



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

SEP 30 1996

MEMORANDUM FOR TRICARE LEAD AGENTS

THROUGH: SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Policy for Inclusion of Dentistry in TRICARE
Regions

Reference my Memorandum of January 29, 1996, on Inclusion of Dentistry in TRICARE Regions.

It is Department of Defense (DoD) policy that oral and dental health care be included as an integrated part of each TRICARE Region. The attached [Tri-Service Dental Chiefs Council Memorandum](#), with attachments, of June 3, 1996, gives excellent guidance that may be considered in integrating oral and dental health care into the TRICARE Regions. Dental integration should include participation in TRICARE Region Quality Assurance Committees. While Lead Agents communicate and work in concert with regional medical/dental treatment facility commanders, Service headquarters' staffs and Health Affairs (HA), it must be clearly understood that a parallel system of "Dental Lead Agents" is inappropriate. To obviate any confusion, the term "Dental Lead Agent" should not be used in describing integration of dentistry into the TRICARE Regions. Inclusion of dentistry in TRICARE Regions in no way implies any command and control relationship between the Lead Agent and dental treatment facility commanders.

Please forward your regional plan for integrating oral and dental health care into your TRICARE Region by September 30, 1996. My point of contact is Colonel Marvin Bennett, USAF, DC, who may be reached at (703) 695-6800.

A handwritten signature in black ink, appearing to read "Stephen C. Joseph". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Stephen C. Joseph, M.D., M.P.H.

Attachment:

As stated

cc:

Service Dental Chiefs

HA POLICY 96-06

MEMORANDUM FOR LEAD AGENTS

3 June 1996

FROM: Tri-Service Dental Chiefs

SUBJECT: Inclusion of Dentistry in TRICARE Regions

To assist you in responding to the [ASD\(HA\) 29 January 1996 memo](#) (Atch 1), we are forwarding a proposed plan for establishing [Dental Lead Agents \(DLA\) in the TRICARE regions](#) (Atch 2). We feel that the most effective, manageable approach to including dentistry in the Lead Agent regions would be through the use of a basic, standard plan which can be tailored to meet the needs of the geographic locations. The proposed guidelines were developed using the Lead Agent Guidelines memo from OASD(HA), 7 November 1995. The DLA guidelines provide generic directions in establishing the structure and function of DLAs within the regional TRICARE system.

The purpose of Dental Lead Agents will be to manage and support the delivery of dental care to active duty and eligible beneficiaries within the established TRICARE regions. The proposed plan basically requires that:

- a. the DLA be located at the existing TRICARE Lead Agent locations.
- b. a Dental Advisory Board be established for each region comprised of a DLA appointed from the same Service as the TRICARE Lead Agent and a senior dental representative from each of the other Services within the region. By utilizing dental personnel currently assigned within the existing TRICARE regions and the current Lead Agent staff to provide necessary support to the DLA, establishing the DLA would not require additional resources.
- c. the DLA coordinate regional dental activities with the TRICARE Lead Agent and report to a Dental TRICARE Executive Board comprised of the Dental Chiefs of the Army, Navy, and Air Force. We will provide appropriate

information and reports on TRICARE dental activities to our Surgeons General and ASD(HA).

We hope that you can use this package to respond to Dr. Joseph's request to integrate dentistry into the regional TRICARE Lead Agent system. Feel free to contact our Headquarters staff for additional information or assistance.

WILLIAM H. SNELL
Rear Admiral, Dental Corps
Chief, Navy Dental Corps

JOHN J. CUDDY
Major General, DC
Chief, Army Dental Corps

THEODORE C. ALMQUIST
Brigadier General, USAF, DC
Assistant Surgeon General for Dental Services

Attachments:

1. ASD(HA) 29 Jan 96 Memo
2. Proposed Dental Lead Agent Guidelines

cc: Dental Commanders at Lead Agent Locations



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JAN 29 1996

MEMORANDUM FOR TRICARE LEAD AGENTS THROUGH:
SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Inclusion of Dentistry in TRICARE Regions

I have recently met with the TriService Dental Chiefs and expressed my desire that dentistry be included as an integral component of the regional TRICARE system. Our Military Health Services System (MHSS) must not exclude important and critical components of an integrated health care delivery system for our beneficiaries.

