Virtual Health for Military Families

0800-0900

26 March 2020

Presenters

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Steven M. Cain, P.A.-C., M.P.A.S

Mr. Steven Cain is a certified physician assistant (P.A.-C.) serving as an advisor to the Connected Health Branch in DHA. Connected Health falls within the Clinical Support Division of Medical Affairs. Mr. Cain is a subject matter expert writing DHA Telehealth (TH) guidance, functional requirements development, telehealth competencies, consultation and enterprise TH planning for the DoD's 9+ million healthcare beneficiaries. Prior to serving at DHA, Mr. Cain served as the Deputy Director of Virtual Health for the Army's Regional Health Command, Europe with a focus on developing novel medical and surgical sub-specialty virtual health programs. His efforts resulted in some of the first In-Home virtual health appointments by specialty care groups in the Military Health System. Mr. Cain has authored and co-authored a number of articles on Telelhealth. Mr. Cain is a graduate of the U.S. Air Force PA Program (1992) through the University of Nebraska and later (2001) received his Masters of Physician Assistant Studies also from the University of Nebraska. Mr. Cain has been a continuously practicing PA for 27 years in varied disciplines including family medicine, general surgery and urology and currently practices at Dover Air Force Base Readiness Clinic.

LTC Robert Cornfeld, M.D.

Lieutenant Colonel Robert Cornfeld is an Army Physician with 16 years of experience as a General Pediatrician and 12 years of experience as a Pediatric Gastroenterologist. He holds a Medical Degree from the Uniformed Services University School of Medicine; a Graduate Certificate in Human Resource Development from the George Washington University School of Education & Human Development; and a Bachelor's degree in History and Biology from Oberlin College. He currently is the Medical Director for the Virtual Medical Center-Europe at Landstuhl Regional Medical Center. Prior assignments include Chief, Department of Pediatrics, Landstuhl Regional Medical Center, Landstuhl Germany; Brigade Surgeon, 18th Military Police Brigade, Grafenwoehr Germany; Chief, Pediatric Gastroenterology, Madigan Army Medical Center, Tacoma Washington; Battalion Surgeon, 2nd Battalion 1st Infantry Regiment, DPC-A Afghanistan; Pediatric Gastroenterology Fellow, Walter Reed Army Medical Center, Washington DC; Staff Pediatrician, Heidelberg Germany; and Pediatric Resident, Madigan Army Medical Center, Tacoma Washington.

LTC Cornfeld is a graduate of the Command and General Staff College, Army Medical Department (AMEDD) Executive Skills Leadership Development Course, AMEDD Officer Advanced Course, and the AMEDD Officer Basic Course.

Prior to his military service, LTC Cornfeld served as a U.S. Peace Corps Volunteer in Sangwali, Namibia; Executive Secretary to the Vice President of MetLife Inc, New York, NY; and an Americorps Volunteer with Habitat for Humanity in Raleigh, North Carolina.

LTC Cornfeld's military awards include Army Meritorious Service Medals, Army Commendation Medals, Army Superior Unit Award, National Defense Service Medal, Global War on Terrorism Service Medal, Army Service Ribbon, and the Parachutist Badge. He was selected as the USU School of Medicine Outstanding Student in Pediatrics and as a member of Alpha Omega Alpha, the national medical honor society. LTC Cornfeld has been selected as a plenary, podium, and session speaker at multiple national and international symposiums.

Disclosures

- LTC Cornfeld and Mr. Cain have no relevant financial or non-financial relationships to disclose relating to the content of this activity.

- The views expressed in this presentation are those of the authors and do not necessarily reflect the official policy or position of the Department of Defense, nor the U.S. Government.

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- Commercial support was not received for this activity.

Learning Objectives

At the conclusion of this knowledge-based activity, participants will be able to:

1. Identify the ways the MHS unifies Virtual Health Capabilities through Implementation of Functional Capability #39.
2. Review the internal and external demand signals driving implementation of Virtual Health.
3. Articulate VH use cases in both Adult and Pediatric Primary and Specialty Care.

Please tell us your role in the MHS?

A. Privileged Provider Type I/II
B. Clinic Care Team: Nurse, Medic, Licensed practical nurse (LPN), Practice manager, Clinic Support
C. Hospital of Clinic Management
D. Regional or Head Quarters (HQ) Administration

Please indicate your Virtual Health Experience?

A. Telephone

B. Email direct to patient and/or Short Message Service (SMS) / Relay Health

C. Video visits with patients

D. All of the Above

What are the most important digital tools the MHS needs in order to support Families and Children's health?

A. Video Visits to the Patients Location (Home, Office, or Remote and Operational)
B. Video Visits between Medical Specialists and Outlying Primary Care Clinics
C. Asynchronous Consultation between providers
D. Improved and secure SMS between patients and providers
E. All of the Above

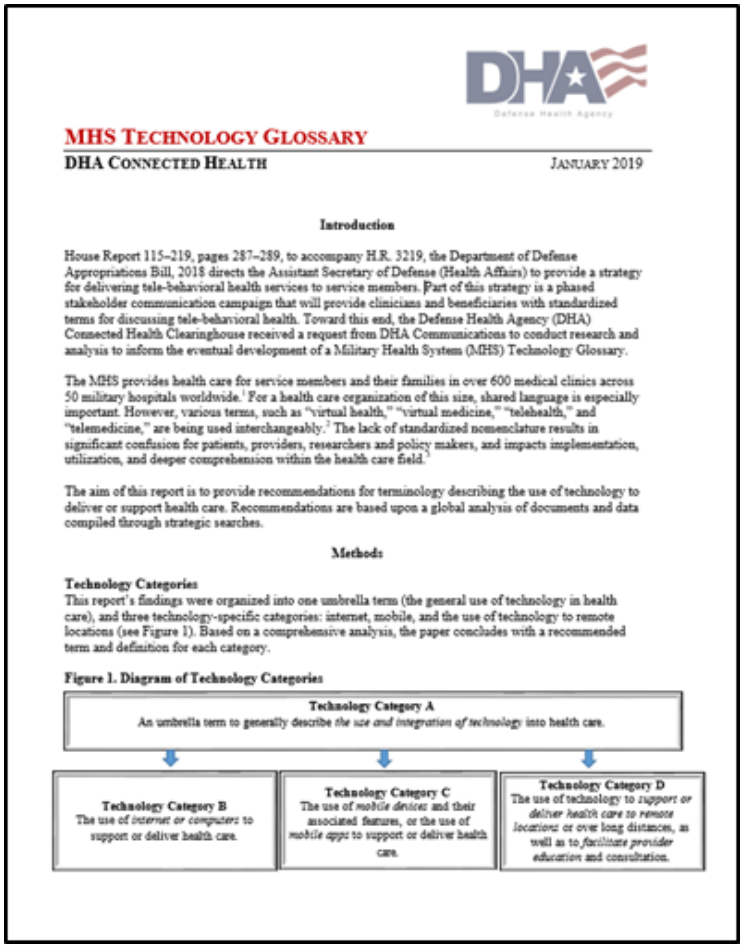
Definition of Virtual Health

- 'Virtual Health' is the use of telecommunications and information technologies to provide health assessment, treatment, diagnosis, intervention, consultation, supervision, education, and information across distances.

- In the MHS, the terms "telehealth", "telemedicine", and "virtual medicine" are equivalent to "virtual health" and are used interchangeably.

