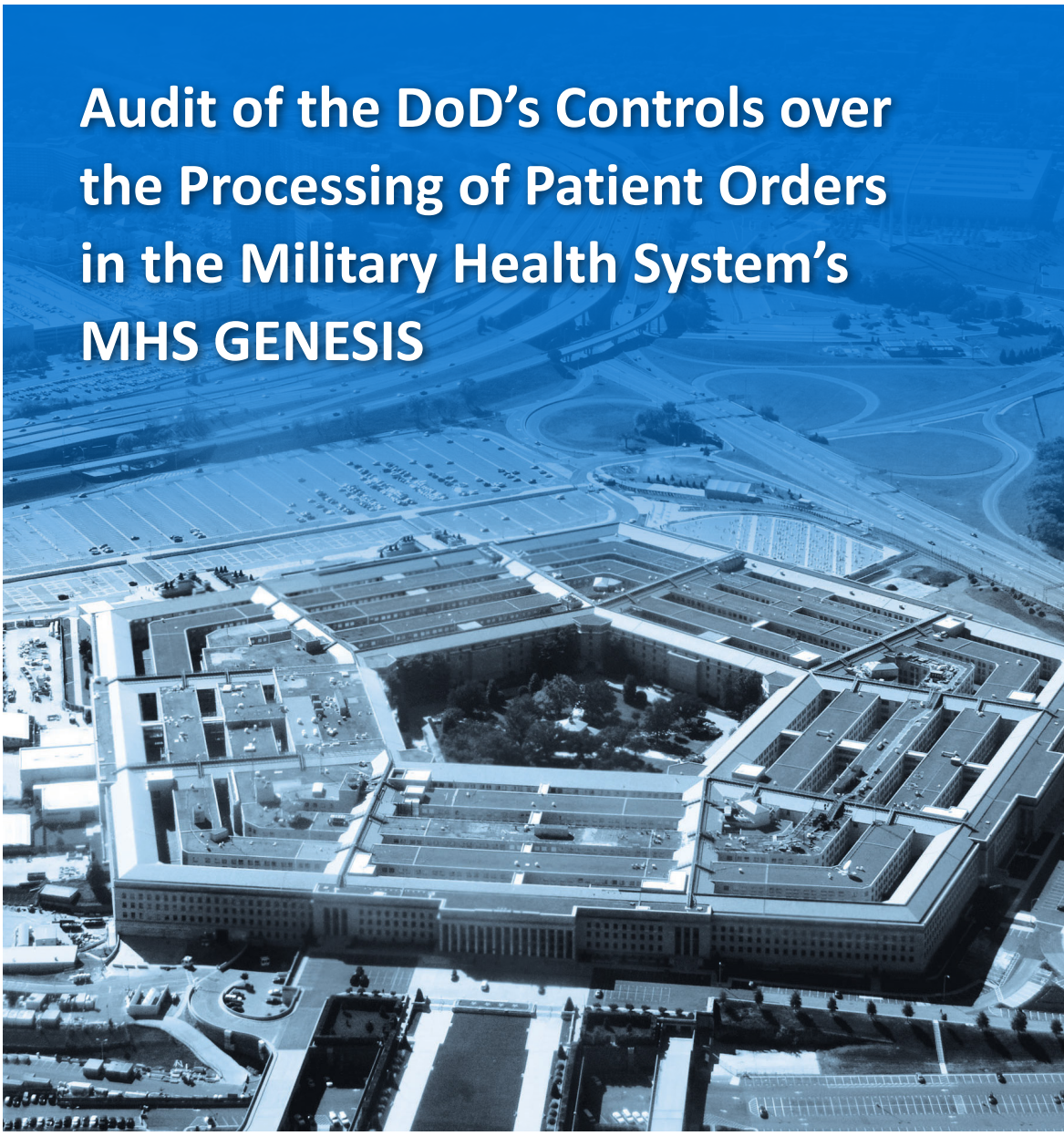
Report No. DODIG-2025-121

INSPECTOR GENERAL

U.S. Department of Defense

JULY 1, 2025

Audit of the DoD's Controls over the Processing of Patient Orders in the Military Health System's MHS GENESIS



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INSPECTOR GENERAL
INTEGRITY
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DEPARTMENT OF DEFENSE

Results in Brief

Audit of the DoD's Controls over the Processing of Patient Orders in the Military Health System's MHS GENESIS

July 1, 2025

Objective

The objective of this audit was to assess the effectiveness of the DoD's process to monitor and manage scheduling requests routed to the Military Health System's MHS GENESIS unknown queue.

