Defense Health Board Meeting

Topic: Defense Health Agency Transition

February 10, 2020
Agenda

1. Establishing the Market Construct
2. Transition Execution Update
3. Outcomes

“Medically Ready Force...Ready Medical Force”
Establishing the Market Construct

“Medically Ready Force...Ready Medical Force”
Improving MHS through the Market Construct

“Medically Ready Force...Ready Medical Force”
Markets by the Numbers

DHA OVERSIGHT OF MILITARY TREATMENT FACILITIES

FUNCTIONAL MODEL

This model for DHA oversight of MTFs is based on NDAA 2017, Section 703 categories of MTFs in order to facilitate management specialization, oversight, and support to groups of MTFs with similar functions.

LARGE MARKETS

Delivery of comprehensive specialty and subspecialty outpatient and inpatient health care services to support medical readiness of beneficiaries within a 75 mile radius of a permanent facility. Managed by the Medical Leadership Board (MLB) or state facility with directed administrative functions.

- Medical Centers
- Community Hospitals
- Ambulatory Clinics

SMALL MARKETS

Delivery of ambulatory and limited specialty and outpatient health care services to support medical readiness of beneficiaries within a 75 mile radius of a permanent facility. Managed by the Medical Leadership Board (MLB) or state facility with directed administrative functions.

- Ambulatory Clinics

STAND-ALONE MTFs

Delivery of ambulatory and limited specialty and outpatient health care services to support medical readiness of beneficiaries outside of geographic markets.

- Community Hospitals
- Ambulatory Clinics

OCONUS REGIONS

Delivery of ambulatory and limited specialty and outpatient health care services to support medical readiness of beneficiaries in OCONUS regions in support of contingency operations.

- Community Hospitals
- Ambulatory Clinics

VOLSKWIND, 2018/19

DIRECT REPORTING MARKETS

LARGE MARKETS

Direct Reports to DHA: 21
AF 4 | ARMY 12 | NAVY 3

- Large Markets
- 256 facilities
- 86% of MHS encounters
- 68% of MHS dispositions

SMALL MARKETS & STAND-ALONE MTF ORGANIZATION

- 130 facilities
- 25% of MHS encounters
- 7% of MHS dispositions

DEFENSE HEALTH REGIONS (OCONUS)

Direct Reports to Office: 82
AF 37 | ARMY 24 | NAVY 21

- Small Markets
- 184 facilities
- 112 total

DEFENSE HEALTH REGION INDO-PACIFIC

- 8 facilities
- 25 ambulatory

- 33 facilities
- 4% of MHS encounters
- 4% of MHS dispositions

DEFENSE HEALTH REGION EUROPE

- 31 facilities
- 25 ambulatory

- 6 facilities
- 4% of MHS encounters
- 3% of MHS dispositions

“Medically Ready Force...Ready Medical Force”
A market is a group of MTFs working together in one geographic area. Markets operate as a system lead by a market office to support the sharing of patients, staff, budget, and many other functions across facilities to optimize readiness and the delivery and coordination of health services.
Fundamental Units of Organization

Currently, the MTF is the unit of organization used to manage healthcare services and delivery.

Army
BRIGADE COMBAT TEAM
- Infantry Battalion
- Artillery Battalion
- Engineer Battalion
- Support Battalion

Navy
STRIKE GROUP
- Carrier Strike Group
- Subs
- Air Wing
- Support/Supply

Air Force
WING
- Bomber
- Fighter
- AWACS
- Maintenance

Just as our MILDEPS utilize fundamental units of organization to deploy forces, DHA utilizes markets under its new organizational construct to deliver healthcare services.

“Medically Ready Force...Ready Medical Force”
Market Lines of Communication
Small and Stand-Alone MTF Organization

SSO Overview:
The SSO is an organization that will be responsible for supporting the Defense Health Agency in managing and administering all Small Markets and Stand-Alone MTFs that are not aligned to a Market. As MTFs are aligned under the SSO as Small Markets or Stand-Alone MTFs, they will report to and communicate with the DHA through the SSO. The SSO will communicate with and report directly to the DHA. Facility types include Community Hospitals and Ambulatory Clinics.

