

**2026 DEFENSE
HEALTH INFORMATION
TECHNOLOGY SYMPOSIUM**

August 11-13, 2026
Hyatt Regency New Orleans
New Orleans, LA

Clinical Quality and Health Information Technology in the Defense Health Agency

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Paul R. Cordts, MD, MSS, FACS
Deputy Assistant Director – Medical Affairs, Defense Health Agency

Dr. Cordts is the Deputy Assistant Director, Medical Affairs (DAD MA) and Chief Medical Officer (CMO) of the Defense Health Agency (DHA). He provides clinical direction for the DHA in its management of direct and private sector health care services for the Department's approximately 9.5 million beneficiaries. Dr. Cordts advises the DHA Director and Assistant Directors on medical policy and clinical care issues which govern how the DHA will deliver care to patients across 723 MTFs.

In 2014, after 30 years of service, Dr. Cordts retired from the U.S. Army Medical Corps. He is board-certified in General Surgery, Vascular Surgery, and Surgical Critical Care. Dr. Cordts is a Fellow of the American College of Surgeons, a Distinguished Fellow of the Society for Vascular Surgery, and Associate Professor of Surgery at the Uniformed Services University of the Health Sciences. In Fiscal Year (FY) 2024, Dr. Cordts was presented the Meritorious Executive Presidential Rank Award.

Alignment with Defense Health Information Technology Symposium (DHITS) & DHA Lines of Effort (LOEs)

- **DHITS Themes:**

- Precision Intelligence
- Mission Sustainment
- Powering the Mission

- **DHA Lines of Effort:**

- LOE 1 – Deliver Warfighter Medical Readiness
- LOE 2 – Deliver Medical Warrior Currency
- LOE 3 – Deliver Joint Warfighting Capabilities
- LOE 4 – Deliver the Healthcare Enterprise Beneficiaries Deserve

Role of Chief Medical Officer in Information Technology (IT)

- Clinical Leadership and IT Strategy Alignment
- **Electronic Health Records**
- **Enhancing Patient Safety and Quality Through IT**
- Clinical Workflow Integration and Efficiency
- Data Governance and Analytics for Insights
- **Innovation and Adoption of New Technologies**
- **Clinician Engagement, Training and Change Management**
- Regulatory Compliance and Interoperability

Learning Objectives

- 1** Understand CMO role in deployment of the Electronic Health Record (EHR)
- 2** Describe how IT can enhance patient safety and quality
- 3** Describe how CMOs, working with IT, can promote innovation and adoption of new technologies
- 4** Understand role of CMOs to enhance clinician engagement and change management

Electronic Health Records (EHR)

- Adoption of Veterans Affairs – Department of Defense Clinical Practice Guidelines (VA-DoD CPGs)
 - Five Care Pathways (Asthma, Adult Overweight and Obesity, Major Depression, Dyslipidemia, Opioids and Chronic Pain). Adoption is low.
 - Better approach? Interface with evidence-based solution(s) that provide recommended next steps.
 - Measure adherence to evidence-based practices
- Patient Use of MHS GENESIS Patient Portal
 - Of 3.4M patients with an account, 1.3M are active users (**37.5%**). This is within the mid-range for civilian systems (20-60%). Clear opportunity to improve portal utilization.
 - Patient access to images and legacy EHR data.

