DHA Industry Day
Requirements Exchange
March 30, 2022
## Industry Day Requirements Information (1 of 2)

The table below lists requirements that were presented at the 2022 DHA Industry Day:

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Requirements</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint Trauma System – Healthcare Operations</td>
<td>“Interoperability Standards” Overview</td>
<td>COL Shackelford (primary)</td>
</tr>
<tr>
<td>Medical Logistics</td>
<td>Healthcare Environmental Cleaning</td>
<td>Tina Altevers w/ Don Faust for Q&amp;A</td>
</tr>
<tr>
<td>PMO – Enterprise Medical Services</td>
<td>MQS2-NG</td>
<td>Darrell Hanf</td>
</tr>
<tr>
<td>J-1 Administration &amp; Management</td>
<td>Cafeteria Services</td>
<td>Brenda Lugo (primary) / Tyrone Davis</td>
</tr>
<tr>
<td>J-5 Strategy, Planning, and Functional Integration</td>
<td>Overview</td>
<td>Dr. Bernardo Buenviaje</td>
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<tr>
<td></td>
<td>Ready Reliable Care</td>
<td>Matthew Motley</td>
</tr>
<tr>
<td>J-6 Information Operations</td>
<td>Geographic Service Providers (GSP)</td>
<td>Dan Winske</td>
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<tr>
<td></td>
<td>Nutrition Management Information System and Special Needs Program Management Information System (NMIS/SPMIS) Tier III</td>
<td>Richard Masannat</td>
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<td>Defense Medical Logistics Enterprise Solutions – Continuous Service Improvement</td>
<td>Donna Totten</td>
</tr>
<tr>
<td>PMO – Medical Simulation &amp; Training</td>
<td>Complicated OB Emergencies Simulation System (COES2)</td>
<td>Jude Tomasello</td>
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*Medically Ready Force… Ready Medical Force*
Industry Day Requirements Information (2 of 2)

The table below lists requirements that were presented at the 2022 DHA Industry Day:

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<thead>
<tr>
<th>Directorate</th>
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<tbody>
<tr>
<td>J-7 Education &amp; Training</td>
<td>C-Suite Executive Assessment</td>
<td>Gerald Creech</td>
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<td>Support Services for MMSD</td>
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<tr>
<td>Research &amp; Engineering</td>
<td>Integrated Support Services</td>
<td>April Simmons</td>
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<td>Knowledge Translation</td>
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<td>MSO Education Clinical Affairs Research &amp; Longitudinal Studies</td>
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<td>Administrative and Professional Support Staff</td>
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<td>Data Scientist and Data Analyst Support</td>
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<td>Vision Coordination Support Services</td>
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<td>VCE Network Support Services</td>
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# Agenda (1 of 2)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>0905</td>
<td>VIP Speaker 1 – Lt. Gen. Ronald Place, Defense Health Agency Director</td>
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<tr>
<td>0925</td>
<td>Opening remarks and introduction – Mr. Jake Lewis, Acting Director Defense Health Agency Contracting Activity</td>
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<tr>
<td>0930</td>
<td>VIP Speaker 2 – Dr. Barclay Butler, Assistant Director for Support</td>
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<td>1025</td>
<td>Office of General Counsel – Mr. David Smith, Contract Law</td>
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**Break 10 minutes**
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<thead>
<tr>
<th>Time</th>
<th>Item</th>
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<tbody>
<tr>
<td>1040</td>
<td>Joint Trauma System</td>
<td>Col Stacy Shackelford</td>
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<td>1055</td>
<td>Medical Logistics</td>
<td>Ms. Tina Altevers</td>
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<tr>
<td>1110</td>
<td>PMO Enterprise Medical Services</td>
<td>Mr. Darrell Hanf</td>
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<tr>
<td>1125</td>
<td>Administration &amp; Management</td>
<td>Ms. Brenda Lugo</td>
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<tr>
<td>1135</td>
<td>Strategy, Plans, and Functional Integration</td>
<td>Dr. Bernardo Buenviaje, Mr. Matthew Motley</td>
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<tr>
<td>1150</td>
<td>Information Operations</td>
<td>Mr. Dan Winske, Mr. Richard Masannat, Ms. Donna Totten, Mr. Jude Tomasello</td>
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<tr>
<td>1220</td>
<td>Administration &amp; Management</td>
<td>Mr. Gerald Creech</td>
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<tr>
<td>1230</td>
<td>Research &amp; Development</td>
<td>Ms. April Simmons</td>
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<td></td>
<td>Closing</td>
<td>Mr. Jake Lewis, Acting Director Defense Health Agency Contracting Activity</td>
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</table>
Industry Day Requirements Exchange

