contract, according to VA officials.

treatment recommendations.[18] The purpose of the patient focus groups is to inform the development of key questions. (See step 3 in fig. 1.)

- DOD and VA establish a work group of up to 20 subject matter and clinical experts, who are responsible for developing key questions using input from the patient focus group. The key questions are used to review relevant scientific literature and are developed based on factors such as the characteristics of the target patient populations, possible interventions, and the outcomes of interest to be answered by the scientific literature reviewed. (See step 4 in fig. 1.)
- Patient focus group participants—members of the military and veteran populations—can review and comment on the draft guideline prior to it being finalized. (See step 6a in fig. 1.)

[18]The patient focus group is a convenience sample of not more than nine participants. A convenience sample is a type of non-probability sampling method that relies on the data collected from members of a population who are conveniently available to participate in the study.

Figure 1: Key Process Steps for Developing VA/DOD CPGs, as of December 2020



Legend: CPG=clinical practice guideline; DOD=Department of Defense; EBPWG=Evidence-Based Practice Workgroup; VA=Department of Veterans Affairs.

Source: GAO analysis of guidance jointly developed by DOD and VA. | GAO-21-237

[a]A clinician or other group may request the development of a new VA/DOD CPG, the EBPWG may suggest topics for guideline development, or a guideline may be developed because it is directed by Congress or mandated by public law.

[b]The VA and DOD program offices are responsible for convening a group of not more than 20 work group members to evaluate the evidence and develop the guideline. At a minimum, each work group should include representatives from primary care, nursing, pharmacy, and social services.

[c]VA contracts with a third party to assist with the guideline development process, including conducting the patient focus group.

VA/DOD CPGs include information about the health care needs of the military and veteran populations in different sections. In some cases, they include treatment recommendations that specifically address the health care needs of these populations. In other instances, the guidelines may describe the health care needs of these populations in the discussion section, which provides additional context for the recommended treatment. Of the 22 VA/DOD CPGs we analyzed, we found that

- 21 guidelines have contextual information, such as information about the prevalence of the condition in these populations, in the background;
- 20 guidelines have information related to the health care needs of the military and veteran populations in the discussion sections that provide additional information related to the treatment recommendations; and
- three guidelines have one or more specific treatment recommendations that address the health care needs of the military and veteran populations.[19]

Most VA/DOD CPGs Have Been Updated, but Factors Such as Process Delays May Have Affected Time Frames

As of October 2020, we found that 20 of the 22 guidelines were eligible to be updated based on the dates they were last published according to the departments' guidance, which states that updates should be considered every 3 to 5 years.[20] While most of the eligible guidelines had been

[19]Some of the guidelines have information about the military and veteran populations in more than one section of the document, and as a result, these numbers do not add up to 22.

[20]Two of the 22 guidelines—1) Headache and 2) Insomnia Disorder and Obstructive Sleep Apnea—are new guidelines that do not yet require an update, and they were not included in our analysis.

updated, we found that 19 of them (95 percent) had not been updated within the 3- to 5-year time frame recommended by the departments' guidance. Specifically, 14 of the 19 guidelines were updated 6 to 10 years after the previous versions were implemented. Four of the 19 guidelines, which were last updated 5 to 6 years ago, were in the process of being updated at the time of our review. The remaining guideline, which was implemented 6 years ago, had not been updated.

According to EBPWG officials, the guidelines may not be updated within the recommended time frame for various reasons, including