Background

Patient orders are routed to the unknown queue when MHS GENESIS detects an input error, such as a missing medical treatment facility location or a military medical treatment facility mismatch to the type of order.

We obtained a universe, as of April 2024, of 347,918 scheduling requests routed to the unknown queue by all medical treatment facilities between January 2021 and December 2023. To assess whether patients received care despite scheduling requests routing to the unknown queue, we selected a statistical sample of 110 of the 2,676 scheduling requests routed to the unknown queue from Naval Hospital Jacksonville and the Alexander T. Augusta Military Medical Center. We selected Naval Hospital Jacksonville based on the Defense Health Agency's (DHA) recommendation and the Alexander T. Augusta Military Medical Center because of its proximity to the National Capital Region.

Finding

The DHA Chief Health Informatics Officer (CHIO) did not implement a process requiring DHA personnel to monitor and manage scheduling requests routed to the unknown queue. The DHA CHIO stated that the DHA did not monitor the unknown queue because they did not believe the routing of those requests adversely affected patient care. We did not identify any instances in which patients did not receive care for 106 of the 110 scheduling requests. For the remaining four scheduling requests, we could not verify whether the patients received care because the electronic health record did not include the results of testing or the clinician was unaware of any test results.

Finding (cont'd)

Although we did not identify any instances in which patients did not receive care resulting from scheduling requests routing to the unknown queue, the DHA may be missing opportunities to identify and resolve systemic errors or prevent future scheduling requests from routing to the unknown queue. Establishing a review process of the unknown queue report could result in system and performance efficiencies and reduce the risk of delayed patient care.

Recommendations

We recommend that the DHA CHIO develop and implement a process to monitor and resolve scheduling requests routed to the unknown queue and configure MHS GENESIS to alert clinicians when an order has an error before generating a scheduling request that routes to the unknown queue.

Management Comments and Our Response

Although the DHA Acting Director, responding for the DHA CHIO, agreed or partially agreed with the recommendations, the actions planned did not meet the intent of the recommendations; therefore, the recommendations are unresolved. We request that the DHA Acting Director or the DHA CHIO provide comments within 30 days in response to the final report to address the recommendations.

Please see the Recommendations Table on the next page for the status of recommendations.

Recommendations Table

Management	Recommendations Unresolved	Recommendations Resolved	Recommendations Closed
Chief Health Informatics Officer, Defense Health Agency	1.a; 1.b	None	None

Please provide Management Comments by July 31, 2025.

Note: The following categories are used to describe agency management's comments to individual recommendations.

- **Unresolved** – Management has not agreed to implement the recommendation or has not proposed actions that will address the recommendation.
- **Resolved** – Management agreed to implement the recommendation or has proposed actions that will address the underlying finding that generated the recommendation.
- **Closed** – The DoD OIG verified that the agreed upon corrective actions were implemented.

OFFICE OF INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
4800 MARK CENTER DRIVE
ALEXANDRIA, VIRGINIA 22350-1500

July 1, 2025

MEMORANDUM FOR CHIEF HEALTH INFORMATICS OFFICER, DEFENSE HEALTH AGENCY

SUBJECT: Audit of the DoD's Controls over the Processing of Patient Orders in the Military Health System's MHS GENESIS (Report No. DODIG-2025-121)

This final report provides the results of the DoD Office of Inspector General's audit. We previously provided copies of the draft report and requested written comments on the recommendations. We considered management's comments on the draft report when preparing the final report. These comments are included in the report.

This report contains two recommendations that we consider unresolved because the DHA Acting Director did not address the specifics of the recommendations. We will track the recommendations until management has agreed to take action that we determine to be sufficient to meet the intent of the recommendations and provides adequate documentation showing that all agreed-upon actions are completed.

DoD Instruction 7650.03 requires that recommendations be resolved promptly. Therefore, please provide, within 30 days, your response concerning specific actions in process or alternative corrective actions proposed on the unresolved recommendations. Send your responses to either [redacted] if unclassified or [redacted] if classified SECRET.