Unified VH Terms

researched by Connected Health (CH) Clearing House



MHS TECHNOLOGY GLOSSARY

DHA CONNECTED HEALTH JANUARY 2019

Introduction

House Report 115–219, pages 287–289, to accompany H.R. 3219, the Department of Defense Appropriations Bill, 2018 directs the Assistant Secretary of Defense (Health Affairs) to provide a strategy for delivering tele-behavioral health services to service members. Part of this strategy is a phased stakeholder communication campaign that will provide clinicians and beneficiaries with standardized terms for discussing tele-behavioral health. Toward this end, the Defense Health Agency (DHA) Connected Health Clearinghouse received a request from DHA Communications to conduct research and analysis to inform the eventual development of a Military Health System (MHS) Technology Glossary.

The MHS provides health care for service members and their families in over 600 medical clinics across 50 military hospitals worldwide.[1] For a health care organization of this size, shared language is especially important. However, various terms, such as "virtual health," "virtual medicine," "telehealth," and "telemedicine," are being used interchangeably.[2] The lack of standardized nomenclature results in significant confusion for patients, providers, researchers and policy makers, and impacts implementation, utilization, and deeper comprehension within the health care field.[3]

The aim of this report is to provide recommendations for terminology describing the use of technology to deliver or support health care. Recommendations are based upon a global analysis of documents and data compiled through strategic searches.

Methods

Technology Categories

This report's findings were organized into one umbrella term (the general use of technology in health care), and three technology-specific categories: internet, mobile, and the use of technology to remote locations (see Figure 1). Based on a comprehensive analysis, the paper concludes with a recommended term and definition for each category.

Figure 1. Diagram of Technology Categories

Technology Category	Recommended Term	Recommended Term Definition	Frequency of Term Definition from Literature Search
A. An umbrella term to generally describe the *use and integration of technology into health care.*	**Digital Health**	"The use of digital, mobile and wireless technologies to support the achievement of health objectives. Digital health describes the general use of information and communication technologies (ICT) for health and is inclusive of both mHealth and eHealth." (WHO, 2016)[8]	5 references found in 11 relevant articles.
B. The use of *internet or computers* to support or deliver health care.	**Electronic Health (eHealth)**	"eHealth is an emerging field in the intersection of medical informatics, public health and business, referring to health services and information delivered or enhanced through the Internet and related technologies." (Eysenbach, 2001)[9]	3 references found in 19 relevant articles.
C. The use of *mobile devices* and their associated features, or the use of *mobile apps* to support or deliver health care.	**Mobile Health (mHealth)**	"Medical and public health practice supported by mobile devices, such as mobile phones, patient monitoring devices, personal digital assistants (PDAs), and other wireless devices. mHealth involves the use and capitalization on a mobile phone's core utility of voice and short messaging service (SMS) as well as more complex functionalities and applications including general packet radio service (GPRS), third and fourth generation mobile telecommunications (3G and 4G systems), global positioning system (GPS), and Bluetooth technology." (WHO, 2014)[10]	13 references found in 22 relevant articles.
D. The use of technology to *support or deliver health care to remote locations* or over long distances, as well as *facilitate provider education* and consultation.	**Telehealth**	"Telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications." (HRSA, ND)[11]	3 references found in 20 relevant articles.

DHA Mission

VISION: Unified and Ready...
MISSION: As a Combat Support Agency, the Defense Health Agency leads the MHS **integration** of readiness and health to deliver the Quadruple Aim: improved readiness, better health, better care, and lower cost.

MHS VH Mission and Vision

Vision Statement

Connecting Service Members, their families, and other beneficiaries to optimal health services, wherever and whenever they are needed.

Mission Statement

The Military Health System (MHS) Virtual Health capability uses an empirically driven and Market-based approach to bring health readiness services, assessment, care, health education, and health self-management to beneficiaries throughout the enterprise. This Virtual Health capability is backed by a robust global Virtual Medical Center that allows leveraging of care between Markets, between the Direct and Purchased Care Networks, between Operational and Non-Operational settings, and between the DoD and other partner agencies.

Important VH Policy

Brief History of VH To the Patients Location

2010
Title 10

FY 2012
NDAA

2016
'Woodsen Memo'

TITLE 10—ARMED FORCES

This title was enacted by act Aug. 10, 1956, ch. 1041, §1, 70A Stat. 1

Subtitle		Sec.
A.	General Military Law	101
B.	Army	3001
C.	Navy and Marine Corps	5001
D.	Air Force	8001
E.	Reserve Components	10001

AMENDMENTS

1994—Pub. L. 103-337, div. A, title XVI, §1671(a), Oct. 5, 1994, 108 Stat. 3013, added item for subtitle E.

TABLE I

(Showing disposition of all sections of former Title 10)

Title 10 Former Sections	Title 10 New Sections
66-70b	Rep.
71, 72	Rep.
72a	(See former 1395a)
73	(See former 1377)
74	Elim.
75	(See former 1259d)
76	(See former 1259e)
77	Elim.
81, 81a	Rep.
81-1	3061–3070
81-2	3511, 3685, 3818, 8067, 8685, 8818
82	3579, 8579
83	Rep.
91	Rep.
91a (less (c)–(f))	3294, 8294
91a(c)	3294 nt.
91a(d)	3444, 8444

TABLE I—CONTINUED

(d)(1) Notwithstanding any law regarding the licensure of health care providers, a health-care professional described in paragraph (2) or (3) may practice the health profession or professions of the health-care professional in any State, the District of Columbia, or a Commonwealth, territory, or possession of the United States, regardless of whether the practice occurs in a health care facility of the Department of Defense, a civilian facility affiliated with the Department of Defense, or any other location authorized by the Secretary of Defense.

(2) A health-care professional referred to in paragraph (1) as being described in this paragraph is a member of the armed forces who—

(A) has a current license to practice medicine, osteopathic medicine, dentistry, or an-

PUBLIC LAW 112–81—DEC. 31, 2011

SEC. 713. EXPANSION OF STATE LICENSURE EXCEPTION FOR CERTAIN HEALTH CARE PROFESSIONALS.

(a) EXPANSION.—Section 1094(d) of title 10, United States Code, is amended—

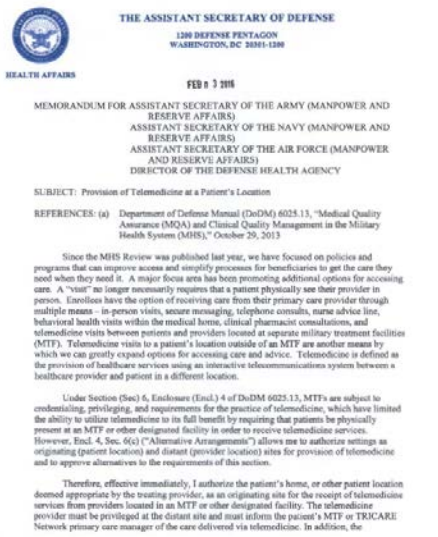
(1) in paragraph (1)—

(A) by inserting "at any location" before "in any State"; and

(B) by striking "regardless" and all that follows through the period at the end and inserting "regardless of where such health-care professional or the patient are located, so long as the practice is within the scope of the authorized Federal duties."; and

(2) in paragraph (2), by striking "member of the armed forces" and inserting "member of the armed forces, civilian employee of the Department of Defense, personal services contractor under section 1091 of this title, or other health-care professional credentialed and privileged at a Federal health care institution or location specially designated by the Secretary for this purpose".

(b) REGULATIONS.—The Secretary of Defense shall prescribe regulations to carry out the amendments made by this section.