- **Update initiated but not published within the recommended time frame.** Thirteen of the 19 VA/DOD CPGs were not updated within the recommended time frame because the update process took longer than projected. EBPWG officials clarified that this could be due to factors such as (1) the availability of subject matter experts, (2) a larger-than-expected amount of literature to review and analyze, and (3) the number of revisions required to the draft guideline.
- **Lack of new scientific literature.** Four of the 19 VA/DOD CPGs were not updated within the recommended time frame because there was no new scientific literature to warrant an update. EBPWG officials explained that the guidelines that are due to be updated are reviewed annually by the work group to determine whether new scientific literature is available and merits an update.
- **New scientific literature is pending publication.** One of the 19 guidelines—Upper Extremity Amputation Rehabilitation—had not been updated due to the pending publication of new scientific literature in 2020. The EBPWG stated that when there is new scientific literature pending publication, the work group may wait to update the guideline for that particular condition.
- **Other reasons.** Another guideline (1 of 19) was not updated within the recommended time frame due to unsuccessful negotiations with a civilian medical association to collaborate on developing the update, according to EBPWG officials. Additionally, these officials told us that updates to guidelines can be delayed due to limited funding, as they typically only have funding for

The departments' guidance also states that a guideline should be immediately updated if any recommendation contained in the guideline is identified as harmful to patients, such as having a pharmaceutical or device recall.

updating four guidelines per year. However, none of the guideline updates were delayed for this reason.

The Military Services Have Their Own Processes for Distributing VA/DOD CPGs; MTF Providers Can Access These Guidelines Electronically

The Military Services Distribute VA/DOD CPGs to Their Providers Using Their Own Processes; DHA Plans to Develop a Uniform Distribution Process

We found that each of the military services has its own processes to distribute VA/DOD CPGs to the providers at their MTFs. Once a guideline has been developed or updated by the EBPWG, the Army Medical Command's Office of Evidence-Based Practice is responsible for notifying the Army, Navy, and Air Force's medical commands, according to DOD officials.[21] Each of the military service's medical commands then follows their own distribution process.

- **Army.** The Army's regional health commands are responsible for distributing guidelines to its MTFs.[22] MTF commanders in coordination with their deputies appoint an individual—referred to as a "champion"—to distribute new or updated guidelines to providers. According to Army officials, a champion informs and educates MTF providers about new and updated guidelines informally or through scheduled meetings.
- **Air Force.** The Air Force Medical Readiness Agency is responsible for notifying the Chiefs of Medical Staff at each of its MTFs about new and updated guidelines, according to Air Force officials. The Chiefs of Medical Staff work with the population

[21]According to DOD officials, this office is within the Office of Quality and Safety Center. As part of its guideline notification process, this office provides toolkits that include features such as downloadable VA/DOD CPG provider summaries and pocket cards that are available online for MTF providers.

[22]According to an Army official, the Army Regional Health Command encompasses all of the Army's MTFs and is organized in four regions: Atlantic, Central, Pacific, and European.

health working group at each MTF to support the distribution of clinical practice guidelines.[23]

- **Navy.** Navy officials told us they do not have a formal process for distributing new or updated guidelines to the providers at their MTFs. They explained that they rely on notifications that there are new or updated guidelines from DHA's Clinical Communities, which are department-wide multidisciplinary groups of health care personnel.[24] Navy officials explained that the Chief Medical Officers and Medical Executive Chairs at their MTFs, who are members of DHA's Clinical Communities, have responsibility for distributing guidelines to their providers.

DHA officials acknowledged that they still need to establish a uniform process for distributing VA/DOD CPGs to MTF providers and plan to do so once they complete the transition for overseeing all of the military services' MTFs. These officials told us that they currently have a memorandum of agreement with the military services to continue managing their own administrative and oversight functions, including responsibilities related to VA/DOD CPGs, until DHA is ready to assume them. Currently, DHA officials told us they informally share new and updated guidelines with the DHA Clinical Communities that have representatives from each of the military services.

MTF Providers Can Access Guidelines Electronically through the VA/DOD CPG Website and DOD's Electronic Health Record Systems

In addition to receiving new and updated guidelines through the distribution process, MTF providers can access all of the VA/DOD CPGs online through VA's designated website. They can also access selected guidelines through DOD's electronic health record systems: the Armed Forces Health Longitudinal Technology Application (AHLTA), DOD's

[23]The population health working group at each MTF includes individuals such as the Chief of Medical Staff, Chief of Aerospace Medicine, Chief Nurse, and other key facility personnel.