In that vein, I request that the Lead Agents immediately initiate movement toward substantial and meaningful inclusion of the dental resources in your respective regions in order that we can truly have an integrated health care delivery system worldwide. Please formally report your progress to me by the summer TRICARE

conference in July 1996.

The Service Dental Chiefs have developed a dental readiness metric that will allow the Services and the Department to assess the readiness of our active duty forces accurately. On a quarterly basis, the Dental Chiefs will report to the Assistant Secretary of Defense (Health Affairs) through their Surgeons General the Dental Readiness of all our active duty forces. Our goal is to achieve 95 percent of all active duty forces in dental classification 1 or 2. To meet this formidable goal, we need to incorporate the dental health care delivery system into the regional TRICARE system as soon as possible.

I look forward to your reports of progress in truly integrating our MHSS!



Stephen C. Joseph, M.D., M.P.H.

cc:
Service Dental Chiefs

DENTAL LEAD AGENT (DLA) GUIDELINES

These guidelines are designed to clarify DLAs' roles without being prescriptive, therefore, allowing for variation in execution based on the needs of each region. They are NOT intended to construe that the DLA is the exclusive stakeholder of these responsibilities, nor do they imply any command and control relationship between the DLA and the military treatment facility (MTF/DTF) commanders within the region. DLAs are to communicate and work in concert with the regional MTF/DTF commanders, as well as the TRICARE Medical Lead Agents, Service headquarters' staffs, and Health Affairs (HA) to support the MHSS mission. These guidelines are not all encompassing in order that the geographic locations can tailor them to meet their unique needs. The guidelines should provide additional insight into the MHSS leadership's view of the DLAs' role.

Dental Lead Agents will assume the following responsibilities:

A. Readiness

- (1) Support contingency operations, including backfill requirements, through resource sharing or other resource support arrangements to ensure effective coverage during contingencies and mobilization
- (2) Support ongoing dental personnel readiness training
- (3) Support dental activities to attain readiness goals for dental class 1 and 2

B. Development and Execution Of Regional Dental Primary Care Managers (PCMs) Service Plan

- (1) Maintain regional points of contact to match the demand with the appropriate treatment resources
- (2) Coordinate rightsizing and skill mix across region, making recommendations to the Dental TRICARE Executive Board and HA
- (3) Participate in decisions related to availability of clinical services at regional MTFs/DTFs
- (4) Resolve coordination issues with overlapping catchment areas
- (5) Support facilities projects for sustaining and improving services
- (6) Coordinate plans for health promotion and preventive services
- (7) Assist Services and HA in developing universal definitions and standards for PCMs, specialty services, and ancillary support

C. Regional Business Management

- (1) Encourage and advocate change in re-engineering dental health care delivery to improve cost, quality, and access
- (2) Support MHSS metric standardization of data and Federal Dental Services standardized dental health metrics across region
- (3) Coordinate management practices to optimize access to dental care
- (4) Participate in and promote business practice improvements
- (5) Include business case management in technology decisions
- (6) Facilitate planning focused on creating incentives to optimize full utilization of MTFs/DTFs throughout the region

D. Marketing

- (1) Promote MTF/DTF staff education in Dental Lead Agent, TRICARE, and MHSS activities
- (2) Educate beneficiaries in regional managed dental care concepts and practices

E. Integration issues

- (1) Collaborate to achieve MHSS goals
- (2) Facilitate ongoing, timely communication to the MTFs/DTFs and encourage feedback
- (3) Recognize command prerogatives
- (4) Keep military chain of command, Service Dental Chiefs, Service SGs, and HA informed of ongoing issues
- (5) Coordinate activities with other agencies (VA, PHS, etc)

F. Information Management Support Systems

- (1) Actively pursue the definition and documentation of information management support needed by DLAs
- (2) Work with MTFs/DTFs, other DLAs, Executive Agents, Services, and HA to assure region-wide deployment planning and execution and to ensure integration/coordination across multiple information system projects including the Defense Dental Standard System (DDSS)
- (3) Participate in automated information systems projects and programs to assure that Dental Lead Agent requirements are met

G. Training

- (1) Support cooperative professional, managerial, and technical training across the region