Barclay P. Butler, Ph.D., MBA
Assistant Director for Support
Defense Health Agency
Are we there yet?
Market Implementation Approach

Mature DHA HQ Capability & First Four Markets
- 7% Facilities
- 13% MIL/CIV FTEs
- 12% Enrollees
- 17% Dispositions

Stand-Up Direct Reporting Markets
- 55% Facilities
- 73% MIL/CIV FTEs
- 62% Enrollees
- 85% Dispositions

Form Small Market & Stand-Alone Organization
- 86% Facilities
- 97% MIL/CIV FTEs
- 91% Enrollees
- 93% Dispositions

Form Defense Health Agency Regions
- 100% MHS Enterprise

Previously Transferring
Transferring in Phase

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MTF Realignment of Personnel, Property, & Systems

The MTF Realignment of Personnel, Property, and Systems (RePPS) is a part of the overall DHA Transition. It occurs after Market Directors assume Authority, Direction, and Control (ADC) of all MTFs in their market. The MTF RePPS process administratively realigns personnel, property, and systems from the MILDEPs to the DoD.

DHA Transition

Through the DHA Transition, DHA assumes authority, direction, and control of the MTFs. To manage and administer these MTFs, DHA implements markets with standard structure, roles and responsibilities, and functions.

MTF RePPS Process
DHA Transition and Optimization

Market Certification
- Pre-Certification Conditions Completed
- DHA HQ Transition Conditions Met

Market Establishment
- IOC
- Post-Certification Conditions Met
- MTF RePPS Administrative Realignment Completed

Market Optimization
- FOC
- Public Health
- Research & Development
- Human Resources
- Logistics
- MEDLOG
- DHACA
- Finance
- Governance
- Markets and MTFs

DHA Optimization

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**DRM Transition Framework**

- **Market Office Certification**: Market Office has achieved the minimum capabilities necessary to support the sharing of patients, staff, budget, and coordinating delivery of care across its MTFs.

- **Market Establishment**: Market Office assumes authority, direction, and control of the MTF's assigned to their market.

- **Market Office FOC**: Market Office has achieved Full Operating Capability.

- **Market Optimization**: Market can begin improving effectiveness across its MTFs and/or clinics and other markets.

**Key:**
- Market Milestone
- DHA Milestone

**Market Office Certification**:
- Market Office Achieves Post-Certification Conditions
- Market Leaders Symposium and Transition Officer Training

**Market Establishment**:
- Market Office achieves IOC
- DHA Director Go/No Go Decision
- DHA HQ Transition Conditions Met
- Market Office Pre-Certification Conditions Met

**Market Office FOC**:
- Market Office achieves FOC
- • Market Office Achieves Post-Certification Conditions
- • Market Office Achieves MTF RePPS Conditions to complete administrative realignment of MTF and/or clinics from MILDEP to DHA

**Market Establishment activities**

**Medically Ready Force... Ready Medical Force**
DHA Organizational Structure

As of January 2022

The DHA leverages two Assistant Directors (AD) and the Director of Staff to oversee execution of the DHA mission. Additionally, DHA has a Special Staff and Command Group that supports the DHA Director in HQ operations.

**Director**

**Command Group and Special Staff**
- Deputy Director
- Senior Enlisted Leader
- Chief of Staff
- Special Staff

**Assistant Director Healthcare Administration (AD-HCA)**

The AD-HCA oversees:
- Medical Affairs
- Healthcare Operations
- Direct Reporting Organizations:
  - Direct Reporting Markets (19)
  - Small Markets and Standalone MTFs (SSO)
  - DHA Region Europe (DHAR-E)
  - DHA Region Indo-Pacific (DHAR-IP)

**Director of Staff**

The Director of Staff oversees:
- J-1 Administration & Management
- J-3/5/7 (Operational Support; Strategy, Plans, & Analytics; Education & Training)
- J-4 Logistics
- J-6 Information Operations
- J-8 Financial Operations

**Assistant Director – Support (AD-S)**

The AD-S oversees:
- Research & Engineering
- Acquisition & Sustainment
- Direct Reporting Organizations:
  - METC
  - DHA R&D
  - DHA MEDLOG
  - DHA Contracting Activity
  - DHA Public Health
  - PEO – Medical Systems
  - PEO – DHMS
Guiding Tenets