MHS GENESIS: VA/DoD CPG and Clinical Support Staff Protocols (CSSP) Utilization

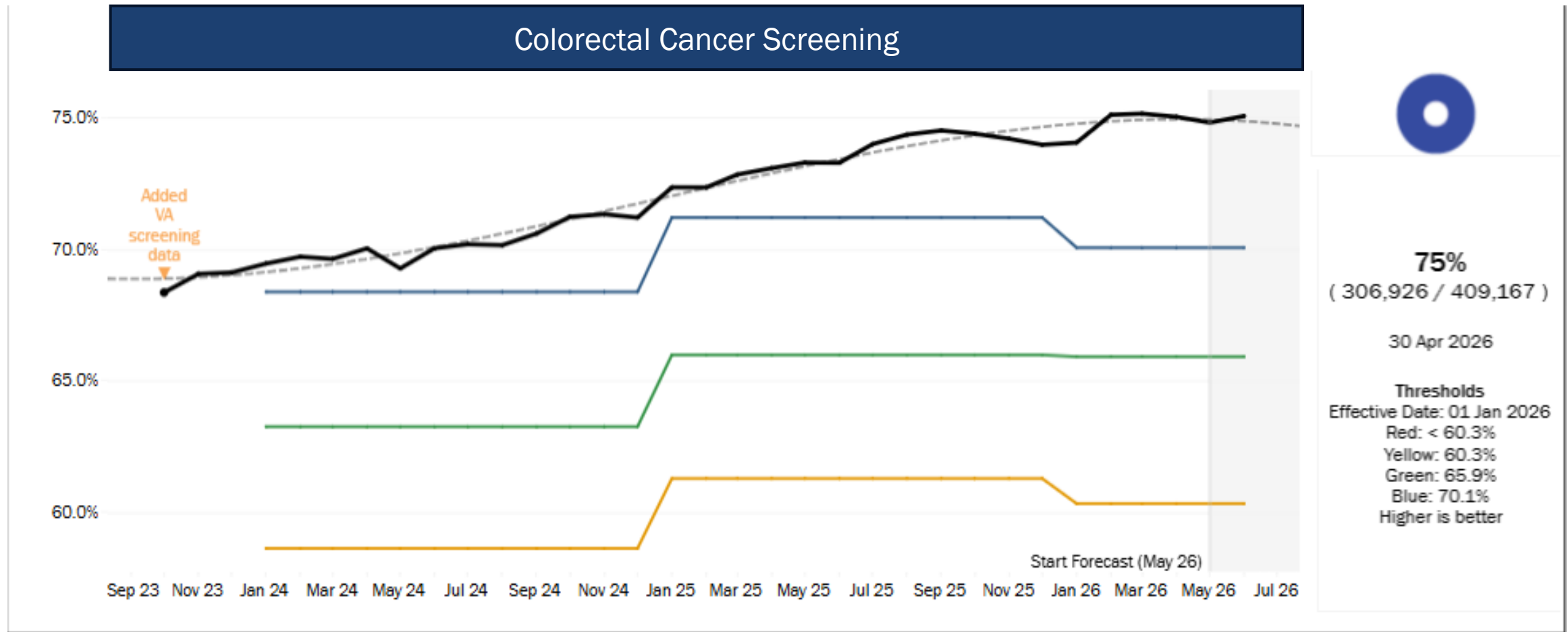
PATHWAY	COUNT
DoD Dyslipidemia CPG	149
DoD Depression CPG	43
DoD Obesity CPG	147
DoD Opioid Therapy for Chronic Pain CPG	57

Timeframe: 1 year

PATHWAY	9 JUN 2026 – 10 AUG 2026
CSSP Adult Cold	2594
CSSP Pregnancy Test	1603
CSSP Dysuria	811
CSSP Sore Throat	319
CSSP Pediatric Cold	76

Timeframe: 60 days

Colorectal Cancer Screening - (HEDIS) Performance



Cancer Screening Programs

- **Fecal Immunochemical Test (FIT) Mailing Program**

- 295 MTFs participating, including in Korea, Japan, and Europe, with anticipated 100% participation of U.S.-based military medical treatment facilities (MTFs) by the end of FY27 Quarter 1
- Over 92,000 FIT kits mailed; 21% return rate*
- Over 14,000 patients screened; 3.8% positive results; 70% follow-up colonoscopies completed within 270 days of a positive FIT result

- **Cervical Cancer Screening – Self-Collection Programs**

- Madigan Army Medical Center is the first MTF to offer in-clinic self-collection to test for Human Papillomavirus.
- A centrally-managed program mailing program for at-home self-collection for screening of cervical cancer, modeled after the FIT Mailing Program, was recently approved.

*Our reported return rates may be artificially deflated because we cannot exclude already-screened individuals due to a lack of data.

MHS GENESIS Patient Portal (PP)

- **Current State (Immediate Release):** In compliance with the Cures Act, MHS GENESIS now releases clinical notes, outpatient lab results, and radiology reports immediately to the PP once finalized or signed by the provider.
- **Selective Delays for Sensitive Results:** Pathology, cytology, and highly sensitive diagnostic results (e.g., oncology, genetics) may be selectively delayed under the "Preventing Harm" exception to allow providers to discuss life-altering results with patients first.
- **Veterans' Health Administration (VHA) Alignment:** The VHA also transitioned to immediate release for most EHI (including routine labs and radiology) via My HealtheVet, while maintaining selective holds on sensitive pathology reports.
- **Patient Preferences (Patient Survey):** While the majority of patients support immediate access to routine results, **65% prefer to speak with their clinician first** before receiving life-changing or complex diagnoses.