THE ASSISTANT SECRETARY OF DEFENSE
1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

FEB 03 2016

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 OF THE DEFENSE HEALTH AGENCY

SUBJECT: Provision of Telemedicine at a Patient's Location

REFERENCES: (a) Department of Defense Manual (DoDM) 6025.13, "Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS)," October 29, 2013

Since the MHS Review was published last year, we have focused on policies and programs that can improve access and simplify processes for beneficiaries to get the care they need when they need it. A major focus area has been promoting additional options for accessing care. A "visit" no longer necessarily requires that a patient physically see their provider in person. Enrollees have the option of receiving care from their primary care provider through multiple means – in-person visits, secure messaging, telephone consults, nurse advice line, behavioral health visits within the medical home, clinical pharmacist consultations, and telemedicine visits between patients and providers located at separate military treatment facilities (MTF). Telemedicine visits to a patient's location outside of an MTF are another means by which we can greatly expand options for accessing care and advice. Telemedicine is defined as the provision of healthcare services using an interactive telecommunications system between a healthcare provider and patient in a different location.

Under Section (Sec) 6, Enclosure (Encl.) 4 of DoDM 6025.13, MTFs are subject to credentialing, privileging, and requirements for the practice of telemedicine, which have limited the ability to utilize telemedicine to its full benefit by requiring that patients be physically present at an MTF or other designated facility in order to receive telemedicine services. However, Encl. 4, Sec. 6(c) ("Alternative Arrangements") allows me to authorize settings as originating (patient location) and distant (provider location) sites for provision of telemedicine and to approve alternatives to the requirements of this section.

Therefore, effective immediately, I authorize the patient's home, or other patient location deemed appropriate by the treating provider, as an originating site for the receipt of telemedicine services from providers located in an MTF or other designated facility. The telemedicine provider must be privileged at the distant site and must inform the patient's MTF or TRICARE Network primary care manager of the care delivered via telemedicine. In addition, the

Covered patients, not providers

"Medically Ready Force…Ready Medical Force"

Important VH Policy

Brief History of VH To the Patients Location

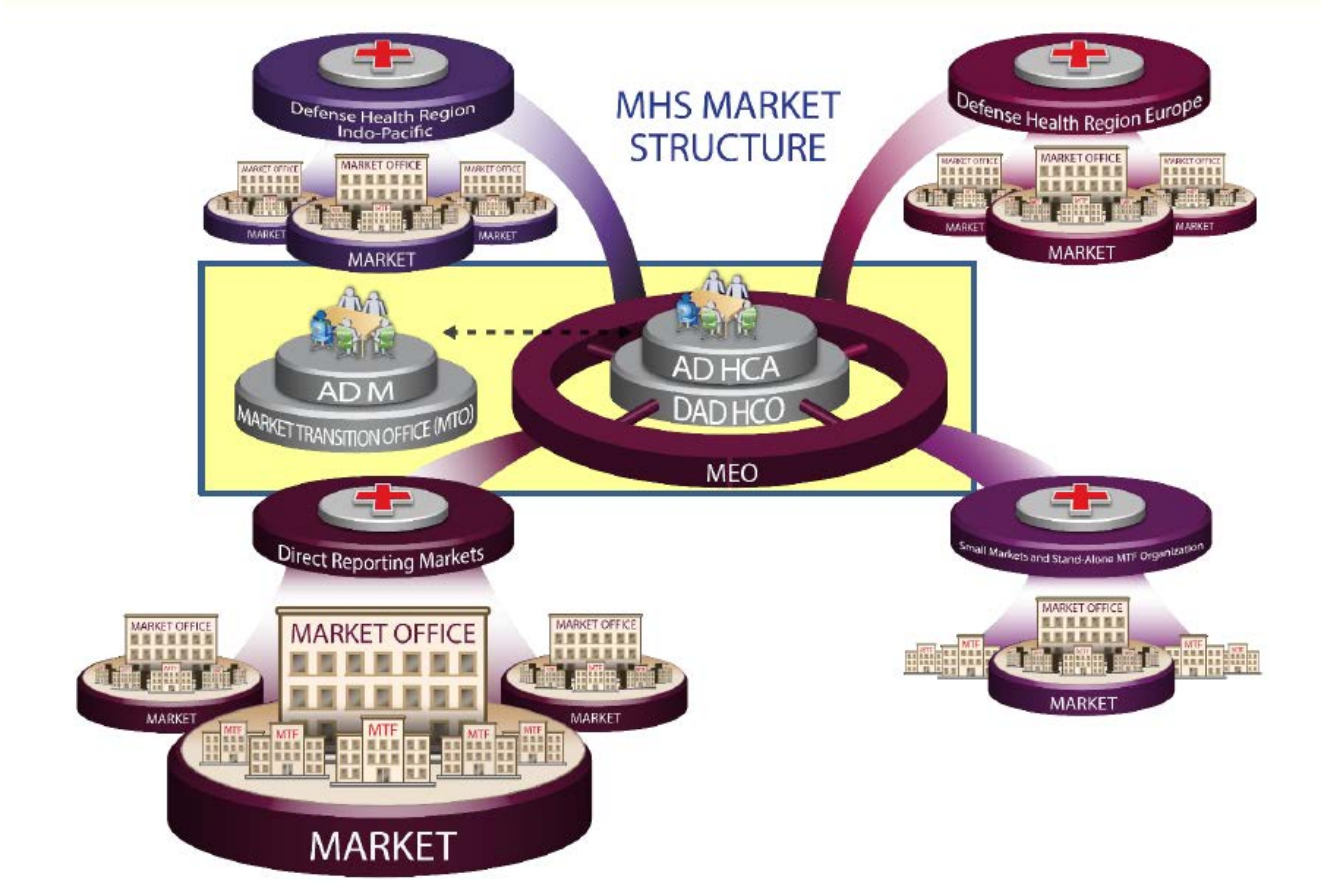
- **DHA-PM 6025.13 (Replaces DOD PM 6025.13)**
- Removes link between provider, patient and MTF.
- Includes MHS Virtual Medical Center (VMC) language and allows for privileging by proxy (PBP) – 'One to Many'
- A Personal Services Contractor or even Active Duty Service Member (ADSM) could practice from a community location (Home)

- **DHA-PI 6025.xx (Replaces DHA-IPM 18-001)**
- Includes more details about how to handle patient care via telephone and VH appointing
- Replacement does not include coding guidance. Will refer to MHS Medical Coding Doc.
- Future single source for coding 'The MHS Medical Coding Guidelines'

- **Section 718, 2017 NDAA Incorporation of Telehealth**

Directs Secretary of Defense to incorporate broad based Telehealth services in the MHS , including mobile health applications, secure messaging : (A**) to improve access to primary care, urgent care, behavioral health care, and specialty care; (B) to perform health assessments; (C) to provide diagnoses, interventions, and supervision; (D) to monitor individual health outcomes of covered beneficiaries with chronic diseases or conditions; (E) to improve communication between health care providers and patients; and (F) to reduce health care costs for covered beneficiaries and the Department of Defense.** Goes on to explain methods **SM, Synchronous Video, RHM and Tricare reimbursement**. **Also requires assessment of the satisfaction of both covered beneficiaries and providers.**

Enterprise VH Capabilities in Market Based System



Courtesy of Connected Health

Building an Enterprise VH Capabilities

The Military Health System (MHS) VH Program. Managed by the DHA and collaboratively executed by the Uniformed Services and Markets. DHA is implementing a multi-year phased transition of military treatment facilities (MTFs) to the authority, direction, and control (ADC) of the Defense Health Agency (DHA).