Customer Service, Mission Accomplishment
Cost Reduction
Speed of Delivery, Acquisition Velocity
Risk Management
Innovation and Prototyping

Current State
Acquisition is non-standard, decentralized, and misaligned; disparate MDAs

Authorities

Resources

Future State
Consolidated authorities & tailored acquisition to meet the customer demand signals

✓ Focuses on unique customer needs
✓ Total systems approach delivery model
✓ Leverages partnerships & consortiums
✓ Accommodates all ACATs
✓ Aligns acquisition and IT strategies
✓ Encompasses efficiencies of other COAs
Evolving Acquisition in the DHA

Acquisition Objectives

- Increase the effectiveness of acquisition of MHS requirements
- Reduce duplication and variation of contracts across all MTFs
- Maximize category management (strategic sourcing)
- Minimize tactical buying at the MTFs by leveraging Government Purchase Card (GPC) and Logistics
- Link acquisition outcomes to Quadruple Aim metrics

Potential Value-add Areas

Note: Information from the DHA Transition Plan Workstream 7: Acquisition EA
What is Category Management?

**CATEGORY MANAGEMENT**

The strategic process of organizing product categories as independent business units. The federal government has defined 10 such categories.

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**Category Definition**: 10 Government-wide categories that define acquisition groups.

**Category Assessment**: Determine purchasing behavior and opportunities through data.

**Category Goals**: Set category goals using the category assessment.

**Category Strategy**: Determine Demand and Vendor management strategies.

**Category Tactics**: Implement tactics in line with category strategies.
Why Do We Need Category Management?

1. **UNLEVERAGED BUYING POWER**
   U.S. Government is operating like 500 different small companies, sub-optimizing our purchasing power and making it hard for our partners.

   **2019 Federal Cost Avoidance:** $31.6B

2. **DUPLICATIVE CONTRACTS**
   Hundreds - and in some cases thousands - of duplicative contracts are awarded to the same vendors for similar requirements.

   **2019 Federal Contract Reduction:** 25.4%

**Healthcare Environmental Cleaning**
Over a dozen contracts from the same vendor for the same service covering MILDEPS and DAFAS.
Medical Whole of Government (WOG) Coordination

Defense Health Agency
- DHA CAE/DAD (AS)
  Kathy Berst (Medical co lead)
- DLA Med Troop Support
  Bill Martinous
- Health Affairs
  Mary Wessendorf

Medical - Whole of Government
- Office of Management & Budget (OMB)
- Category Management Leadership Council (CMLC)
- Medical Category Management (MCM) Team
  GSA PMO Support: Ron Bednarz

Veterans Affairs (VA)
- VA
  Ken Oliver (Medical co lead)

Other Agencies
- Health & Human Services (HHS)
- Department of Homeland Security (DHS)
- Department of Justice (DOJ)

MCM team meets weekly (Wed 11AM). Meeting is run by Ron Bednarz.

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Opportunities
Enterprise IT Services (EITS) Environment

The DHA DAD/IO J-6 seeks to align Enterprise IT services, standardize processes and procedures, and to reduce the large decentralized onsite touch labor presence, in order to provide more mature and centrally managed services and transition to more enterprise-wide services that support a federated customer base.

Objectives:
- Transform MHS IT services and contract requirements to:
- Deliver standardized sustainment processes
- Enable organizational agility to meet evolving mission demands
- Drive innovation to directly increase operational efficiency
- Enable common services between disparate support teams
- Standardize processes and realign workflow to reduce cost

DHA will use ServiceNow’s suite of products to operate and support its infrastructure transition and sustainment according to industry best practices, to include:
- Information Technology Infrastructure Library (ITIL), Agile, Scrum, and Development and Operations (DevOps) based processes.
Care anywhere
Enterprise Imaging Future State

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• Siloed images
• Inaccessible to providers & patients
• Decentralized management
• Lack of standardized imaging equipment
• Unable to leverage Artificial Intelligence
• Redundant contracting
• Unable to maximize workforce (i.e., teleradiology)
Proposed High-Level Organizational Functional Areas

Within PMO

- PSM’s
- APM’s
- Contract Mgmt
- Product PMOs
- Engineering
- Data Analytics

Outside of PMO

- DIRECT CHARTERED SUPPORT
- DLA/DHA CA
- Credentialing
- Public Affairs
- Vendor
- PEO DHMS
- MEDLOG
- DHA Health Informatics
- J3, J5, J8
- MED Affairs
- MTFs