MHS GENESIS Patient Portal

Data available
through July 29,
2026

Date From
5/30/2026

Date To
7/30/2026

Network/Region
(All)

Parent Location
(Multiple values)

Child Location
(All)

Clinic
(All)

Note: This dashboard is missing data from 6 days.
Data recovery is pending for the missing dates.
Please click here to view dates with missing data.

parameters apply to entire dashboard

Events or Patients
Distinct Events

Time Increment
Month

Total Distinct Events: 5/30/2026 through 7/29/2026

3,384,632 Patients with Account Total	1,271,075 Active Patients Total	812,594 Patients with Proxy Total	348,335 View Health Issues/Problems Total	282,334 Messages Sent - Provider Message Total	570,930 Messages Sent by a Patient Total	303,462 Messages Sent - General Message Total	187,521 Messages Sent - Reply Total	79,947 Messages Sent - Prescription Renewals Total	Request Medication Refill Total	2,765,454 Active Medication Views Total	Comprehensive Medication Views Total	115,131 Utilized Patient Health Library Total
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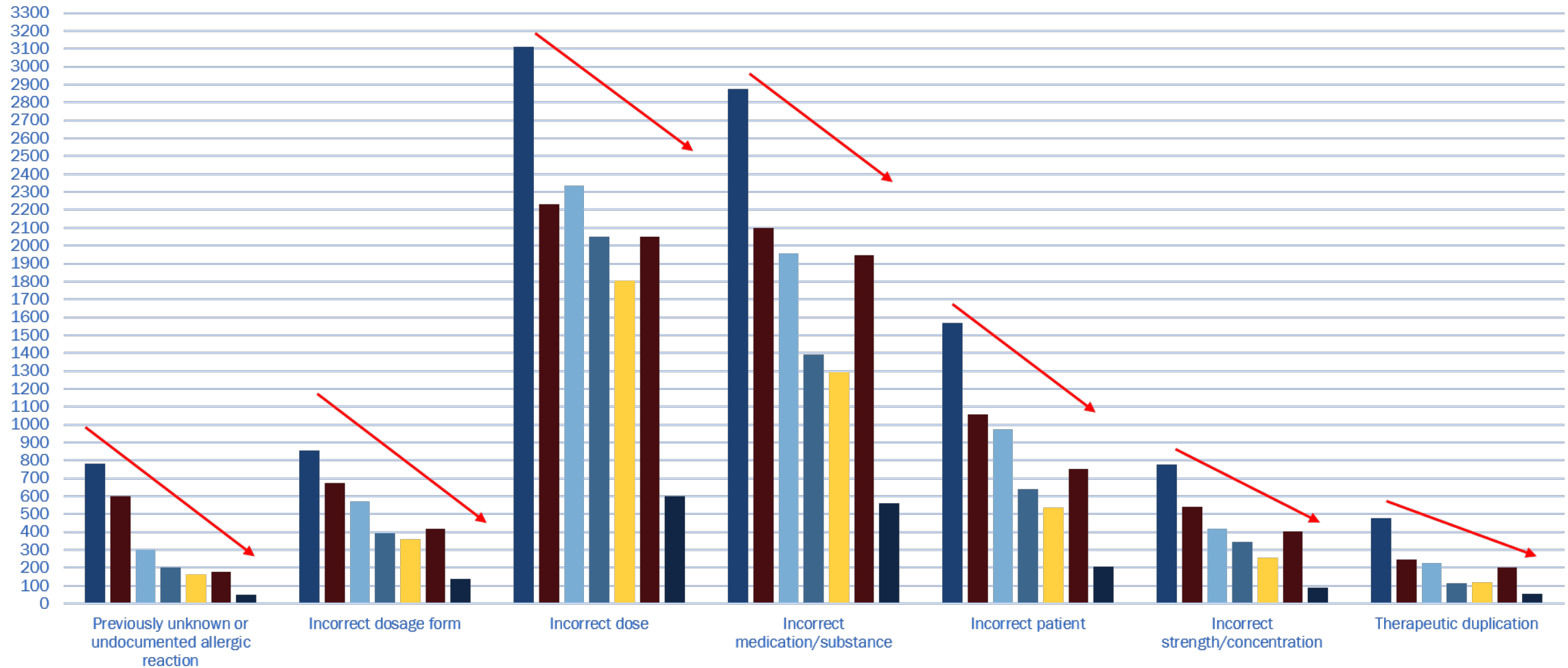
- **“Active Patients Total”** is 1.3M out of 3.4M (~37.55%) during this time period.
- **Patient activity** was relatively flat over this 3-month period.
- **Active utilization rates** for patient portals in civilian settings range from **20%-60%** of *registered* users, depending on the services offered, patient demographics, and promotion efforts.

