Military Health System Governance Initiative

Status Update for the DoD Task Force on the Future of Military Health Care

05 September 2007
Background

• PBD 753 directed the USD (P&R) work with the Chairman of the Joint Chiefs of Staff to develop an implementation plan for a Joint Medical Command by the FY 2008 – FY 2013 Program/Budget Review.

• Work group chartered under P&R and Joint Staff

• Recommendations considered by Senior Leadership

• Defense Business Board studied and recommended one route to unification

• P&R and HA advanced an alternative framework to DSD for approval

• DSD approved the framework on 27 NOV 06
DepSecDef Approved Framework – Individual Components

- Joint governance for the National Capital Area, and San Antonio
- Joint governance for the Medical Education and Training Center in San Antonio
- Co-location of the medical headquarters (directed as part of BRAC 05)
- Consolidation of all medical research and development assets
- Joint governance and consolidation of shared MHS services
  Human Capital, Finance, IMIT, Support and Logistics, Force Health
  Sustainment
- Focus the TRICARE Management Activity on health plan management and beneficiary support
Unchanged

• Health Affairs Role
  - MHS Policy
  - Strategy Management
  - DHP Budget and Oversight
  - Communications
  - Legislative Strategy
Further Development December 2006-May 2007

- ASD(HA), the PDASD(HA), the three Service Surgeons General, the Joint Staff Surgeon and the Director, MHS Office of Transformation met to further develop and finalize the concept.

- Adhered to guiding principles contained in 27 November DEPSECDEF Memo:
  - Incremental and achievable steps that will yield increased effectiveness
  - Achieve economies of scale by combining common support functions
  - Preserve Service unique culture for each medical component
  - Support principles of unity of command and effort
  - Create a joint environment for the development of future MHS leaders
  - Maintain USD(P&R) oversight of the Defense Health Program
Assumptions

- Practical, executable, incremental approach that provides a unifying structure for all MHS shared support activities.
- Achieve outcomes within current Command authorities
- MHS must have the ability to modify course if positive outcomes are not achieved
- Meet BRAC timelines and preserve ability to meet mission requirements/OPTEMPO

Evolving Concept – Defense Health Agency with subordinate field activities

- Consistent with DEPSECDEF intent
  - Alters reporting chain for consolidated research and development,
  - Alters reporting chain for education and training
- Services remain in control of deployable assets and operational medicine capabilities
Notional Chart: MHS with DHA and Subordinate Field Activities

Note:
- DHA personnel would be drawn from personnel now working in TMA or Service Medical departments
- The DHA would have a headquarters component co-located with Service Headquarters functions
MHS Mission: To enhance DoD and our Nation’s security by providing health support for the full range of military operations and sustaining the health of all those entrusted to our care.
Way Ahead

- Draft Proposal for Defense Health Agency in formal coordination – expect to forward to DEPSECDEF Sep 2007
- Moving forward with Joint Governance for NCR
  - RADM Mateczun appointed as Director, Joint Task Force National Capitol Region Medical (JTF CapMed)
  - Transition Team to be established by 01 October 2007
- Establishment of an OIPT to Develop Concept for Consolidated Research and Development by Dec 2007