Touch Points

- Admin
- Cyber
- Tech Req
- PPBE
- New Tech Evaluations

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Anticipated Outcomes of Implementing Enterprise Imaging Program

• Provide optimal medical care while executing DHA’s vision of Unified, Reliable and Ready.
• Improve quality of care and patient care through workflow efficiencies.
• Reduce unwanted variation and improve coordination of joint health care.
• Optimize value, improve outcomes, sustain readiness, and secure resources to accomplish our worldwide mission of supporting the National Defense Strategy.
• Reduce unnecessary or repeated scans leading to lower radiation doses.
• Enable near real-time global interpretations.
• Reduce overall costs throughout the enterprise, resulting in cost avoidance and cost savings.
• Reduce footprint with potential reduction in overall manpower through centralization and standardization.
• Minimize MTF operational disruptions (total package fielding).
• Provided seamless integration of the PPBE, requirements generation and validation, and acquisition life cycle management of EI.
• Bridge the imagining gaps between garrison and deployed environments.
Summary

• Are we there yet?
  ▪ We’re close! Now for Optimization, across all lines of business!
• Formalize the Acquisition community in the DHA
  ▪ Think: Market-based; Enterprise-wide; Category Management
• Opportunities discussed today to guide your engagement
• EITS; Enterprise Imaging
DHA Research & Engineering

R&E Mission:

- Lead the discovery, development, and delivery of enhanced pathways to military health and readiness

How we do it:

- Shepherd innovative materiel and knowledge products from concept to transition, supporting providers and warfighters
- Manage the enterprise research portfolio to align with medical priorities, Joint requirements, and ASD(HA) policy, direction, and guidance

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R&E Organizational Structure

DAD Research & Engineering

Deputy Director

Chief of Staff

Research Portfolio Management Division

S&T Portfolio Management
Hearing COE
Psychological Health COE
TBI COE
Vision COE

Research Support Division

Research Protections
Clinical Investigations Program
MHS Research
Implementation Science
National Museum of Health and Medicine

DAD: Deputy Assistant Director
S&T: Science & Technology
COE: Center of Excellence
TBI: Traumatic Brain Injury
MHS: Military Health System

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DHP RDT&E Major Investment Areas

Combat Casualty Care
- Neurotrauma
- Hemorrhage control & battlefield resuscitation
- Prolonged Care
- Severe burn
- En Route Care
- Autonomous care & evacuation
- Radiation health countermeasures
- Sustainment of medical expeditionary skills
- Military medical photonics

Military Operational Medicine
- Musculoskeletal injury prevention and reduction
- Blunt, blast, accelerative, and neurosensory injury prevention and readiness
- Psychological health & resilience
- Performance in extreme environments
- Optimized cognition & fatigue mitigation

Military Infectious Diseases
- Viral
- Bacterial
- Wound Healing

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Research, Development, Test, & Evaluation (RDT&E)

RDT&E Funding: Big “R”

- Science and Technology (Budget activity 6.1 to 6.3): Basic Science, Applied Science, and Advanced Technology Development

R&E S&T Research Portfolio Management:

- Support oversight of ~$1.5B in annual S&T efforts executed by the CDMRP and other Execution Management Agencies
- Efforts include building strategic plans, developing roadmaps, conducting programmatic analysis, and monitoring program execution

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Studies & Analysis

Operations and Maintenance Funding: Little “r”
- Studies and analysis
- Quality and process improvement
- Appropriations used for expenses not related to RDT&E

R&E Support for O&M Funding:
- Clinical Investigations Program - Assists in accreditation of graduate medical education and other allied health training programs
- Implementation Science - Promotes adoption and integration of evidence-based research and practice to improve health outcomes
- Military Health System Research – Research about health care delivery in the MHS. FY23 Notice of Funding Opportunity announcement expected to be released April 1
DHA Small Business Innovation Research (SBIR) / Small Business Technology Transfer (STTR) Programs

• Congressionally mandated programs to increase participation of U.S. small businesses in federal research and development
• Support businesses in developing high-risk, high-impact medical materiel technologies with potential for wider commercialization
• Funding: FY21 SBIR $63.1 Million, FY21 STTR $8.8 Million
• DHA topic areas: combat casualty care, military infectious diseases, military operational medicine
• Resources:
  ▪ SBIR-STTR website (sbir.gov) provides information on SBA policy directives, award data, and state-based proposal assistance coordinators
• Contacts:
  ▪ CDR Tatana Olson, Program Director
  ▪ Mr. JR Myers, Project Manager