[24]Clinical communities are a department-wide network of multidisciplinary groups of health care personnel, working towards common goals in a particular area. DHA has created 11 clinical communities, including communities focused on behavioral health, primary care, and dental care.

legacy system that is being phased out, and MHS Genesis, DOD's new system that is being incrementally implemented across the department.

- **AHLTA.** DHA officials said that summaries of 15 of the 22 VA/DOD CPGs have been integrated into AHLTA due to time and resource constraints. MTF providers can also access the full guideline text from website links embedded in the system.[25]
- **MHS Genesis.** DHA officials said that they plan to add all of the VA/DOD CPGs to MHS Genesis, but they have not developed a timeline for completing this.[26] As of May 2020, only one guideline had been incorporated into MHS Genesis—the guideline for low back pain.

DHA and the Military Services Are Not Systematically Monitoring MTFs' Implementation of VA/DOD CPGs

The NDAA 2017 directed DOD to implement VA/DOD CPGs using means such as providing education and training, and to monitor MTFs' implementation of them.[27] A DHA official told us they have not yet established a monitoring process for MTF implementation of these guidelines because they are still in the process of assuming administrative responsibilities for the military services' MTFs. We also found that the military services are not consistently monitoring the implementation of these guidelines at their MTFs. While the Army has a process in place to track VA/DOD CPG education and training at its MTFs, the Navy and Air Force do not. Specifically, Navy and Air Force officials told us they do not systematically monitor MTF implementation of

[25]DHA officials explained that it is not possible to put the entire guideline text in AHLTA due to system limitations.

[26]DHA officials also said that while MHS Genesis will have the capability to include the entire text for each guideline, no decision has been made as to whether to include the entire document.

[27]The NDAA 2017 requires DOD to monitor the implementation of the clinical practice guidelines using appropriate means, including monitoring the results in clinical outcomes based on specific metrics included as part of the guidelines.

the guidelines, although they may obtain information related to how MTFs are implementing them through various initiatives.[28]

- **Army tracking of VA/DOD CPG education and training.** According to an Army Medical Command official, the Army tracks information about education and training that their providers have received on the guidelines at their MTFs using a SharePoint Excel file.[29] The official told us the Army includes this information in quarterly reports it compiles on issues related to VA/DOD CPGs for the Director of the Army's Office of Quality and Safety Center.
- **Peer review.** Officials from all of the military services told us that MTF providers' use of VA/DOD CPGs may be used as a part of peer review, a performance monitoring process for MTF providers; therefore, the peer review process may be a proxy for monitoring MTF implementation of these guidelines.[30] For example, this review may examine the extent to which a provider at an MTF followed VA/DOD CPGs. However, these officials told us they are not aware of and do not track the extent to which this occurs.
- **Quality metrics and quality improvement initiatives.** Officials from the Navy and Air Force told us that some DOD health care quality metrics may have some similar content to VA/DOD CPGs; therefore, monitoring providers' performance on some quality metrics may be a proxy for monitoring MTF implementation of these guidelines.[31] Additionally, officials from the Navy and Air Force told us the use of these guidelines may be encouraged in health care quality improvement initiatives. Navy officials told us

[28]In 2013 and 2019, VA conducted surveys of VA and DOD providers on topics related to VA/DOD CPGs, including their implementation at MTFs. VA officials told us the 2013 survey was cut short due to concerns about overburdening providers with too many surveys, but the results they received contributed to their decision to make the guidelines accessible online. The 2019 survey included questions about providers' use of four specific VA/DOD CPGs, among other items. VA officials told us they plan to share the results of this survey with the EBPWG in January 2021.

[29]Methods of training include video and in-person classes.

[30]According to an Army official, the peer review process refers to monthly, quarterly, semi-annual, or annual evaluations conducted by peers of MTF providers, focused on performance in areas related to patient care, including professional judgment, case management, and record keeping.