Enhancing Patient Safety and Quality Through IT

- **Positive trends** in falls, medication events, rates of Wrong Site Surgery and Unintended Retained Foreign Objects, Dental DoW Reportable Events (DoW REs).
- Working to fuse **Outcomes** (Lagging Indicators) with **Leading Indicators** to better focus our Process Improvement (PI) efforts.
- **Exploring the use of Artificial Intelligence (AI)** to aggregate and prioritize **systems-level recommendations** from patient safety reports, DoW REs, comprehensive systematic analyses, healthcare event analysis response team (HEART) missions, Risk Management reviews. Gain MTF-level insights into highest risk areas.

Calendar Year 2020 – April 2026 Joint Patient Safety Reporting (JPSR)

Near Misses, No Harm and Harm



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■ CY2020 ■ CY2021 ■ CY2022 ■ CY2023 ■ CY2024 ■ CY2025 ■ CY2026*

2026 DHITS 13

CY2026* partial through April 2026

Inpatient Falls Data Mapping (Example)

LEADING INDICATORS

Reported Data

1. Strength of Corrective Actions
2. Completion of Lessons Learned in Joint Patient Safety Reports (JPSR)

Survey Data

1. Patient Safety Culture Survey (PSCS): Intent to Leave, Chaotic Work Environment, Communication Openness, Empowerment to Improve Efficiency, Burnout, Unit Based Huddles.
2. Hospital Consumer Assessment of Healthcare Providers and Systems (HCHAPs): Healthcare Composite Measures (H-COMP) 1, 2, 5, 6

Measure Sets

EHR Metrics

1. High Risk Interdisciplinary Plan of Care (IPOC) Completion Rate
2. Upon Admission Falls Assessment Completion Rate

OUTCOMES

1. JPSR Harm Falls Count and rate / 1,000 dis.
2. JPSR Total Falls Count and rate / 1,000 dis.
3. DoW RE Falls Count and Rate / 1,000 dis.

1. Patient Safety Indicator (PSI)-08 Numerator
2. PSI-08 Rating
3. PSI-08 Risk adjusted rate

1. MHS GENESIS Falls Count
2. Hospital Acquired Conditions (HAC) 4

Leapfrog Surveys – Domains & Measures

Protect Patients; Promote Safety, Quality and Transparency

Leapfrog Hospital Survey
Section 1 – Basic Hospital Information
Section 2 – Medication Safety
Section 3 – Adult and Pediatric Complex Surgery
Section 4 – Maternity Care
Section 5 – Intensive Care Unit (ICU) Physician Staffing
Section 6 – Patient Safety Practices
Section 7 – Managing Serious Errors
Section 8 – Pediatric Care
Section 9 – Outpatient Procedures
Ambulatory Surgery Center Survey
Section 1 – Patient Rights and Ethics
Section 2 – Medical, Surgical, and Clinical Staff
Section 3 – Volume and Safety of Procedures
Section 4 – Patient Safety Practices
Section 5 – Patient Experiences

Leapfrog Hospital Safety Grade Measures	
Process/Structural Measures (12)	Computerized Physician Order Entry (CPOE)
	Bar Code Medication Administration (BCMA)
	Intensive Care Unit Physician Staffing (IPS)
	Safe Practice 1: Culture of Leadership Structures and Systems
	Safe Practice 2: Culture Measurement, Feedback, & Intervention
	Nursing Workforce
	Hand Hygiene
	Patient Satisfaction (5 measures)
Outcome Measures (10)	Healthcare Associated Infections (5 measures)
	Hospital Acquired Conditions (3 measures)
	Patient Safety Indicators (PSI) 4: Death rate among surgical inpatients with serious treatable conditions; PSI 90 Patient safety and adverse events composite



Leapfrog Safety Grade & Top Hospital Safety Grade History (2024 - 2026)

Survey	# of MTFs	A	B	C	D	F
2024 Spring	21	43%	43%	14%	0%	0%
2024 Fall	20	75%	25%	0%	0%	0%
2025 Spring	22	73%	18%	9%	0%	0%
2025 Fall	20	90%	5%	5%	0%	0%
2026 Spring	20	75%	20%	5%	0%	0%
National (n = 2,360)		39%	31%	27%	2%	<1%

2025 Top Hospitals

374th Medical Group at Yokota
 51st Medical Group at Osan
 Bayne-Jones Army Community
 Hospital (ACH)
 Bassett ACH
 Brian D. Allgood ACH
 General Leonard Wood ACH
 Keller ACH
 Naval Hospital (NH) Beaufort
 NH Twentynine Palms
 USNH Sigonella
 USNH Naples
 Weed ACH