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Research, Development & Acquisition Guiding Principles

- DHA RDA enterprise supports the DoD in the rapid delivery of safe, effective, affordable, and sustainable solutions that improve medical readiness and care.
- DHA AD-S, DAD-R&E, and DAD-A&S work together to ensure the seamless integration of the RDA lifecycle, working in collaboration with the execution elements of the enterprise.
- R&E portfolio managers and their support staff develop and oversee investment strategies aligned to Joint requirements and priorities.
- R&E research support ensures effective transition of knowledge products to clinical and operational medical communities across the MHS.
Ms. Cassandra Martin
Director, Office of Small Business Programs (OSBP)
OSBP An Advocate – A Resource

• Promote and maximize DHA contract opportunities for small businesses to support the military health system and the healthcare needs of over 9.1M military beneficiaries
  ▪ Prime contractors and/or subcontractors
• Advocacy, Counseling, Training
  ▪ Help small businesses understand what DHA buys and ensure they are ready to do business with the government
  ▪ Outreach events (vendor meetings, forums, SB fairs, conferences, conventions, industry days)
  ▪ Facilitate communication with contracting personnel and Program/Requirements personnel
Overview – Small Business Programs

There are generally three types of small business programs:

1. Participation programs for small business categories:
   • Small Businesses (SBs)
   • **Small Disadvantaged Businesses (SDBs)**
   • Women-Owned Small Businesses (WOSBs)
   • Historically Underutilized Business Zone (HubZone)
   • Service-Disabled Veteran-Owned Small Businesses (SDVOSBs)

Small business category participation programs typically employ spend goals, set-asides, or other acquisition preferences.
Overview – Small Business Programs

2. Small business technology development, funding, and assistance programs, including the:
   - Small Business Innovation Research (SBIR)
   - Small Business Technology Transfer (STTR)

   These programs also have statutory acquisition preferences and goals.

3. The third type are outreach, counseling, and industry training including supporting the Procurement Technical Assistance Programs (PTAP) and various programs for matchmaking and training
Procurement Technical Assistance Centers (PTACs) are a vital resource partner.

• Many are affiliated in some way with Small Business Development Centers and other small business programs.

• Staffed with counselors experienced in government contracting
  • Provide a wide range of services including classes and seminars, individual counseling and easy access to bid opportunities, contract specifications, procurement histories, and other information

• Find your nearest PTAC at [http://www.aptac-us.org](http://www.aptac-us.org)
FY21 Small Business Goal Performance as of 28 FEB 2022

DHA Prime SB Goal Performance

- Actual: 46%
- Goal: 40%

DHA Prime SB Performance

- $592 M (54%)
- $502 M (46%)

DHA Prime Actions

FY22 YTD

- Total Small Business Eligible Dollars: $1,093,256,227
- Small Business Dollars: $501,580,754
- Total Small Business Eligible Actions: 1,677
- Small Business Actions: 1,108

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**Fiscal Year 2022 to date (as of 28 Feb 2022)**

<table>
<thead>
<tr>
<th>PROGRAM</th>
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<tr>
<td>Small Business (Prime)</td>
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<tr>
<td>Small Disadvantaged (SDB)</td>
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<tr>
<td>Service-Disabled Veteran Owned (SDVOSB)</td>
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<tr>
<td>Women-Owned (WOSB)</td>
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<tr>
<td>Historically Underutilized Business Zone (HUBZone)</td>
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<table>
<thead>
<tr>
<th>Total Eligible Dollars</th>
<th>Awards</th>
<th>Goal%</th>
<th>Actual</th>
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<tr>
<td>$1,093,256,227</td>
<td>$501,580,754</td>
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<td>$303,408,856</td>
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<td>$112,781,383</td>
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<td>$17,738,956</td>
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(Source: FPDS-NG)
FY19-FY21 Prime SB Goal Performance

Medical Force… Ready Medical Force
## FY20-FY21 Trend Charts
*(Source: FPDS-NG)*

### FY21 TOTAL ELIGIBLE

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<th>PROGRAM</th>
<th>Awards</th>
<th>Goal %</th>
<th>Actual</th>
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<td>$1,195,319,752</td>
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<td>44.1%</td>
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<td>$843,332,389</td>
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<td>31.1%</td>
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<td>Service Disabled (SDVOSB)</td>
<td>$237,355,243</td>
<td>3.00%</td>
<td>8.8%</td>
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<tr>
<td>Women-Owned (WOSB)</td>
<td>$228,727,708</td>
<td>5.00%</td>
<td>8.4%</td>
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<td>HUBZone</td>
<td>$47,852,441</td>
<td>3.00%</td>
<td>1.8%</td>
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<tr>
<td><strong>Total Eligible</strong></td>
<td><strong>$2,712,288,763</strong></td>
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### FY20 TOTAL ELIGIBLE