[31]Health care quality metrics are designed to assess the extent to which patients receive health care that increases the likelihood of desired health outcomes and are consistent with current professional knowledge.

about a quality-improvement program on comprehensive pain management to assess how well their providers are adhering to opioid therapy recommendations, such as those included in the guideline for management of opioid therapy for chronic pain.[32] Air Force officials told us that the Chief of Medical Staff at an Air Force MTF may choose to implement a VA/DOD CPG as a part of a comprehensive quality improvement initiative, though this practice is not tracked throughout the entire Air Force.[33]

DHA officials told us they recognize the need to develop a systematic process to monitor MTF implementation of VA/DOD CPGs as it will be one of their responsibilities in taking over administration of the military services' MTFs. However, according to DOD officials, this transition is not yet complete as of December 2020. DHA officials said that they may base their process on some aspects of the Army's current process for tracking guideline education and training at MTFs. These officials also told us that they would like to track provider use of VA/DOD CPGs through MHS Genesis, which would provide information on MTFs' implementation of them. However, these officials explained that they are still learning about the monitoring and tracking capabilities of MHS Genesis, which is currently being implemented across the DOD and is scheduled to be completed by the end of 2024. As a result, there are no concrete plans yet for this approach. Without a systematic process for monitoring MTF implementation of VA/DOD CPGs, DHA lacks information about the extent to which MTF providers may be using these guidelines and is potentially missing opportunities to eliminate variability in treatment and improve the quality of health care provided.

Conclusions

MTF implementation of VA/DOD CPGs may help DOD eliminate variability in the health care services provided to its beneficiaries and also improve the quality of care. However, despite efforts to develop, update, and distribute these guidelines, DOD is not monitoring—as required by

[32]According to Navy officials, committees of Navy providers at 27 Navy MTFs conduct a quarterly examination of approximately 5 percent of the medical charts for patients on long-term opiate therapy.

[33]Officials told us as a part of this process, the Chief of Medical Staff at the MTF will select an area of patient care where they perceive the MTF can improve, check health care quality metrics associated with this area, use peer review to see if providers are following specific recommendations from the VA/DOD CPG, conduct coaching or training when needed, and then assess if these steps made a difference in the quality of care.

the NDAA 2017—MTFs' implementation of them. As DHA assumes administrative and oversight responsibilities for the military services' MTFs, it will be important to systematically monitor MTFs' implementation of the guidelines to identify opportunities to improve health care services and quality and achieve better patient outcomes across the MHS.

Recommendation for Executive Action

The Director of DHA should collaborate with the Surgeons General of the military services to develop and implement a systematic process to monitor MTFs' implementation of VA/DOD CPGs. (Recommendation 1)

Agency Comments

We provided a draft of this report for review and comment to DOD and VA. In its written comments, reproduced in appendix I, DOD agreed with our findings and concurred with our recommendation. DOD outlined steps the department will take to address the recommendation, including developing a standardized dissemination and implementation plan focused on VA/DOD CPG training and education for providers at its MTFs. VA responded that it did not have any comments.

We are sending copies of this report to the appropriate congressional committees, the Secretaries of Defense and Veterans Affairs, and other interested parties. In addition, the report is available at no charge on the GAO website at http://www.gao.gov. If you or your staff have any questions about this report, please contact me at (202) 512-7114 or draperd@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix II.

Debra A. Draper
Director, Health Care

Appendix I: Comments from the Department of Defense

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

Debra A. Draper
Director, Health Care
U.S. Government Accountability Office
441 G Street, N.W.
Washington, DC 20548

Dear Ms. Draper:

Thank you for the opportunity for the Department of Defense (DoD) to review and respond to the recommendation contained in the Government Accountability Office (GAO) Draft Report, DoD Health Care: DoD Should Monitor Implementation of its Clinical Practice Guidelines (GAO-21-237).

The Department concurs with the recommendation contained in the report. A specific response to the GAO recommendation can be found in the attached document.

Again, thank you for the opportunity to review and respond to the recommendation. My point of contact for this issue is our GAO/DoD Inspector General Liaison, Mr. Richard Legg-Benavides. Mr. Legg-Benavides can be reached at (703) 681-5922 or via email at richard.w.leggbenavides.civ@mail.mil.

