THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

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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, MARINE CORPS STAFF
DIRECTOR, JOINT STAFF
CHIEF INFORMATION OFFICER, MILITARY HEALTH SYSTEM

SUBJECT: Guidance for the Management of Registries in the Military Health System

This memorandum provides guidance for the management of Department of Defense (DoD) health registries. It applies to new registry design, implementation, and to existing registries that will undergo modernization or transition as part of the Defense Health Management System Modernization. Carrying out this guidance will assure that all Military Health System (MHS) registries comply with the approved DoD and MHS technical architecture, and national data standards.

For purposes of this guidance, a health registry is an electronic system that collects, stores, and retrieves individuals' health data regarding certain diseases, diagnoses or conditions. In general, the information collected serves to track individuals with particular diagnoses, conditions, or exposures for the purpose of epidemiologic study, scientific investigation, product surveillance, and/or clinical treatment. A health registry is not an electronic health record, although it may retrieve or send data to an electronic health record for data integration. Examples of DoD registries include: the Services' Individual Medical Readiness registries; the surveillance registries used to monitor our population for disease outbreaks; the Population Health Portal used to monitor clinical quality; and the Defense and Veterans Eye Injury and Vision Registry, which provides eye injury and visual dysfunction data to assess longitudinal outcomes, guide research, promote best practices, and guide clinical education.

Effective immediately, all existing DoD health registries must be managed and developed in accordance with this guidance, and by December 31, 2015, applicable health registries must be in compliance. Registries will employ reusable interfaces and data services, and they will use protocols and methods for access to authoritative data sources approved by the MHS Chief Information Officer (CIO). The MHS CIO will provide access to data from the electronic health record systems to these registries. All registries that will store health-related data about MHS beneficiaries and/or exchange data with MHS record systems must adhere to approved national data standards and use data sources approved by MHS governance.

The Assistant Secretary of Defense for Health Affairs is ultimately responsible for all MHS registries and may deny funds for registries that are not compliant with this guidance. The roles and responsibilities for health registry development and approval are outlined below:

- The Functional sponsor shall:
  - Identify the funding source for all phases of the defense business system lifecycle
  - Provide oversight to ensure systems meet functional requirements
  - Establish high level business objectives
  - Allow access to authoritative data sources within the sponsor's purview
  - Approve registry functional requirements
  - Work with the Health Registry Program Manager (HRPM) to determine program maturity and whether the program is meeting the functional needs

- Each functional lead with registry requirements shall:
  - Complete a health registry application that includes
    - A concept of operations
    - A Business Case with use cases and functional requirements
  - Monitor requirements through the joint requirements management process
  - Identify all necessary authoritative data sources and define the requirement for access
  - Submit completed application packets to the Clinical Enterprise Intelligence Steering Committee (CEISC) for functional validation
  - Present approved applications to the MHS CIO for cost estimating

- The CEISC, chartered under the Medical Operations Group, shall:
  - Review all proposed registry development for functional validity and compliance with MHS data use policy
  - Assure functional data owners have approved access to authoritative data sources
  - Coordinate approved health registry proposals with the CIO for technical validation

- The MHS CIO shall:
  - Review proposed registry development to assure adherence to national data standards and other DoD and MHS policy
  - Ensure compliance with service-oriented architecture principles and the MHS architecture
  - Provide technical oversight for regulation and policy compliance
  - Provide cost estimates for the registry requirements
  - Oversee changes to the registry system's architectures through the Health Architecture Review Board (HARB)
  - Grant exceptions to this policy, when appropriate

- The Component Acquisition Executive shall:
  - Designate a Health Registry Program Manager (HRPM)
  - Designate a Milestone Decision Authority (MDA)
  - Designate a Program Executive Officer (PEO) for acquisition oversight of registry programs

- The HRPM shall:
  - Apply best practices to plan, organize, direct, develop and control risk management for assigned registry programs
  - Comply with acquisition policy and specific instructions and directives

This guidance is effective as of the date of this memorandum and will be reviewed and updated annually. My points of contact for this action are Ms. Yvette Rogers, who can be contacted at (703) 578-8423, or Yvette.Rogers@dha.mil, and COL John Scott who can be contacted at (703) 681-1707, or John.Scott@dha.mil.

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cc:
Surgeon General of the Army
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