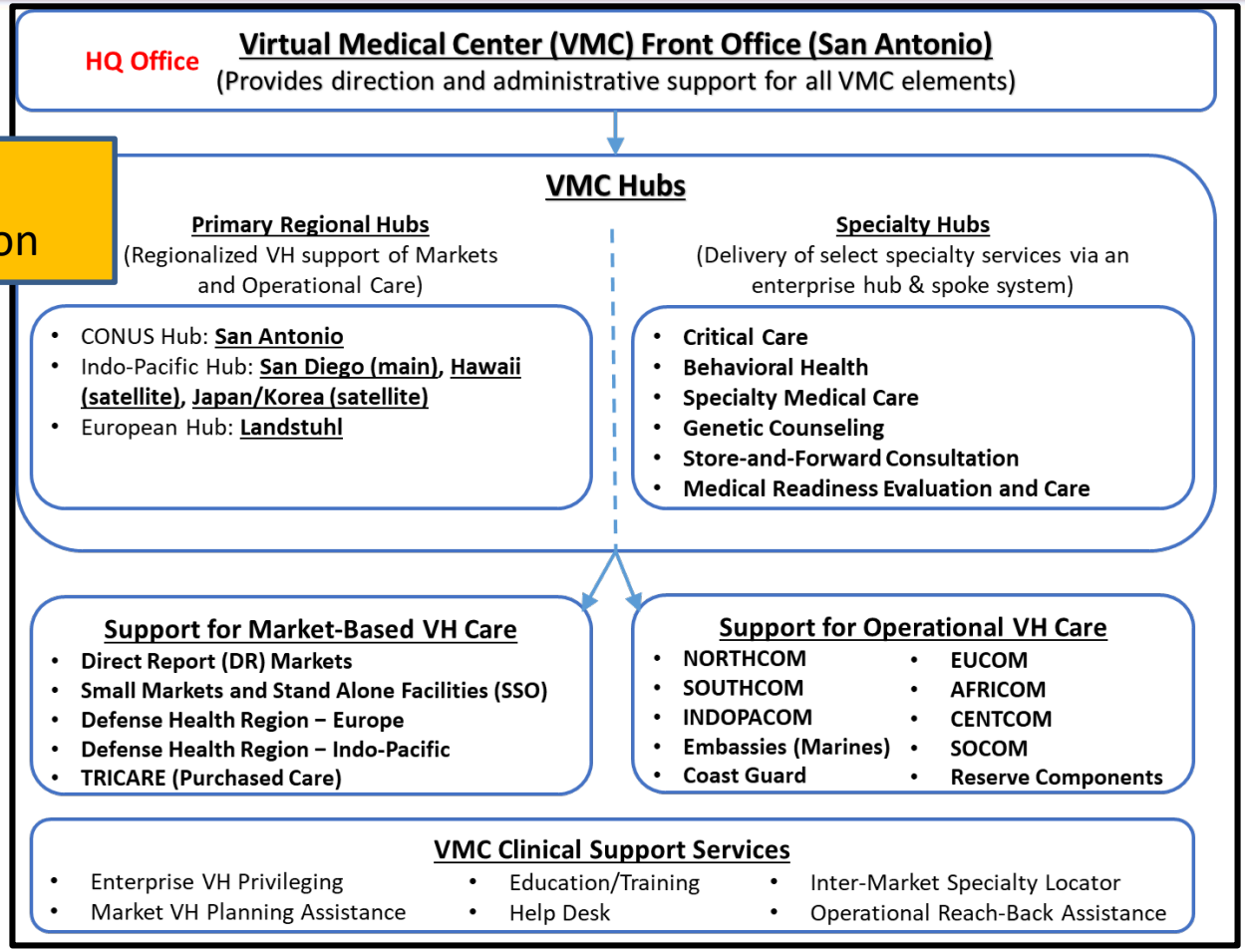
1. **MHS VH Program Management Office.** Responsible for the total lifecycle management of the program including determining the solution(s); its procurement; sustainment
2. **MHS VH Clinical Integration Office (VH CLIO).** Responsible for integrating telehealth as a standard practice across the MHS in the various domains of care through its guidance in a manner consistent with established practice and quality standards of the Joint Commission (JC) and other regulatory requirements. Reports to Deputy Assistant Direct for Medical Affairs (MA) and will develop VH functional requirements, competency management framework, education and training plans and priorities, metrics, analysis, and need & gap validation.
3. **MHS Virtual Medical Center (VMC).** The clinical execution organization for VH care delivery across the Enterprise. The VMC responsibilities include credentialing and privileging by proxy (PBP), need and gap identification and, in a future state, quality and safety and accreditation.
4. **Health Information Operations (IO), Health Informatics, Health Care Operations, Service VH Leads**

Is the VMC a Market? An MTF?