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<th>Goal %</th>
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<td>$1,036,850,896</td>
<td>38.00%</td>
<td>40.4%</td>
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<tr>
<td>Small Disadvantaged (SDB)</td>
<td>$672,375,662</td>
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<td>26.2%</td>
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<td>Service Disabled (SDVOSB)</td>
<td>$163,422,543</td>
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<td>7.7%</td>
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<td>Women-Owned (WOSB)</td>
<td>$294,415,383</td>
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<td>12.4%</td>
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<td>HUBZone</td>
<td>$41,767,504</td>
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<td><strong>Total Eligible</strong></td>
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Top Portfolio Groups

• DHA contract spend is organized across several service and product portfolio groups
  ▪ Knowledge Based Services
  ▪ Electronic & Communication Services
  ▪ Equipment Related Services
  ▪ Facility Related Services
  ▪ Medical Services
  ▪ Research & Development Services
  ▪ Electronic & Communication Equipment
  ▪ Medical Supplies & Equipment
<table>
<thead>
<tr>
<th>COMMONLY USED NAICS IN FY21</th>
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<tbody>
<tr>
<td>325412 Pharmaceutical Preparation Manufacturing</td>
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<tr>
<td>334510 Electromedical and Electrotherapeutic Apparatus Manufacturing</td>
</tr>
<tr>
<td>334516 Analytical Laboratory Instrument Manufacturing</td>
</tr>
<tr>
<td>339112 Surgical and Medical Instrument Manufacturer</td>
</tr>
<tr>
<td>339113 Surgical Appliance &amp; Supplies Manufacturing</td>
</tr>
<tr>
<td>339114 Dental Equipment &amp; Supplies Manufacturing</td>
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<td>511210 Software Publishers</td>
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<tr>
<td>541512 Computer Systems Design Services</td>
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<td>541330 Engineering Services</td>
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<td>541611 Administrative Management &amp; General Management Consulting Services</td>
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DHA SBIR/STTR Programs

• CDR Tatana Olson, Program Director
  ▪ Deputy Division Chief, Research Portfolio Management Division, J9 (Research & Development)
• Small Business Innovation Research (SBIR) Program
  ▪ Funds R&D for U.S. small businesses
  ▪ Foster and encourage participation by socially and economically disadvantaged persons
  ▪ Increase private sector commercialization of innovations derived from federal R&D funding
• Small Business Technology Transfer (STTR) Program
  ▪ Funds cooperative R&D between U.S. small businesses and Research Institutions
  ▪ Foster technology transfer through cooperative R&D between small businesses and research institutions
DHA SBIR/STTR Programs cont.

• FY21 SBIR $63.1 Million, FY21 STTR $8.8 Million

• Topics align to broader research program areas (e.g., infectious disease, operational medicine, combat casualty care, medical simulation and training) to support transition into product development
Contact Us

DHA Office of Small Business Programs

Email: dha.smallbusinessforum@mail.mil

Website: https://health.mil/Military-Health-Topics/Acquisition-Procurement-and-Small-Business/Small-Business-Programs
Mr. David Smith
Office of General Counsel
Protect the Integrity of the Procurement Process and Ensure Fair and Equal Treatment to Contractor Participants
Government personnel - ground rules:

• Conduct business with integrity and in a transparent manner
• No preferential treatment (or appearance of preferential treatment) for any individual or company
  ▪ Equal/fair access for ALL to public information regarding government needs/requirements
  ▪ Avoid giving any vendor a competitive advantage by discussing non-public information, especially during one-on-one interactions
• Recuse yourself from acquisition discussion if you have a personal conflict of interest
• Protect non-public information, vendor proprietary information, or information received in confidence from a vendor
• Don’t recommend courses of action for vendors regarding particular requirements
Vendor ground rules:

• Submission of capability statement, “white papers”, and other materials does not constitute a formal proposal submission; DHA will use materials submitted for market research purposes only.