We appreciate the cooperation and assistance received during the audit. If you have any questions, please contact me at [redacted] [redacted]

Carol N. Gorman
Assistant Inspector General for Audit
Cyberspace Operations

Contents

Introduction

Objective

The objective of this audit was to assess the effectiveness of the DoD's process to monitor and manage scheduling requests routed to the Military Health System's MHS GENESIS unknown queue.[1] The previously announced objective of this audit was to assess the effectiveness of the DoD's controls implemented to ensure the proper routing and integrity of patient orders input to the MHS GENESIS electronic health record system. During the audit, we revised the objective to focus on processes for monitoring and managing patient scheduling requests routed to the MHS GENESIS unknown queue.[2] See the Appendix for a discussion on the scope and methodology related to the audit objective.

The Department of Veterans Affairs Office of Inspector General issued a report in July 2022 identifying patient harm caused by delays in care from orders routing to its electronic health record system's unknown queue.[3] We announced this audit to determine whether the DoD had similar issues related to patient scheduling requests routed to the unknown queue.

Background

The National Defense Authorization Acts of FYs 2008, 2014, and 2020 directed the Secretaries of Defense and Veterans Affairs to develop electronic healthcare record systems that would allow the DoD, Department of Veterans Affairs, and external health care clinicians to exchange patient data and records.[4] Electronic healthcare records are real-time, digital, patient records that contain, among other information, a patient's medical history.

In response to the National Defense Authorization Acts, the DoD and Department of Veterans Affairs separately acquired Cerner Corporation's Millennium electronic healthcare record platform, a commercial off-the-shelf system, in July 2015 and May 2018, respectively. The DoD began deploying its version of the platform, MHS GENESIS, in February 2017 throughout the MHS and finished in March 2024.

[1] MHS GENESIS is a registered trademark of the DoD and the Defense Health Agency.

[2] The MHS GENESIS unknown queue is a repository for scheduling requests that, because of an error, cannot be routed to the selected DoD Medical Treatment Facility.

[3] Department of Veterans Affairs Office of Inspector General Report No. 22-01137-204 "The New Electronic Health Record's Unknown Queue Caused Multiple Events of Patient Harm," July 14, 2022.

[4] Public Law 110-181, "National Defense Authorization Act for Fiscal Year 2008," January 28, 2008. Public Law 113-66, "National Defense Authorization Act for Fiscal Year 2014," December 26, 2013. Public Law 116-92, "National Defense Authorization Act for Fiscal Year 2020," December 20, 2019.

MHS GENESIS is the DoD's enterprise solution supporting a system of health care delivery with standardized clinical and business practices. The MHS is the DoD's global network of 736 Military Medical Treatment Facilities (MTFs) and clinicians that provide care to more than 9.5 million DoD members and their beneficiaries.

Processing Patient Orders and Scheduling Requests in MHS GENESIS

DoD clinicians initiate patient orders in MHS GENESIS to request care, such as ordering medications, laboratory testing, and making referrals.[5] Clinicians initiate patient orders in MHS GENESIS and use drop down lists to select additional details for orders. For example, a clinician must use a drop down list to select an MTF location for the chosen diagnostic exam. When a clinician submits an order in MHS GENESIS that requires an appointment, the system generates a scheduling request from the patient order and routes it to the selected MTF. The order remains on the patient's chart and the scheduling request routes to administrative staff to assist patients with scheduling the appointment.[6]

When MHS GENESIS detects an error, such as a missing MTF location or an MTF mismatch to the type of order, MHS GENESIS automatically routes the scheduling request to the unknown queue. Scheduling requests routed to the unknown queue accumulate daily. Between January 2021 and December 2023, the unknown queue included 347,918 scheduling requests. MHS GENESIS users can view scheduling requests in the unknown queue to improve MTF operations using the Unknown Queue and Scheduling List report (referred to as the "unknown queue report" hereafter) in MHS GENESIS.

Roles and Responsibilities for Managing MHS GENESIS and Patient Care

The three following DoD organizations are primarily responsible for managing MHS GENESIS.

- Program Executive Office, Defense Healthcare Management System
- DoD Healthcare Management System Modernization, Program Management Office
- Defense Health Agency (DHA) Health Informatics Division

[5] The term clinician refers to a healthcare professional qualified in the clinical practice of medicine and includes physicians, nurses, pharmacists, or other health professionals.