A: Not a Market, sort of an MTF. Acts as a functional overlay to the Markets

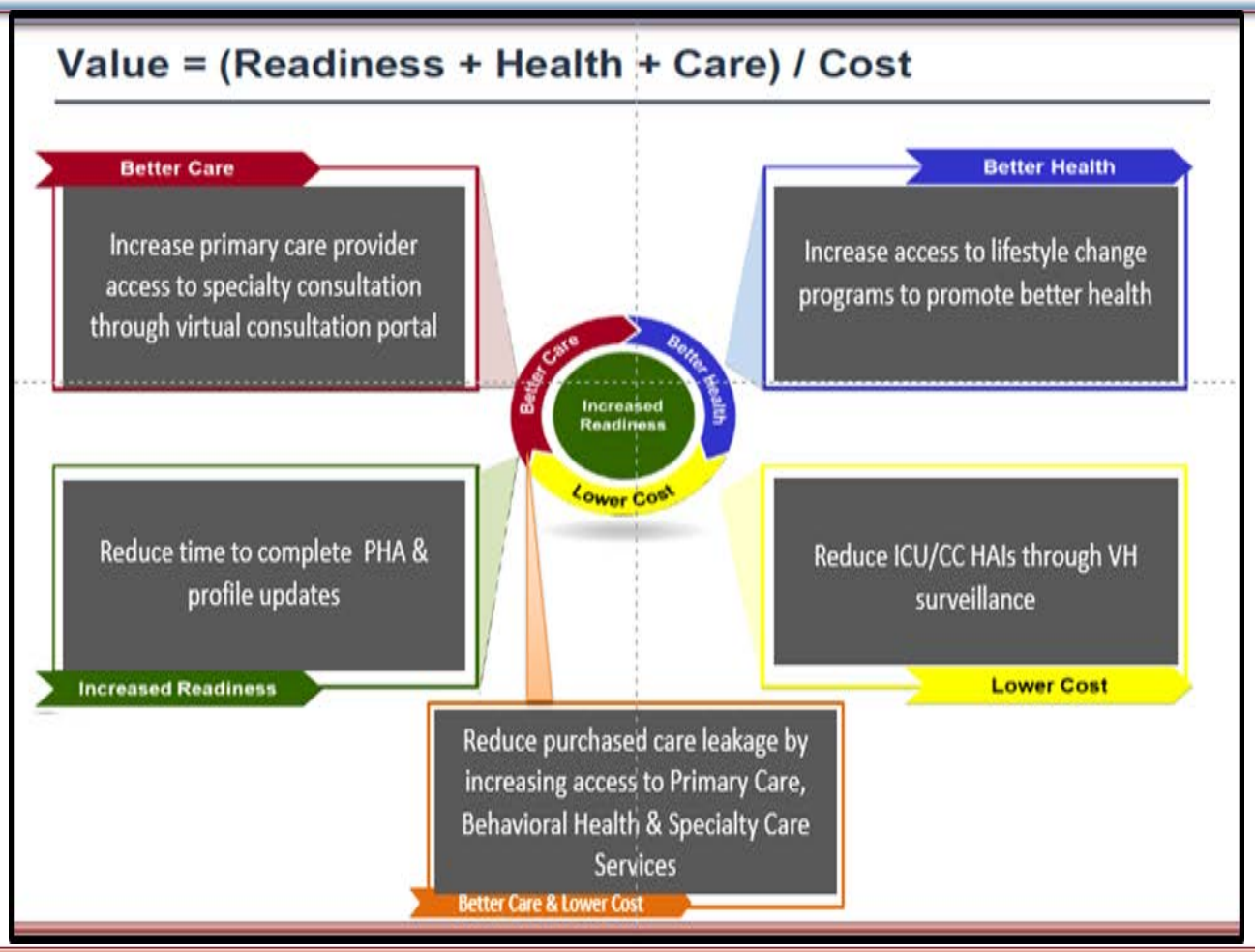
The MHS VMC

Proposed Configuration



Courtesy of Connected Health

MHS VH Efforts linked to Quad Aim



Courtesy of Connected Health

Current MHS VH Community Efforts

- Strategic Planning
- Providing Interim VH Capabilities for Markets (Wave 1)
- VH PMO Acquiring Interim Solution – IPT Set Up to Field
- Working with HI to plan for VH integration with MHS Genesis
- Manpower Studies to staff VH positions in VMC and Markets
- Working to Integrate the VMC and its constituent parts into DHA

Innovation Driven by Need and Capability

Civil War—Telegraph to transmit casualty lists and request supplies

Telegraph

Radio

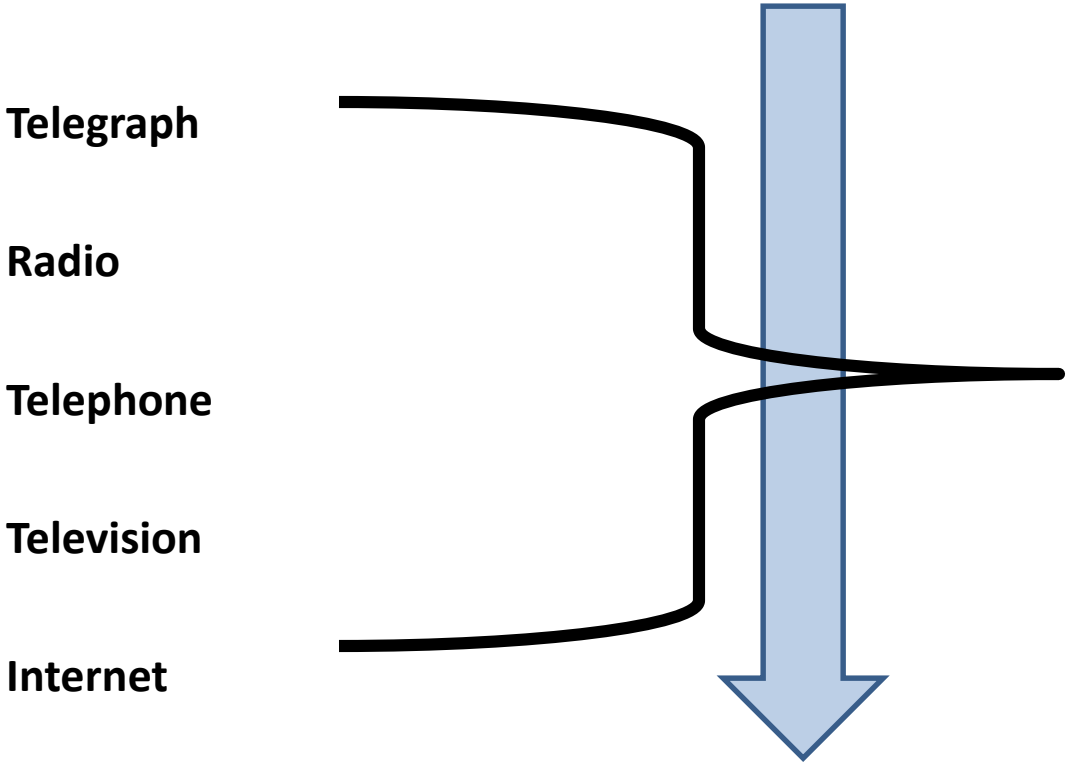
Telephone

Television

Internet

Innovation Driven by Need and Capability

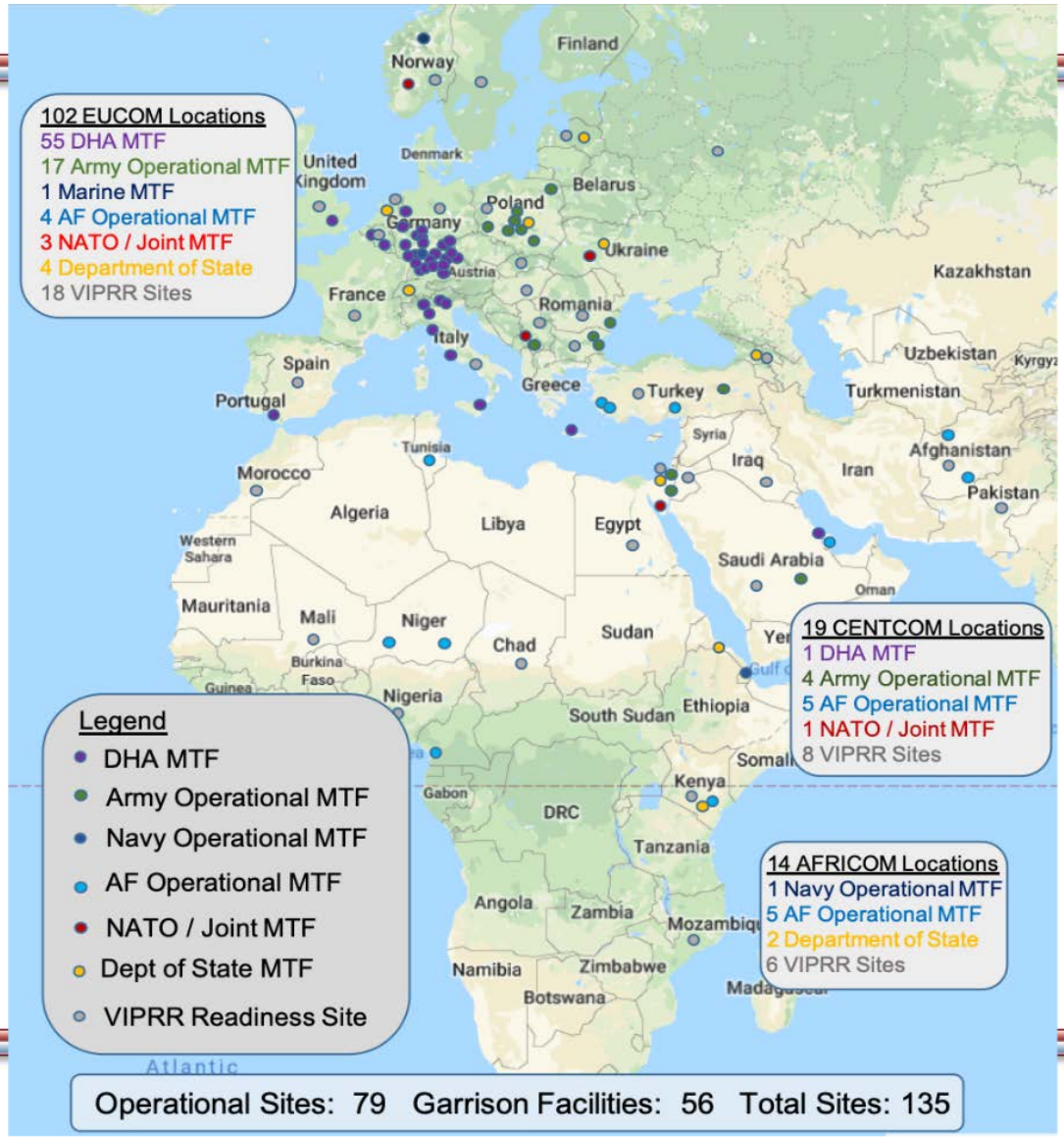
Civil War—Telegraph to transmit casualty lists and request supplies