Innovation and Adoption of New Technologies

- **Point-of-Care Electroencephalograms (EEGs)** enable real-time detection of non-convulsive seizures, with the opportunity for remote interpretation.
- **Digital pathology** makes diagnostic quality images available across the enterprise, permits use of AI for preliminary image interpretation, as well as allows Joint Pathology Center consultation within hours.
- Evolution toward **remote patient monitoring, remote telementoring, telepresence surgery**, and **robots** learning how to do human surgery

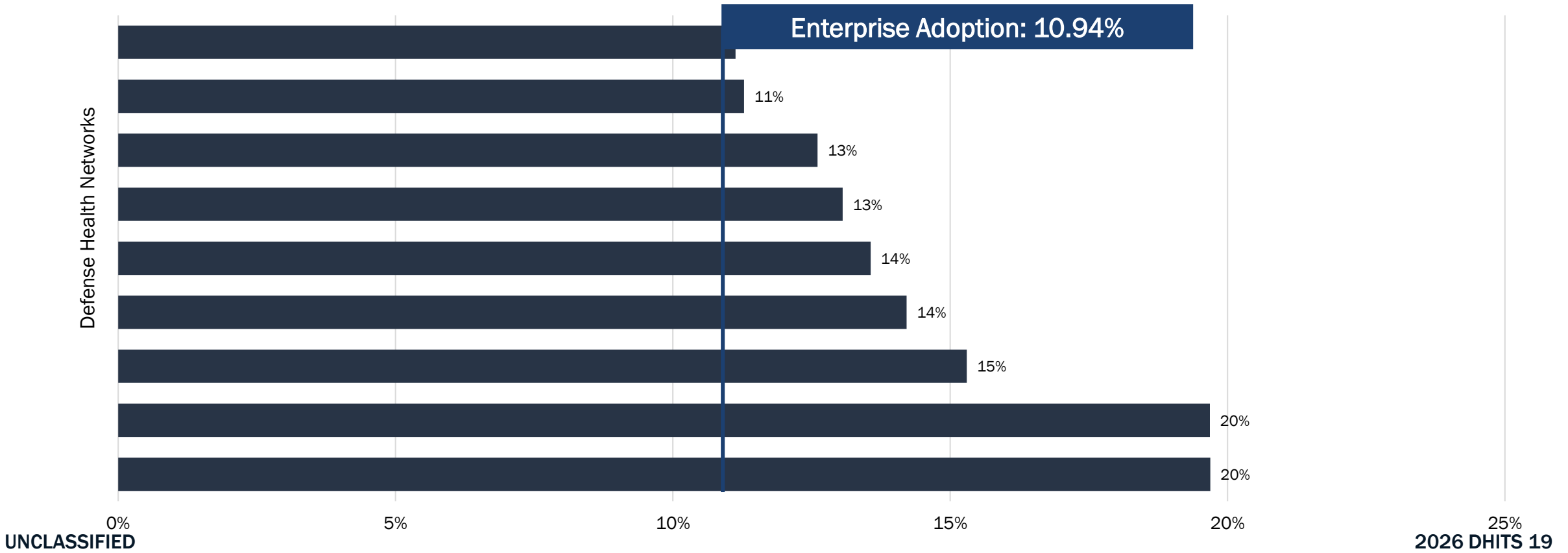
Clinician Engagement, Training and Change Management

- A strong, defensible starting point for **EHR adoption** would be **40% technology** and **60% change management**.
- **Ambient Listening**
 - ~11% enterprise level adoption
 - Adoption varies by specialty

Clinical AI Agent (CAA) Ambient Listening Enterprise Adoption

As of 10 AUG 26, the Enterprise Adoption rate of CAA is 10.94%, shown below by Defense Health Network. Of 37,428 provisioned providers, this reflects those who used CAA out of all providers who logged into MHS GENESIS and have seen at least one patient.

CAA Adoption by Defense Health Network



CAA Ambient Listening Enterprise Adoption by Role

As of 10 AUG 2026, the Enterprise Adoption rate of CAA is 10.94% with the below adoption rates exhibited across the top 15 MHS GENESIS provisioned roles.

Top 15 Roles Adoption Rate Across the Enterprise



Conclusion

- Chief Medical Officers, Chief Nursing Officers, and Chief Dental Officers **bridge the gap** between clinical practice and technology implementation, ensuring that IT solutions effectively support patient care, clinical workflows, and organizational goals.
- Continue work to incorporate **evidence-base practices** directly into workflows at the point of care and measure adherence
- Continue work with **Implementation Science** to build solutions which best meet user needs and accelerate adoption

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Thank you!



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