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Digitally signed by ADIRIM.TERRY.A.1523847127
Date: 2021.01.28 16:01:57 -05'00'

Terry Adirim, M.D., M.P.H., M.B. A.
Principal Deputy Assistant Secretary of Defense
for Health Affairs

Attachment:
As stated

GOVERNMENT ACCOUNTABILITY OFFICE DRAFT REPORT DATED DECEMBER 18, 2020
GAO-21-237 (GAO CODE 103985)

"DoD HEALTH CARE: DoD SHOULD MONITOR IMPLEMENTATION OF ITS CLINICAL PRACTICE GUIDELINES"

DEPARTMENT OF DEFENSE COMMENTS ON THE GAO RECOMMENDATION

RECOMMENDATION: The Government Accountability Office (GAO) recommends that the Secretary of the Defense direct the Director of Defense Health Agency (DHA) to collaborate with the Surgeons General of the Military Departments to develop and implement a systematic process to monitor military medical treatment facilities (MTFs') implementation of Department of Veterans Affairs/Department of Defense (VA/DoD) Clinical Practice Guidelines (CPGs).

DOD RESPONSE: The DoD concurs with the recommendation.

The DoD remains committed to continuing collaboration with the VA to develop nationally recognized VA/DoD CPGs. The DoD Office of Evidence-Based Practice in the Army Medical Department Quality & Safety Center, which serves as the lead agent for the overall management of the development, implementation, and maintenance of VA/DoD CPGs and CPG toolkits, is anticipated to transfer program management for these functions to the DHA within the year. Once the personnel and resources supporting the DoD program management office officially transfer to the DHA, the DHA will make plans to develop a standardized dissemination and implementation plan focused on VA/DoD CPG training and education for DHA clinicians.

The DHA will focus initial corrective action on standardizing a formal communication plan about VA/DoD CPGs and associated toolkits and educational offerings. The dissemination plan will identify existing communication channels primarily focused on the new Clinical Operations/Clinical Management Team structure to reach all DHA clinicians. The DHA will also be adapting the existing Army Medical Command VA/DoD CPG platform to assess how MTFs disseminate and gather clinician education and training data about VA/DoD CPG, starting with the initial four certified Markets currently under DHA authority, direction and control. Based on lessons learned from the initial four certified Markets, the DHA will adapt the model and develop incremental plans to expand clinician education and training about VA/DoD CPG to all MTFs, coordinating the efforts of DHA's J-7 Training Directorate, Graduate Medical Education programs, and the Clinical Operations/Clinical Management Team structure directed by the Deputy Assistant Director for Medical Affairs. The Military Departments will continue to support their existing processes to communicate and implement VA/DoD CPGs to their clinicians.

Appendix II: GAO Contact and Staff Acknowledgments

GAO Contact

Debra A. Draper, (202) 512-7114 or draperd@gao.gov

Staff Acknowledgments

In addition to the contact named above, Bonnie W. Anderson (Assistant Director), Deitra H. Lee (Analyst-in-Charge), Helen K. Sauer, and Phillip J. Steinberg made key contributions to this report. Also contributing were Jacquelyn N. Hamilton, Diona H. Martyn, Vikki Porter, and Caitlin Scoville.

Appendix III: Accessible Data

Agency Comment Letter

Accessible Text for Appendix I Comments from the Department of Defense

Page 1

Debra A. Draper
Director, Health Care
U.S. Government Accountability Office
441 G Street, N.W.
Washington, DC 20548

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Terry Adirim, M.D., M.P.H., M.B. A.
Principal Deputy Assistant Secretary of Defense
for Health Affairs

Attachment:
As stated

Page 2

GOVERNMENT ACCOUNTABILITY OFFICE DRAFT REPORT DATED DECEMBER 18, 2020
GAO-21-237 (GAO CODE 103985)

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Stephen J. Sanford, Acting Managing Director, spel@gao.gov, (202) 512-4707
U.S. Government Accountability Office, 441 G Street NW, Room 7814,
Washington, DC 20548