[6] Some orders, such as a blood tests and x-rays, do not require appointments and do not generate scheduling requests because the test is completed on a walk-in basis.

See Table 1 for a summary of each organization's roles and responsibilities for managing MHS GENESIS.

Table 1. DoD Organizations Primarily Responsible for Managing MHS GENESIS

Organization	Reporting Structure	Roles and Responsibilities
Program Executive Office, Defense Healthcare Management Systems	Led by the Program Executive Officer and reports to the Assistant Secretary of Defense for Acquisition	• Oversees activities of the Defense Healthcare Management System Modernization, Program Management Office
Defense Healthcare Management System Modernization, Program Management Office	Led by a Program Manager and reports to the Program Executive Officer, Defense Healthcare Management Systems	• Oversees the operations and sustainment of MHS GENESIS • Ensures clinicians can access and use MHS GENESIS • Manages enterprise activities for MHS GENESIS, such as software deployment, cybersecurity implementation, and configuration management
Defense Health Agency Health Informatics Division	Led by the Chief Health Informatics Officer (CHIO) and reports to the DHA Director	• Coordinates with the Program Executive Office on new capability releases • Coordinates with Oracle* to develop and implement solutions for proposed configuration change requests • Communicates system changes to MHS GENESIS end users • Develops guidance related to the unknown queue report

* Cerner Corporation was acquired by Oracle Corporation on June 8, 2022, and is now referred to as Oracle Health.

Source: The DoD OIG.

DoD Instruction 6000.14 requires DoD patients to take actions that will facilitate receiving proper care, such as obtaining follow-up care and following treatment plans.[7] Additionally, the Instruction states that patients are responsible for their actions if they either refuse treatment or fail to follow clinician orders.

[7] DoD Instruction 6000.14, "DoD Patient Bill of Rights and Responsibilities in the Military Health System (MHS)," April 3, 2020.

MTFs and Scheduling Requests Selected for Review

We obtained a universe, as of April 2024, of 347,918 scheduling requests routed to the unknown queue by all MTFs between January 2021 and December 2023. We selected Naval Hospital Jacksonville based on DHA's recommendation and the Alexander T. Augusta Military Medical Center because of its proximity to the National Capital Region.

To assess whether patients received care despite scheduling requests routing to the unknown queue, we selected a statistical sample of 110 of the 2,676 scheduling requests routed to the unknown queue from Naval Hospital Jacksonville and the Alexander T. Augusta Military Medical Center.[8] Of the 110 requests,

- 56 were from the Naval Hospital Jacksonville, Jacksonville, Florida; and
- 54 were from the Alexander T. Augusta Military Medical Center, Fort Belvoir, Virginia.

While on site, we met with healthcare clinicians to discuss how they processed patient orders and actions they took to monitor the unknown queue. In addition, we analyzed patient records and discussed each of the 110 scheduling requests in the unknown queue with clinicians. We determined whether the records contained the clinician's order and evidence that the patient received the prescribed care despite the scheduling request being routed to the unknown queue.

[8] Although we used a statistical sample to select scheduling requests at the two MTFs that we visited, we did not project our results because of reliability concerns with the universe of scheduling requests in the unknown queue.

Finding

The DHA Did Not Implement Processes to Manage Scheduling Requests Routed to the Unknown Queue

The DHA CHIO did not implement a process requiring DHA personnel to monitor and manage scheduling requests routed to the unknown queue. The DHA CHIO stated that the DHA did not monitor the unknown queue using the unknown queue report because the CHIO did not believe the routing of those requests adversely affected patient care. We did not identify any instances in which patients did not receive care for 106 of the 110 scheduling requests we reviewed at Naval Hospital Jacksonville and the Alexander T. Augusta Military Medical Center. Specifically, we verified that of the 110 requests:

- patients received care for 93 (85 percent), and
- patients or DHA personnel canceled 13 (12 percent).

For the remaining four scheduling requests, we could not verify whether the patients received care because the electronic health record did not include the results of testing or the clinician was unaware of any test results. Although we did not identify any instances in which patients did not receive care resulting from scheduling requests routing to the unknown queue, the DHA may be missing opportunities to identify and resolve systemic errors or prevent future scheduling requests from routing to the unknown queue. Establishing a review process of the unknown queue report could result in system and performance efficiencies and reduce the risk of delayed patient care.