Small Markets:
16 Small Markets, comprised of 61 MTFs, will directly report to the SSO.

Stand-Alone MTFs:
69 Stand-Alone MTFs will be directly managed and administered by the SSO.
## Comparing DHA HQ to Market Office Authorities

<table>
<thead>
<tr>
<th>DHA HQ</th>
<th>Market Office</th>
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<tbody>
<tr>
<td>DHA HQ is responsible for coordinating with ASD(HA), the MILDEPs, and the COCOMS to identify the MHS strategic goals in support of the QPP (improved readiness, better care, better health, and lower costs).</td>
<td>Market Offices are DHA management and execution bodies that support MTFs to ensure compliance with DHA requirements. Market Offices drive execution of the Quadruple Aim Performance Process business plan to optimize MTF performance across the Market.</td>
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**DHA HQ provisions health care and delivers readiness at MTFs across the enterprise.**

**The Market Office tailors these requirements to its individual Market based on patient population and hospital performance.**
Core Market Goals

Market Goals

Once implemented, markets will strive to **promote optimization, standardization, and integration of healthcare delivery, readiness generation, and administrative operations**. As readiness platforms responsible for ensuring a medically ready force and a ready medical force, markets are essential to the mission and improving the lethality of our forces.

1. Provide healthcare services based on the population healthcare demand signals and the demand signals for medical force currency and proficiency readiness

2. Consolidate functions within a Market Office

3. Align enterprise outcomes to Market-based QPP

4. Optimize collective market resources to best meet and support the demand signal for healthcare in the market

DHA will hold markets accountable for achieving these goals through implementing market-based initiatives and operations

“**Medically Ready Force...Ready Medical Force**”
Transition Execution
Update
Overview of Market Establishment Approach

Objective 1
DHA Builds Initial HQ Capability and Capacity
- MILDEP Medical Department HQs and IMOs Provide Direct Support to DHA
  - MEDCOM
  - Navy Direct Support Cell
  - AFMRA (Air Force)

Objective 2
Stand Up Direct Reporting Markets (21)

Objective 3
Establish the Small Market & Stand-Alone MTF Organization (1)

Objective 4
Establish the OCONUS Defense Health Regions (2)

End State
1) DHA HQ at FOC, functions and resources transferred, or covered by MOA with POAM
2) MILDEP Readiness Commands at FOC
3) 20 Direct Reporting Markets
4) 1 SSO
5) 2 OCONUS Defense Health Regions
**Implementation Timeline**

As of 11 OCT 2019 - * Dates are Conditions Based

<table>
<thead>
<tr>
<th>Objective</th>
<th>Start Date</th>
<th>End Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>1 MAY 2019 - 31 DEC 2019</td>
<td>31 MAY 2019</td>
<td>Establish Capability</td>
</tr>
<tr>
<td>2</td>
<td>1 JAN 2020 – 30 SEP 2020</td>
<td>30 SEP 2020</td>
<td>Stand-Up Markets</td>
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<td>3</td>
<td>1 JAN 2020 – 30 SEP 2020</td>
<td>30 SEP 2020</td>
<td>Form SSO</td>
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<tr>
<td>4</td>
<td>1 JAN 2020 – 30 SEP 2021</td>
<td>30 SEP 2021</td>
<td>Form DHRs</td>
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- **Establish Capability**
  - DHA ADC of CONUS MTFs
  - ADC executed through relationship with direct support elements
  - tIMO certifies 4 markets from 5+3
  - Build DHA capability and capacity to support 4 initial markets
  - Strategic pause in market standup to allow DHA HQ to mature
  - OCONUS support continues

- **Stand-Up Markets**
  - DHA assumes responsibility for tIMO markets and certifies 17 additional markets
  - Build DHA capability and capacity
  - Service IMOs divest CONUS markets
  - Small markets, stand-alone MTFs remain with Service IMOs
  - Overseas support continues

- **Form SSO**
  - DHA certifies SSO and assumes responsibility of SSO
  - Service IMOs divest CONUS small markets and stand-alone MTFs and realign personnel to SSO
  - RHC-A/C end direct support
  - Overseas support continues