• Understand that answers provided during the course of the Industry Day are not official and will not be binding on the DHA.
General Notes:

• Post Industry Day follow-up meetings/discussions with vendors will fall under the market research umbrella
  ▪ DHA discourages vendors from submitting proprietary information; if you submit proprietary information, please mark it as such
  ▪ Government remains obligated to treat vendors fairly/equally, disclose only public information, avoid giving any vendor a competitive advantage, etc.

• If DHA ultimately develops requirements relating to the specified topic areas, normal acquisition rules (e.g., satisfy Competition in Contracting Act requirements) and processes will apply as a Agency seeks to fulfill those requirements
Joint Trauma System
Interoperability Standards

Col Stacy Shackelford
Chief, Joint Trauma System
Priority List

• Equipment Interoperability in the setting of Casualty handoff between Services/Roles of Care
• Interoperable Electronic Documentation System of all Casualty Care
Desired End State

Joint medical entities deliver a consistent standard of care in support of the full range of military operations, and maintain the quality of care during transfer of casualties between teams of different Services and roles of care.
Timeline of effective interventions

- Control Massive External Bleeding
- Transfuse Blood
- Use Prolonged Care Capabilities
- Damage Control Surgery
- Clear Airway Ensure Breathing

Chance of survival stabilizes after 4 hours with ongoing care

Lifesaving interventions delivered too late do not improve survival

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Examples

Example #1
• Patient warming
  ➢ Every role of care must have a patient warming capability
    ✓ Does it matter if every team has the same type of warming devices?
      o From a Joint medical interoperability standpoint the answer is NO.
      o Other logistical support considerations will NOT be included as medical interoperability standards.

Example #2
• Patient monitoring
  ➢ Every role of care must have some type of monitoring capability
    ✓ Does it matter if each team has the same monitor?
      o The monitor does NOT have to be identical, however, during patient movement, rapid and safe handoffs are facilitated when all of the cords and cables are compatible.
Example #3

- Tourniquets
  - Example of “de facto” interoperability standard
    - All Service members are trained and equipped to place a tourniquet prior to deployment.
    - The majority of tourniquets are one type (C-A-T) with a small number of a second type (SOFT-T).
  - The interoperability is threatened by numerous units considering a change to a new tourniquet.
    - CoTCCC reviewed and recommended 5 additional limb tourniquets.
  - Scenario: flight medics rescuing patients from POI may have to deal with numerous different types of tourniquets.
Examples (cont.)

Example # 4
• CT scanners (Role 3)
  ➢ High dollar item with intensive maintenance and device-specific training requirements.
  ➢ Services have often chosen the same device in the past.
  ➢ Is there a good reason why shipboard devices must be different?

Example # 5
• Surgical teams
  ➢ Team size, composition, training and equipment is highly variable
  ➢ Surgical teams need to be much more interoperable to support future operations. Army teams on Navy ships, same or similar equipment sets.
Joint spaces and challenges
Current blood warmers are not effective to meet target temp/flow rate

Crock pot improvisation used to thaw plasma by a surgical team

Single unit blood 72 hr storage for ruck

Four unit 72 hr blood storage for vehicle

Powered blood coolers used at forward locations

Razor pack out, mobile blood storage, warming, and thawing is needed

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Other PI issues encountered

**Documented Performance Improvement Issues**

- Diversion of Flight: 3
- Incomplete Hand off: 15
- Equipment Problem: 23
- Environmental Issues: 0
- Death or CPR enroute: 3
- Missing gear / medication: 1
- Events enroute precluding adequate: 20

**Performance Improvement Notes**

- 23 Episodes of equipment failure documented: most frequent was 9x ventilator failure (type undocumented except one AAR specifically mentioned the IMPACT 754) and 7x ETCO2 monitor (unspecified model) failure.
- Events enroute precluding patient care included too many casualties onboard to maneuver care, care triaged to most critical, short flight times, and indirect fire.

**Specified Equipment Problems / Failures**

- ETCO2: 7
- ETCO2 (Unspec’d): 1
- ProPac: 2
- Zoll Monitor (12 lead): 2
- Zoll Monitor (BP cuff): 1
- Zoll Monitor (Battery): 1
- Monitor (Unspecified): 2
- Ventilator: 9

* One documented IMPACT 754 specified

**Challenges Documented in AAR**

- Flight time too short for...
- Triage Care of critical casualty...
- High Casualty # (3, 4, 5) on...
- IDF on ground...
Question: In what way is patient care, patient safety, medical planning, medical logistics, the operational or medical mission, or other goals of the CCMD compromised by variability in the medical capabilities delivered?