Adapting the capability to the requirement

Tele-practice, Tele-consultation, Tele-education, Tele-research

Virtual Medical Center OCONUS HUB Footprint



Courtesy of Connected Health

A Day In The OCONUS Virtual Medical Center - European Hub

Virtual Health Europe's Capabilities:

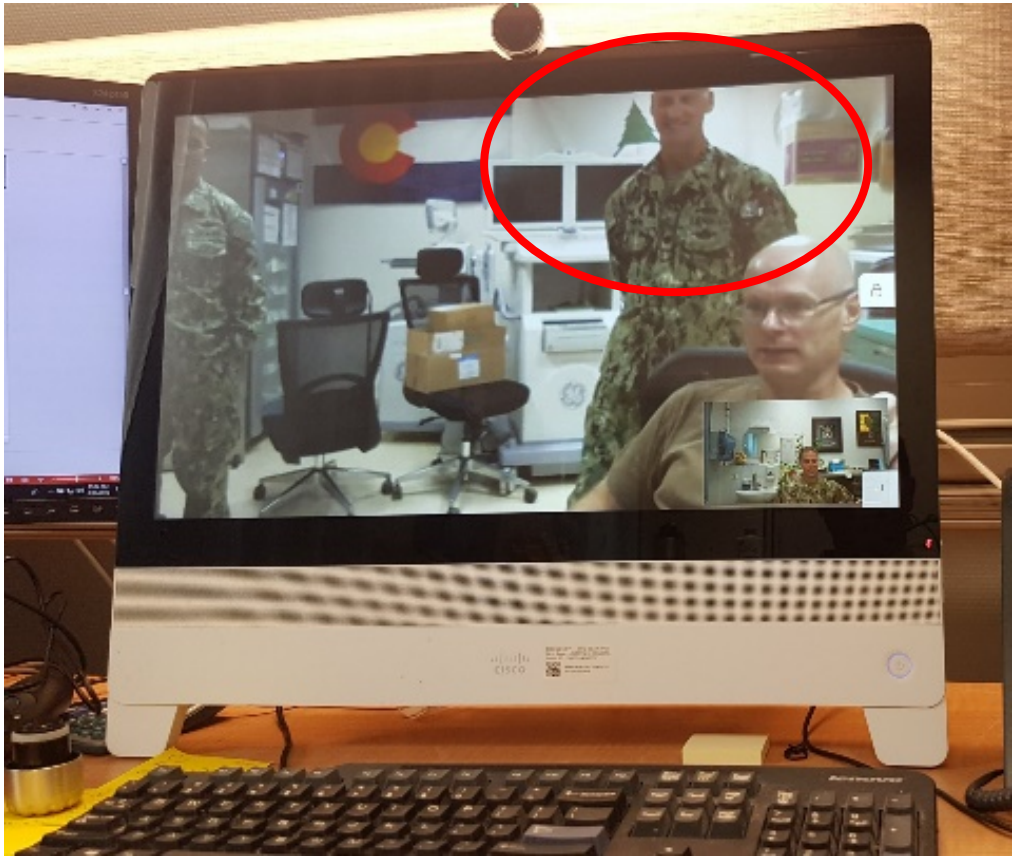
- Integrated Asynchronous and Synchronous video Operations → Link HELP with Video visits
- Dynamic scheduling for patients, providers, and Nurse Presenters → Bring the MEDCEN to the point of need
- Personalized training for Providers and Presenters → Integrate VH into daily use

Virtual Health Results

- 35 VH visits to 79 operational and 56 fixed sites across three Combatant Commands (CCMD)
- 10 Operational Virtual Health Visits are performed
- 300+ providers across 42 Specialties performing Virtual Health
- 1/20 surgeries at Landstuhl Regional Medical Center (LRMC) started with a VH visit

Polling Question

Quadruple Aim: Better Care



Courtesy of Connected Health

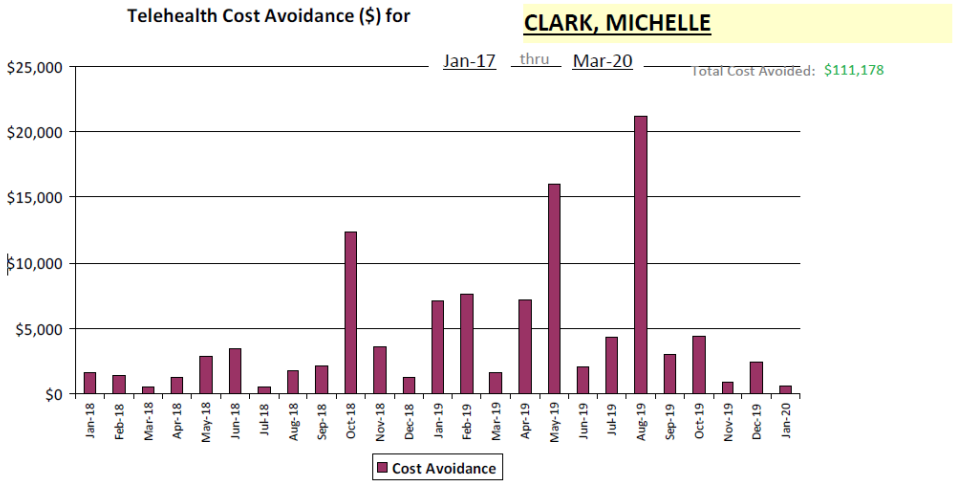
How does the Sailor in the Oval appear?

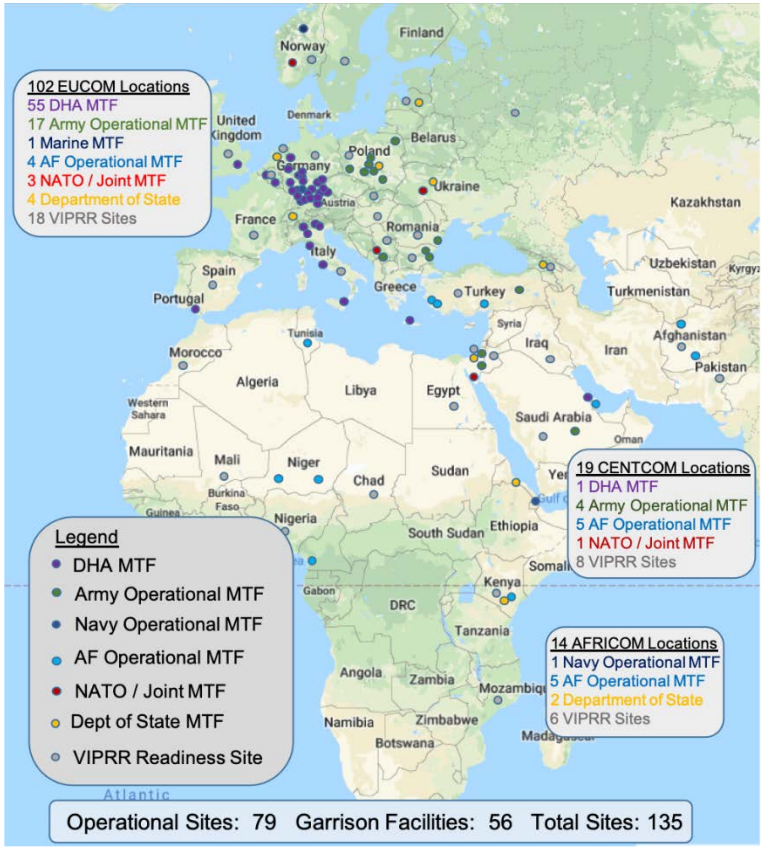
A. Upset
B. Disconcerted
C. Content
D. Pleased