Review Processes for the Unknown Queue Report Were Not in Place

The DHA CHIO did not implement a process requiring DHA personnel to monitor and manage scheduling requests routed to the unknown queue. The DHA CHIO stated that the DHA created the unknown queue report in 2022 to monitor the unknown queue during MHS GENESIS deployments. The DHA CHIO also stated that the DHA did not monitor the unknown queue or require MTF clinicians to use the unknown queue report because the CHIO did not believe the routing of those requests adversely affected patient care. Instead, the DHA CHIO primarily considered the report one of many tools clinicians could use to support or improve operations at their MTF.

For example, the DHA CHIO stated that in a previous role as the Chief Medical Information Officer for the 59th Medical Wing at Joint Base San Antonio-Lackland, Texas, they used the unknown queue report and identified an issue related to processing cardiovascular orders. The DHA CHIO further stated that they identified that a missing scheduling location caused scheduling requests to route to the unknown queue. The DHA CHIO also stated that the report was the impetus to the MTF submitting a trouble ticket that resulted in a default location automatically populating when clinicians entered certain cardiovascular orders, which prevented future scheduling requests from routing to the unknown queue for that type of error at the MTF.

During the audit, the DHA CHIO developed and posted in October 2023 a "tip sheet" to the DHA's Intranet that described how to use the unknown queue report and submit trouble tickets to resolve scheduling requests in the unknown queue. However, the tip sheet did not require MTF clinicians to use the unknown queue report or describe requirements for monitoring or managing scheduling requests in the report. At Naval Hospital Jacksonville and the Alexander T. Augusta Military Medical Center, MTF clinicians stated that they were unaware of the unknown queue, unknown queue report, or tip sheet for running unknown queue reports.

To evaluate the potential risks of patients not receiving care when scheduling requests routed to the unknown queue, we statistically sampled 110 scheduling requests from Naval Hospital Jacksonville and the Alexander T. Augusta Military Medical Center. We did not identify any instances in which patients did not receive care for 106 of the 110 scheduling requests we reviewed at Naval Hospital Jacksonville and the Alexander T. Augusta Military Medical Center. Specifically, we verified that of the 110 scheduling requests:

- patients received care for 93 (85 percent), and
- patients or DHA personnel canceled 13 (12 percent) for a variety of reasons, including the patient being ineligible for the treatment or failing to schedule the appointment.

For the remaining four scheduling requests for patients who were referred to facilities outside of the MHS, we could not verify whether the patients received care because the electronic health record did not include the results of testing or the clinician was unaware of any test results because the patient's doctor did not provide documentation for any test results.

MTF clinicians stated that patients received prescribed care at the two MTFs because MHS GENESIS retained the order in the patient's chart regardless of whether the scheduling requests were routed to the unknown queue. To determine

whether MHS GENESIS retained the original orders in a patient's electronic health record, we reviewed electronic health records for the 110 scheduling requests in our sample and confirmed that the clinicians' order was in the patients' records. Additionally, clinicians stated that they informed patients of their rights and obligations to obtain follow-up care by posting the "Patient's Bill of Rights" notice at the MTF in high traffic areas and on the public website in accordance with DoD Instruction 6000.14.

Although we did not identify any instances in which patients did not receive care resulting from scheduling requests routed to the unknown queue, regularly monitoring the unknown queue could identify systemic or MTF-specific errors or prevent similar errors from reoccurring. Therefore, the DHA CHIO should develop and implement a process to monitor and resolve, at least quarterly, scheduling requests routed to the unknown queue.

The DHA Did Not Establish Automated Alerts to Notify Clinicians of Errors When Submitting Scheduling Requests in MHS GENESIS

The DHA did not establish automated alerts notifying clinicians of errors when initiating scheduling requests in MHS GENESIS. At Naval Hospital Jacksonville and the Alexander T. Augusta Military Medical Center, MTF clinicians stated that they were unaware that scheduling requests did not correctly route to the intended location because MHS GENESIS accepted the orders. According to the DHA CHIO, MHS GENESIS considered orders that did not contain information in the MTF scheduling location field as an input error, which routed the scheduling request to the unknown queue.