- **Form DHRs**
  - Service IMOs divest OCONUS MTFs and realign personnel to DHRs
  - DHA certifies DHR-E and DHR-IP
  - Service IMOs end direct support
  - DHA HQ and FCs reach full operational capability and capacity

**Areas supported by Markets**
- 7% Facilities
- 13% MIL/CIV FTEs
- 12% Enrollees
- 17% Dispositions

**Areas supported by Small Markets**
- 57% Facilities
- 75% MIL/CIV FTEs
- 64% Enrollees
- 86% Dispositions

**Areas supported by Defense Health Regions**
- 86% Facilities
- 97% MIL/CIV FTEs
- 91% Enrollees
- 93% Dispositions

**Areas supported by Stand-Alone MTFs**
- 100% Facilities
- 100% MHS Enterprise

**Graph Key**
- Previously Transferred
- Transferring in Phase

**Note:** Data is specific to transitioning facilities by objective, DHA HQ and Market overhead are not included.
DHA’s market certification process has shifted from a time-based process to a conditions-based certification.

<table>
<thead>
<tr>
<th>Time-Based Approach</th>
<th>Conditions-Based Approach</th>
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<tbody>
<tr>
<td>Scheduled dates for market certification</td>
<td>Markets are certified once they’ve met conditions laid out in the implementation tools</td>
</tr>
<tr>
<td>Linear approach with minimal flexibility</td>
<td>Enables DHA to focus on maturing the headquarters in support of the markets</td>
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“Medically Ready Force...Ready Medical Force”
Direct Support (DS) Organizations - Lines of Communication

*This communication structure refers to formal communication including: formal request for support form Services, formal tasking to Services, formal distribution of guidance*

"Medically Ready Force...Ready Medical Force"
Lines of Communication as Markets are Established

“Medically Ready Force...Ready Medical Force”
Progress to Date

Recent Accomplishments

- Began DS Relationship while DHA assumed ADC (DSD Memo Signed)
- Successful Market Workshop and Market Walkthrough
- Conducted CPX and STAFFEX
- Completed Leadership Briefings on First 4 Markets
- Successfully Established First 4 Markets

“Medically Ready Force...Ready Medical Force”
These elements are significantly focused on the establishment of DHA HQ until the conditions have been met to begin Market establishment in FY20.

Transition Support Team
Comms, Schedule, Risk, Program Mgmt, Data Analytics

MTO Deputy Director: Market Establishment
Admin, Ops, Logistics

DHA Functional Capabilities

MTO Deputy Director: SSO and DHR Establishment
Admin, Ops, Logistics

Dr. Barclay Butler
DHA Assistant Director for Management

COL Christian Meko
Market Transition Office (MTO) Director

MIST #1

MIST #2

MIST #3

MIST #4
Training and Events

Market Workshop and Outbrief
Internal Workshop and Joint outbrief with DHA and the Services to review the transfer of authorities and/or responsibilities from each of the Services and tIMO to the DHA with the establishment of a Market.

CPX and STAFFEX
Scenario-driven exercise of functional capabilities within DHA HQ and the authority, direction, and control responsibilities necessary for Initial Operating Capabilities.

Transfer of Function (TOF) Rehearsal of Concept (ROC) Drill
The DHA and the Army participated in a ROC drill to address the mechanics of onboarding/offboarding TOF personnel and transferring some QPP, MEDLOG, and Facilities sub-functions.
Outcomes

“Medically Ready Force...Ready Medical Force”
# MHS Goal: Measuring & Improving the Readiness of the Force

## Ensure a Medically Ready Force

*Deliver health and high value health care to Service members – when they need it and where needed – keeping them mission ready at all times*