Quadruple Aim through Virtual Health: Access to Care and Lower Cost

Developmental Pediatrics

- Different constructs in Europe and beyond
- Expand reach first to MTFs then beyond
- Evolving care delivery
  - Determine tests required during VH SPEC
  - Perform tests during TDY mission





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Quadruple Aim through Virtual Health: Access to Care and Lower Cost

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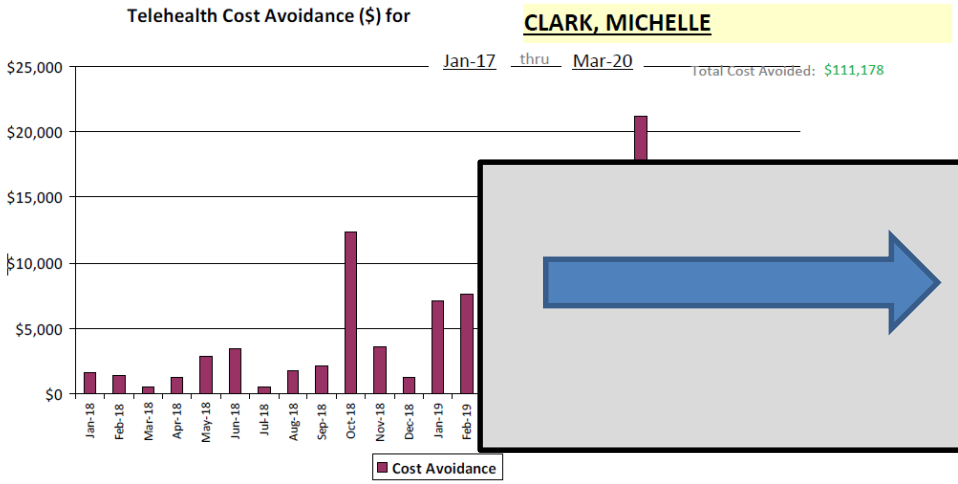

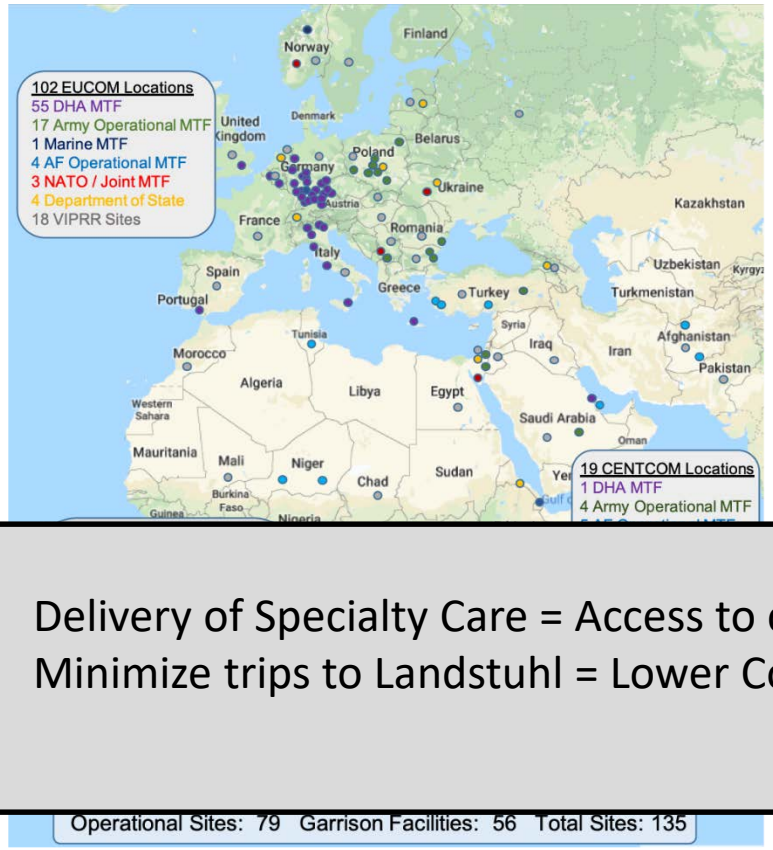

- Delivery of Specialty Care = Access to care
- Minimize trips to Landstuhl = Lower Cost

Courtesy of Connected Health

Defense Health Agency

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

The Use of Telemedicine to Address Access and Physician Workforce Shortages

COMMITTEE ON PEDIATRIC WORKFORCE

Quadruple Aim Through Virtual Health: Readiness and Lower Cost Pediatric Case Study

"A five year old boy from Vicenza, had bilateral ear tubes placed at age one for recurrent ear infections. Through some magical healing, the tube fell into the middle ear and the ear drum healed, causing the ear tube to become stuck in the middle ear behind an intact ear drum. ***Through telehealth, I was able to evaluate the ear and see the tube behind the eardrum, get a computed tomography (CT) ordered at Aviano, then set the patient up for surgery***, and he's having surgery tomorrow (16 August). ***It saved at least two trips to LRMC for evaluation and CT scan and the family was very pleased."***

Lt Col Brent Feldt, MC, USAF
Otolaryngologist

Courtesy of Connected Health

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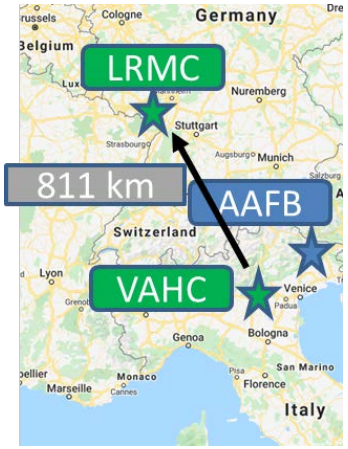


Courtesy of Connected Health

- Parent stays at work = Readiness
- Minimize trips to LRMC = Lower Cost
- Pediatric Surgery = Surgical Readiness

What's A Provider To Do???

