Joint/Unified Medical Governance Initiative

Brief to the Defense Health Board

5 December 2006
Purpose

Way Ahead

for the Military Health Service (MHS)

Joint/Unified Medical Governance Initiative
Background

• PBD 753 directed the development of an implementation plan for a Joint Medical Command by the FY 08 – FY 13 Program/Budget Review
• Work group chartered under P&R and Joint Staff
• Recommendations considered by Senior Leadership
• DBB studied and recommended going forward
• P&R and HA took the concept in this brief to DSD for approval
Concept

• Takes incremental and achievable steps that will yield efficiencies of operations
• Achieves economies of scale combining common functions
• Provides the foundation for implementing MHS QDR Transformation initiatives
• Preserves Service unique culture for each of the Services’ medical components
• Supports the principles of unity of command and effort under joint operations
• Facilitates consolidation of medical headquarters under 2007 BRAC law
• Creates a joint environment for the development of future MHS leaders
• Maintains USD(P&R) and ASD(HA) oversight of the Defense Health Program
• Positions the MHS for further advances, if warranted, toward more unification
Conceptual Framework

• Establishes a Joint command for the National Capital Area and for San Antonio (under BRAC)
• Establishes a Joint command for the Joint Medical Education and Training Center in San Antonio (BRAC)
• Establishes Joint commands for other multi-service markets
• Accelerates co-location of the Medical Headquarters as required by BRAC law
• Combines all Medical Research and Development assets under the Army Medical Research and Material Command
• Creates a Joint Military Health Directorate to consolidate shared MHS service Professional accession, medical recruiting, Human Capital Management, Budget and Finance, Facilities Management, IMIT, Medical Logistics, Acquisition and Contracting
• Re-focuses TRICARE Health Plan on insurance, network, benefit and beneficiary issues
Unchanged

• Health Affairs Role
  • DHP Budget and Oversight
  • MHS Health Policy
  • Strategic Management
  • Communications
  • Legislative Strategy

• Uniformed Services University Remains Under ASD (HA)
Way Ahead

• Deputy Secretary approved Concept Paper Monday, 27 Nov 06
• USD (P&R) and ASD (HA) will continue to work with Services and Joint Staff to:
  • Develop Final Concept Plan
  • Establish Transition Team
  • Implement Conceptual framework

• Proposed Timeline
  • 2nd Quarter FY07 – Inform Senior Leaders of Plan
  • 2nd Quarter FY07 – Begin Building Transition Team
  • 3rd Quarter FY07 – Begin Transition Work
  • 1st Quarter FY08 – Joint Multi Service Markets In Place
  • 2008 – Joint Medical Research/ Development In Place
  • 2008 – Joint Shared Services Element In Place
  • 2009 – Co-located Medical Headquarters In Place
Back up Slides
Target Areas For Improvement

• Human Capital Management at all levels
• Health Care Operations in new Joint local and regional markets
• Command and Control in local, regional and multi-service markets
• Medical logistics (pharmacy, peacetime care, deployment care)
• Economies at all levels
Guiding Principles

• Focus on enhancing and supporting the MHS core mission
• Improving the Department’s ability to support the services mission, while consolidating common functions

• Value to the Department
  • Improves operational medical capability for deployed forces
  • Enhances Unity of Command in the MHS
  • Leverages efficiencies in combining common support
  • Standardizes training policy, doctrine, education
  • Rationalizes span of control at market and corporate levels

• Return on investment expected, value will increase over time