The DHA CHIO confirmed that MHS GENESIS did not notify clinicians when an order had an error that would cause the scheduling request to route to the unknown queue. An automated alert notifying clinicians when an order contained an error could prevent delays in patient care. The DHA CHIO may be missing an opportunity to improve MHS GENESIS and patient care if automatic alerts notify clinicians when errors exist to allow the clinician an opportunity to fix the error and avoid the scheduling request from routing to the unknown queue. Therefore, we recommend that the DHA CHIO configure MHS GENESIS to alert clinicians when an order has an error before generating a scheduling request that routes to the unknown queue.

The DHA is Missing Opportunities to Identify System and Performance Efficiencies and Reduce the Risk of Delayed Patient Care

Although we did not identify any instances in which patients did not receive care resulting from scheduling requests routing to the unknown queue, the DHA may be missing opportunities to identify and resolve systemic errors or prevent future scheduling requests from routing to the unknown queue. The DHA CHIO provided examples that improved MHS GENESIS use and the MTF's ability to provide patient care based on issues identified by MTF clinicians reviewing the unknown queue report and resolved through the ticketing and change management process. Establishing a review process of the unknown queue report by the DHA CHIO and the MTFs could result in system and performance efficiencies and reduce the risk of delayed patient care.

Recommendations, Management Comments, and Our Response

Recommendation 1

We recommend that the Defense Health Agency Health Informatics Division Chief Health Informatics Officer:

a. Develop and implement a process to monitor and resolve, at least quarterly, scheduling requests routed to the unknown queue.

Defense Health Agency Comments

The DHA Acting Director, responding for the DHA CHIO, agreed with the recommendation, stating that monitoring of the unknown queue at a headquarters-level is not recommended. In addition, the DHA's Health Informatics Division will retrain MTF Informatics Steering Committee Chairs and Defense Health Network Chief Health Informatics Officers on how to run the Unknown Queue and Scheduling List report in the Discern Reporting Portal.

Our Response

Although the Acting Director agreed, the planned action does not meet the intent of the recommendation. Retraining the MTF staff to run the Unknown Queue and Scheduling List reports does not address the need for a formalized process for periodically monitoring the scheduling requests that route to the unknown queue to ensure that DHA or MTF officials can identify MTF-specific or systemic errors and prevent similar errors from reoccurring. Therefore, the recommendation is

unresolved. We request that the DHA Acting Director or the DHA CHIO, within 30 days of the final report, provide additional comments to specify how they will develop and implement a process to monitor and resolve, at least quarterly, scheduling requests routed to the unknown queue.

b. Configure MHS GENESIS to alert clinicians when an order has an error before generating a scheduling request that routes to the unknown queue.

Defense Health Agency Comments

The DHA Acting Director, responding for the DHA CHIO, partially agreed with the recommendation, stating that the DHA Health Informatics Division will investigate the viability of implementing a rule that alerts end users if a scheduling request routes to the unknown queue and directs the end user to place a ticket with actionable information. The DHA Acting Director added that to ensure that patients receive tests in a timely manner, the alert rule will not prevent signing the order or the scheduling request routing to the unknown queue.

Our Response

Although the Acting Director partially agreed, the planned action does not meet the intent of the recommendation. The Acting Director stated that the alert will be provided after the scheduling request routes to the unknown queue. However, we recommended that the DHA CHIO configure MHS GENESIS to alert clinicians **before** [emphasis added] a scheduling request is routed to the unknown queue, which would give the clinician an opportunity to immediately identify and correct the error and ultimately reduce the number of scheduling requests that route to the unknown queue. Therefore, the recommendation is unresolved. We request that the DHA Acting Director or the DHA CHIO, within 30 days of the final report, provide additional comments to specify how the results of this investigation will be used to either configure an update to the MHS GENESIS or to justify that an update is not cost effective.

Appendix

Scope and Methodology

We conducted this performance audit from October 2023 through March 2025 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.

The announced objective of this audit was to determine whether the DoD implemented effective controls to ensure the proper routing and integrity of patient orders input to the MHS GENESIS electronic health record system. During the audit, we revised the objective to focus on processes for monitoring and managing scheduling requests routed to the MHS GENESIS unknown queue. The revised objective of this audit was to determine the effectiveness of the DoD's process to monitor and manage scheduling requests routed to the MHS GENESIS unknown queue. We updated the objective as a result of initial audit work revealing the absence of use and knowledge of the unknown queue and the unknown queue report by MTF staff.