Current State:

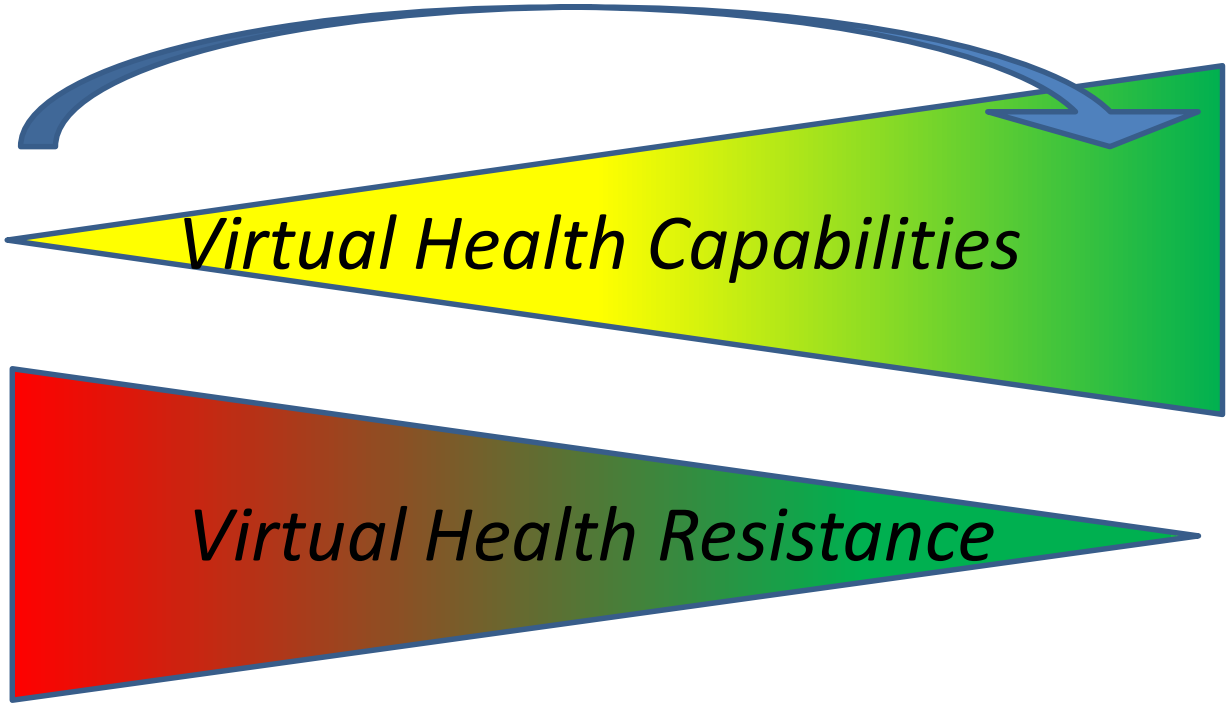
Modalities:
- Telephone, Email

Providers:
- Little benefit to VH

Patients:
- Clear need & desire

Systems:
- Poorly defined

Enterprise:
- Muddied



Future State:

Modalities:
- Telephone, Email, Video

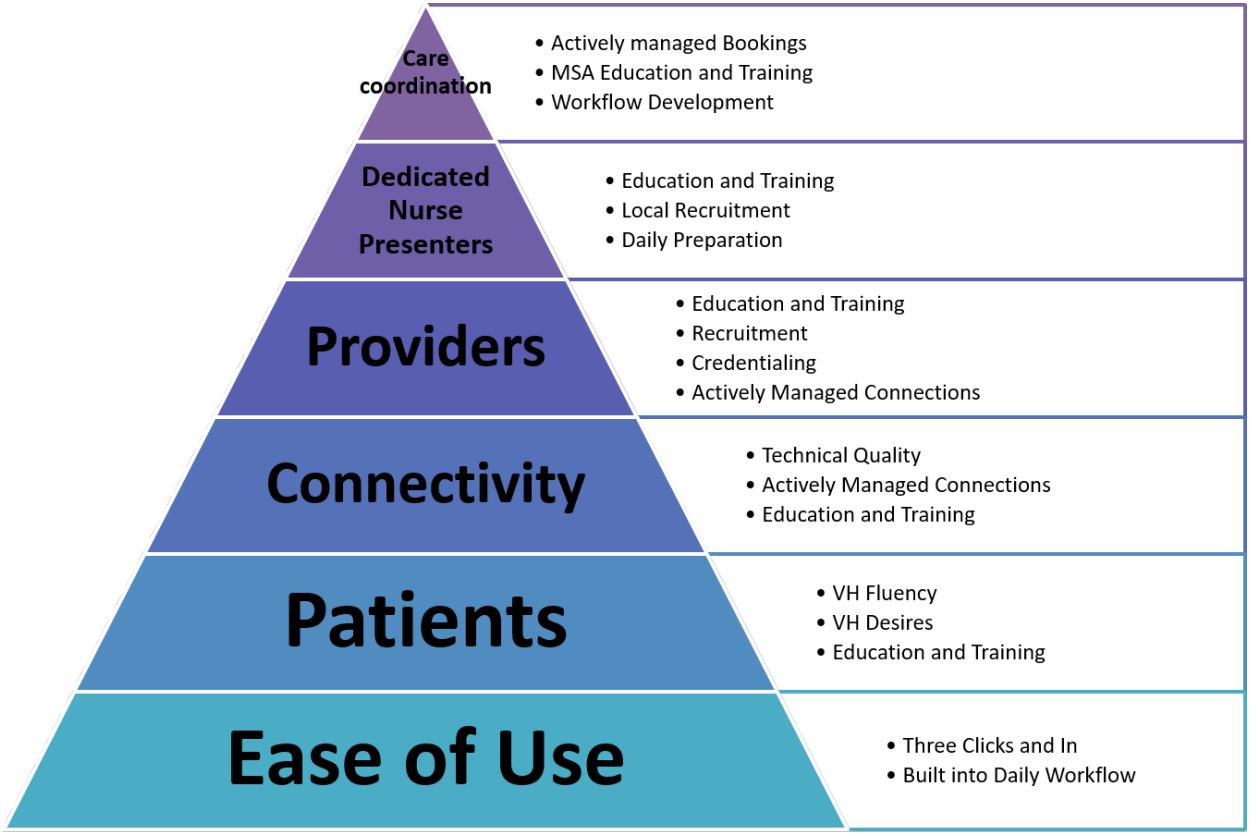
Providers:
- Incentivized
- Enjoy

Patients:
- Clear need…met

Systems:
- Defined

Enterprise:
- Clear priority

Foundational Elements: Siloes and Fractured



Common Themes:

1. Education and Training
2. Recruitment
3. Ease of Use

Which Elements do you have?

1. Jabber vs GVS?
2. VHCCA vs Regional Health Command Europe (RHCE) scheduling?

What's A Provider To Do???

Virtual Health Tenants

1. VH has to be a winner for all actors
    - Enterprise, Providers, Nurses, Patients
    - Schedulers
2. VH requires supportive, permissive leadership
    - "Mission Command"
3. VH has to be easy

Virtual Health Strategies

1. Start slow with quick wins
    - "Screening Visits"
    - Laboratory Results
    - Established patients
2. Add capacity as capability increases
    - Specific types of new patients

Key Takeaways

- Review MHS Definition of Virtual Health
- Illustrate current Service Led Virtual Health Activities
- Demonstrate DHA Implementation and Virtual Health
- Define key guidance advancing Virtual Health in the MHS
- Outline Family and Pediatrics VH Use Cases

References

Defense Health Agency. (2019, August 12). *PLAN 3: Implementation Plan for the Complete Transition of Military Medical Treatment Facilities to the Defense Health Agency*. Version 6.0.

Defense Health Agency, (2019, August 29). *Clinical Quality Management in the Military Health System Volume 4: Credentialing and Privileging*, DHA-PM 6025.13.

Defense Health Agency, (2018, October 19). *Interim Procedures Memorandum 18-016, Medical Coding of the DoD Health Records,* DHA-IPM 18-016.

Military Health System. (2020, February 28). *FY 20-22 Virtual Health Strategic Plan*, (In Draft).

The Use of Telemedicine to Address Access and Physician Workforce Shortages. (2015). *Pediatrics*, *136*(1), 202–209. http://doi.org/10.1542/peds.2015-1253

THANK YOU!

Questions?

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