Determining the Appropriate Manpower Mix within Navy Medicine
Presented to the Task Force on the Future of Military Healthcare

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Overview

- Endstrength Status

- Methodologies/models to determine appropriate manpower mix for “dual” missions

- Military-to-Civilian Conversion Status
Medical Military/Civilian Endstrength: 2004-2013

- 21% DON Military End Strength Reduction FY04-FY13.
- 28% DHP Military Medical End Strength Reduction FY04-FY13.
- CIVPERS growth offsets military reduction due to conversions.
Defining the Right Manpower Mix

Desired Effects
1. Provide prepared forces
2. Provide quality care efficiently

Labor Demand Signals
Operational Support Algorithm
Business Planning Production Targets

Military Essential

Federal Civilian

In-house Contract

TRICARE Network

- Daily operational support
- Operational surge capability
- Sustainment training, TPPH, Net rotation base
- Federal civilians/Contracts not available or affordable.

- Meets IGCA requirements?
- Inherently governmental?
- Organic resources are available with appropriate skills?
- Availability, affordability, ability to hire?

- Already performed by a contractor?
- Work is short in duration?
- Total contract costs less than Federal civilian?
- Require service to be in direct care system?

Guiding Principles and Necessary Outcomes

DoDI 1100.22: Guidance for Determining Workforce Mix

Operationally focused
Dual use providing the health benefit
Production at the right cost

Flexible in complex environments
Managed and defined career path
Diversity throughout
Defining Military Essentiality

OSD Guidance and OA Studies → Required Medical Capability → Total Military Medical Requirement

- Theater Security Cooperation
- Humanitarian Assistance
- Availability/Affordability

Meeting Operational Demands
Operational Support Algorithm (Tri-Service/OSD Validated Method)

Daily Operational Support + Surge + Force Sustainment = OSA

Navy/USMC Organic
- OCONUS MTF
- Isolated CONUS MTF
- R&D, HQ, Trainers

Fleet & Marine Forces
- Hospital Ship
- Expeditionary Med Facilities
- OCONUS MTF

Training
- TPPH, Net Rotation Base

Inputs to OSA, driven by Navy and Marine Corps Operational requirements, determine military medical requirements.
Spectrum of Health Care
Readiness and Benefit

**Readiness Mission**

- USN/USMC Organic
- Daily Operational Support
- Surge
- Force Sustainment

**Military’s Dual Use/Dual Mission**

- Military Treatment Facility and Training
  Health Care Delivery

**Benefit Mission**

- DHP Owned/Controlled
- TRICARE (Purchased Care)

Readiness mission subsidizing the benefit mission
Impact of Manpower Mix

• Recruitment and Retention (R&R)
  – Military requirement (OSA) drives R&R needs
  – Non-military requirements based on inherently governmental guidance and availability/affordability issues.

• Cost, quality, and access
  – Cost effectiveness key to decision making.
  – Quality and access can be met by all labor types.

• Efficiencies and cost-savings
## Military to Civilian Conversion Status

<table>
<thead>
<tr>
<th>NAVY MEDICINE TOTAL CONVERSIONS</th>
<th>FY05</th>
<th>FY06</th>
<th>FY07</th>
<th>FY08-13*</th>
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<tbody>
<tr>
<td>Military Billets Converted</td>
<td>1,772</td>
<td>215</td>
<td>689</td>
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<td>Hiring Plan for Civilian Positions</td>
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<td>Civilian Positions Hired</td>
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<td>Percent Hired</td>
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<td>73%</td>
<td>2%</td>
<td>0%</td>
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</tbody>
</table>

* Draft FY08 NDAA (House), Sec 704: Prohibition of conversions on/after 1 Oct 07.
Military to Civilian Conversion Overview

• Lessons Learned
  – Mission sets evolving
  – Federal civilian recruiting

• Challenges
  – Civilian markets change
  – Large scale competition from civilian market place and other Services

• Factors for Success
  – Hiring policy
  – Hiring actions to ensure cost, quality, and access not impacted.