We interviewed DHA Health Informatics Division and Defense Healthcare Management System Modernization, Program Management Office officials to understand their roles and responsibilities for managing MHS GENESIS, training users on how MHS GENESIS operates, and managing the unknown queue. We also reviewed DoD Instruction 6000.14 to identify DoD patient responsibilities for following medical and nursing treatment plans, including follow-up care, recommended by clinicians.

We obtained a universe, as of April 2024, of 347,918 scheduling requests routed to the unknown queue by all MTFs between January 2021 and December 2023. We selected Naval Hospital Jacksonville, Jacksonville, Florida, based on the DHA's recommendation and the Alexander T. Augusta Military Medical Center, Fort Belvoir, Virginia, because of its proximity to the National Capital Region.

To assess whether patients received care despite scheduling requests routing to the unknown queue, we selected a statistical sample of 110 (54 from the Alexander T. Augusta Military Medical Center and 56 from Naval Hospital Jacksonville) of the 2,676 scheduling requests routed to the unknown queue from the two MTFs. The unknown queue included 856 scheduling requests from the Alexander T. Augusta Military Medical Center and 1,820 scheduling requests

from Naval Hospital Jacksonville. Although we used a statistical sample to select scheduling requests at the two MTFs that we visited, we did not project our results because of reliability concerns with the universe of scheduling requests in the unknown queue.

We analyzed records from MHS GENESIS and interviewed clinicians, support staff, and patient safety representatives to understand their processes for managing scheduling requests routed to the unknown queue. We reviewed documentation, such as clinician notes and screenshots from MHS GENESIS, to support the completion of care for each of the 110 records reviewed or obtained an explanation from a clinician when documentation did not support care was received. We also reviewed the patient electronic health records to determine whether the clinician's order remained in the chart regardless of the scheduling request routing to the unknown queue.

Internal Control Assessment and Compliance

We assessed internal controls and compliance with laws and regulations necessary to satisfy the audit objective. In particular, we assessed the DHA's controls for monitoring and managing scheduling requests routed to the unknown queue. However, because our review was limited to these internal control components and underlying principles, it may not have disclosed all internal control deficiencies that may have existed at the time of this audit.

Use of Computer-Processed Data

We analyzed computer-processed data from the Discern Reporting Portal in MHS GENESIS to identify the universe of scheduling requests in the unknown queue. To determine the reliability of the data, we interviewed the DHA CHIO and other officials responsible for the data. We also provided the extracted data we obtained from the Discern Reporting Portal to DHA to verify the completeness of the data.

DHA personnel could not confirm the completeness or accuracy the data. Although we could not verify the completeness or accuracy of the data, we used the data for the purposes of this audit because it was the only source available to support the audit objective.

Use of Technical Assistance

We received technical assistance from the DoD OIG Data Analytics Team and Quantitative Methods Division. The Data Analytics Team obtained the universe of scheduling requests from the MHS GENESIS Discern Reporting Portal as of April 2024 that were routed to the unknown queue. They removed data, such as dental and test patient records, that were outside the scope of the audit.

Using the data from the Data Analytics Team, we provided the universe of scheduling requests to the Quantitative Methods Division to develop a statistical sample of scheduling requests routed to the unknown queue from the Alexander T. Augusta Military Medical Center and Naval Hospital Jacksonville. After completing our review of records at the two sites, we informed the Quantitative Methods Division that we had concerns over the completeness and accuracy of the data from the MHS GENESIS Discern Reporting Portal because the DHA could not validate the universe we obtained. Therefore, we did not project the sample results.

Prior Coverage

During the last 5 years, the Government Accountability Office (GAO) and the DoD Office of Inspector General (DoD OIG) issued four reports related to our audit objective. Unrestricted GAO reports can be accessed at http://www.gao.gov. Unrestricted DoD OIG reports can be accessed at http://www.dodig.mil/reports.html/.

DoD OIG

Report No. DODIG-2022-090, "Management Advisory: DoD Health Care Provider Concerns Regarding the Access to Complete and Accurate Electronic Health Records," May 5, 2022

> The DoD OIG administered a survey during the Joint Audit of the Department of Defense and Department of Veterans Affairs Efforts to Achieve Electronic Health Record Interoperability to 7,378 DoD health care providers at 8 DoD MTFs in October 2020 to understand DoD health care providers experiences when accessing electronic health records using MHS GENESIS. The DoD OIG determined that 91 percent of the survey respondents identified inaccurate or incomplete DoD patient health care information in MHS GENESIS and 94 percent indicated that the inaccurate or incomplete information impacted patient care.