<table>
<thead>
<tr>
<th>MTF Level</th>
<th>DHA Supporting Activities</th>
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<tbody>
<tr>
<td>• Maintain a medically ready force (e.g., PHAs, DHRAs, Immunizations)</td>
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<tr>
<td>• Provide routine and acute care to Service members to maximize individual medical readiness minimize medical deferments</td>
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<tr>
<th>Market / Service Level</th>
<th>DHA Supporting Activities</th>
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<tr>
<td>• Deliver the highest levels of access, quality and timeliness of care for Service members – whether in an MTF or in the network</td>
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<tr>
<td>• Manage the Reserve Health Readiness Program (RHRP)</td>
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<tr>
<td>• Monitor and support the Quadrape Aim Performance Plan (QPP) process, including the readiness QPP</td>
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<table>
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<th>Enterprise &amp; COCOM Level</th>
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<td>• Maximize battlefield injury survival functional recovery rates (e.g., Joint Trauma System, NSOIP/TQIP, NTDR)</td>
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<tr>
<td>• Manage TRICARE health plan's global medical provider network</td>
<td></td>
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<tr>
<td>• Conduct mortality surveillance and preventability reviews and provide all mortality data for Defense Suicide Prevention Office</td>
<td></td>
</tr>
<tr>
<td>• Recruit, collect, manufacture and ship quality blood products in support of rapid deployment forces and military healthcare operations worldwide</td>
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## Provide a Trained and Ready Medical Force

*Develop and maintain the clinical competencies, currency, and medical capabilities required to provide health care in expeditionary environments; support operational needs*

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<tr>
<td>• Measure and monitor Knowledge Skills &amp; Abilities (KSAs) to ensure currency workload for uniformed medical and dental personnel</td>
<td></td>
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<tr>
<td>• Provide medical logistics support for units on installations</td>
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<td>• Build a ready medical force to execute operational medicine and readiness-related requirements (e.g., Graduate Medical Education)</td>
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<tr>
<td>• Develop standardized Tactical Combat Casualty Care (TCCC) curriculum</td>
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<th>Enterprise &amp; COCOM Level</th>
<th>DHA Supporting Activities</th>
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<tr>
<td>• Measure and monitor readiness demand signals</td>
<td></td>
</tr>
<tr>
<td>• Identify and deliver medical materiel solutions to meet operational requirements (Joint Medical Logistics)</td>
<td></td>
</tr>
<tr>
<td>• Provide novel medical tools, techniques, and clinical practice guidelines to modernize MHS capabilities for near-peer conflict (Research &amp; Development)</td>
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<tr>
<td>• Provide combatant commands with near real-time disease and bio-surveillance threat information (Armed Forces Health Surveillance Branch)</td>
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<tr>
<td>• Conduct death investigations worldwide, provide forensic toxicology analysis and identify remains (Armed Forces Medical Examiner)</td>
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Transition Benefits: Increased DHA Partnerships

• As a single agency accountable for management of all MTFs allows for more robust opportunities for our health care teams to build critical skills through increased private partnerships.

• DHA markets will also benefit medical professionals by offering increased opportunities to maintain medical skill currency and enhance proficiency in the MTF or through partnerships with industry and academia.

• DHA continues to implement a multifaceted, collaborative approach to create innovative and sustainable solutions to address challenges such clinical and surgical skills of our medical personnel.
  • Efforts include expanding partnerships with VA Hospitals and civilian trauma centers, along with expanded use of surgical simulation.
Patient Centered Approach

Great outcomes, a ready medical force, satisfied patients – all flow directly from a patient-centered approach that informs our daily actions and decisions.
What Success Looks Like

“A Ready, Resilient, and Reliable MHS:

- Achieves Great Outcomes for Readiness and Health
- Sustains a Ready Medical Force
- Puts the Patient at the Center
- Cultivates Staff Fulfillment
- Guarantees Satisfied Patients

and drives value for our patients, our staff, and our defense mission.”

“Medically Ready Force...Ready Medical Force”
What Must We Accomplish?

DHA
- Continue the transition of the DHA headquarters for capability and capacity, as well as in the subordinate organizations we will use to operate the MTFs.
- Transfer civilian personnel from the Services to the DHA to operate the headquarters, support functions and markets.
- As additional markets are stood up, meet required conditions in each functional area to operate the MTFs, assuming those day-to-day support and management functions from the military departments.
- Meet our responsibilities as a combat support agency.

Markets
- Establish and certify the 21 markets and associated support functions.
- Establish the Small-Market and Stand-Alone Organization to support facilities not located in a market region.
- Establish the Defense Health Regions to support OCONUS facilities