Report No. DODIG-2022-089, "Joint Audit of the Department of Defense and Department of Veterans Affairs Efforts to Achieve Electronic Health Record Interoperability," May 3, 2022

The DoD OIG determined that the DoD and Department of Veterans Affairs did not take all actions needed to achieve interoperability. Specifically, the DoD and the Department of Veterans Affairs did not migrate all patient health care information from legacy systems, develop interfaces from all medical devices, and ensure that users had appropriate access related to their roles.

GAO

Report No. GAO-21-571, "Electronic Health Records: DoD Has Made Progress in Implementing a New System, but Challenges Persist," September 2021

The GAO found that although the DoD improved MHS GENESIS system performance and addressed issues experienced at initial sites, issues identified during testing, such as system defects, remain unresolved. The GAO also identified that the DoD faced training and communication challenges in implementing MHS GENESIS.

Report No. GAO-19-488, "DoD Health Care: Improvements Needed for Tracking Coordination of Specialty Care Referrals for TRICARE Prime Beneficiaries," June 2019

The GAO found that five MTFs it visited had incomplete and unreliable data in the Referral Management Suite because of insufficient training and staffing. The GAO recommended that the Secretary of Defense direct the DHA to ensure that MTF referral management center staff are trained to process and accurately document information in MHS GENESIS about specialty care referrals and ensure that MHS GENESIS was configured to produce reports that accurately reflected the use and outcomes of specialty care referrals.

Managment Comments

Defense Health Agency

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

MEMORANDUM FOR THE DEPARTMENT OF DEFENSE INSPECTOR GENERAL

SUBJECT: "Audit of the DoD's Controls over the Processing of Patient Orders in MHS GENESIS" (Project Number: D2024-D000CT-002.000)

The Defense Health Agency (DHA) response to the Department of Defense Inspector General project number D2024-D000CT-002.000 is provided in the attached. The DHA partially concurs with comments on the recommendations that are assigned to the DHA pertaining to scheduling requests routed to the unknown queue.

My point of contact is [redacted], [redacted], who can be reached at [redacted] or [redacted].

[redacted]

David J. Smith, M.D.
Acting Director

Attachment:
As stated

Defense Health Agency (cont'd)

DEPARTMENT OF DEFENSE OFFICE OF THE INSPECTOR GENERAL
DRAFT REPORT DATED APRIL 30, 2025
PROJECT NO. D2024-D000CT-002.000

"Audit of the DoD's Controls over the Processing of Patient Orders in MHS GENESIS"
(Project Number: D2024-D000CT-002.000)

DEFENSE HEALTH AGENCY RESPONSE
TO THE DOD OIG RECOMMENDATIONS

RECOMMENDATION 1a: Develop and implement a process to monitor and solve, at least quarterly, scheduling requests routed to the unknown queue.

Defense Health Agency (DHA) RESPONSE: Concur. Scheduling requests that route to the unknown queue are often related to end-user error or site-specific configuration issues. Therefore, monitoring of the queue at a headquarters-level is not recommended. To mitigate and address future concerns related to the unknown queue, the DHA Health Informatics Division will re-educate military medical treatment facility (MTF) Informatics Steering Committee Chairs and Defense Health Network Chief Health Informatics Officers on how to run the Unknown Queue and Scheduling List report in the Discern Reporting Portal. MTF staff may then provide targeted end-user re-education or leverage our standard issue resolution process to resolve system configuration issues.

RECOMMENDATION 1b: Configure GENESIS to alert clinicians when an order has an error before generating a scheduling request that routes to the unknown queue.

DHA RESPONSE: Conditional concurrence. The DHA Health Informatics Division will investigate the viability of implementing a rule that alerts end users if a scheduling request will route to the unknown queue and directs the end user to place a ticket with actionable information and patient education/direction. However, to ensure that patients receive their tests in a timely fashion, this will not prevent signing the order or the scheduling request routing to the unknown queue.

Acronyms and Abbreviations

CHIO	Chief Health Informatics Officer
DHA	Defense Health Agency
GAO	Government Accountability Office
MTF	Military Medical Treatment Facility

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U.S. Department of Defense

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