### Top 10 CCMD Joint Medical Interoperability Issues

1. Lack of Joint standards for WBB training and capability for Role 1 and 2.
2. Lack of Joint standards for capability, training, manning and equipment for mobile surgical teams.
3. Lack of Joint equipment interoperability across all patient movement platforms.
4. Lack of Joint Patient Movement standards, extended to include point of injury to role 2.
5. Lack of Joint interoperable electronic documentation system of all casualty care.
6. Lack of Joint process for medical knowledge management, individual medical requirements, team capabilities, and patient status.
7. Lack of Joint standards for medical planning training for medical leadership.
8. Lack of Joint interoperability for logistics system; lack of uniformity in Class VIII resupply process.
9. Lack of Joint manning standards as part of Joint assignment and backfill process.
10. Lack of Joint medical interoperability standards directive (model after USSOCOM Dir 350-29).

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Healthcare Operations
Col Stacy Shackelford/ Chief, Joint Trauma System

Requirement Summary

• Patient Movement
  - “The need to change all monitoring devices, ventilators, and the disposables that support that equipment adds significant delays”
  - “The ability to perform patient care across a multi-domain battlefield is rendered ineffective (useless?) by the inability of teams to hand off patient care from a maritime (Navy) or ground (Army) evacuation platform to an aviation platform (Air Force) when the equipment (IV pumps, ventilators, vital sign monitors) and patient documentation is all incompatible and selected/purchased/managed/maintained through separate processes”
  - “The ability to seamlessly transfer data and quick disconnect/connect equipment on transfer of patient should be the objective”

• Blood
  - Expeditionary Blood Transfusion sets/kits
  - Expeditionary Blood Supply capabilities
    - Warmers at the POI/Transfusion
    - Coolers for transport to the POI
Priority List

• Healthcare Environmental Cleaning (HEC)
### Requirement Summary

<table>
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<tr>
<th>Specifications</th>
<th>Summary</th>
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<td>DAD-AD-S, Medical Logistics</td>
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<td>Healthcare Environmental Cleaning (HEC)</td>
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<td>Competition Type</td>
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<tr>
<td>Contract Vehicle</td>
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<tr>
<td>Place of Performance</td>
<td>All DoD medical facilities in 50 U.S. states &amp; Territories</td>
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<tr>
<td>Anticipated Award Value*</td>
<td>$1.5B to $2B</td>
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</table>
Purpose: “Cleanliness, disinfection & aesthetic maintenance of public & patient care spaces within DoD Medical Treatment Facilities.”

- Adhere to current Federal and DoD acquisition guidance
- Ensure compliance with regulatory mandates (EPA, OSHA, DoD)
- Provide future enterprise vehicle for expiring HEC contracts
- Standardize HEC requirements & performance outcomes across DHA
- Align with industry standards – Association for the Health Care Environment (AHE) and Center for Disease Control (CDC)
- Reduce quality assurance and surveillance procedure variation
- Centralize management/administration
DAD/AD-S – PMO EMS
Tina Altevers, Program Manager

Requirement Details

• Transition In & Out Plans
  ▪ 45-calendar day plan to full performance or end of contract

• Mission-essential service
  ▪ Contingency Plans to ensure performance

• Service Contract Labor Standards Apply
  ▪ Wage Determinations/Executive Order
Requirement Details

• Collective Bargaining Agreements
  ▪ Compliance Assistance with DOL

• Comprehensive employee training program
  ▪ Initial and recurring requirements

• On-Site Management
  ▪ Executive, Assistant and Quality Control
DAD/AD-S – PMO EMS
Tina Altevers, Program Manager

- Quality Control Plan
  - Completion, efficacy and timeliness inspection procedures
- Health & Security Requirements
  - Suitability to work at a DOD facility/installation
- Six standard service levels IAW AHE
  - Procedures including innovative techniques and best practices
- Linen collection/distribution
  - Compliance with CDC & ANSI/AAMI ST 65:2008
DAD/AD-S – PMO EMS
Tina Altevers, Program Manager

• Regulated Medical Waste Collection
  ▪ DOD, OSHA, Federal, Status and Local Regulations
• Trash and Recycle Material Collection
  ▪ IAW AHE Practice Guidance
• Standardized Quality Assurance Surveillance Plan
  ▪ Random Sample, standardized checklist & automated COR surveillance reporting
**DAD/AD-S – PMO EMS**

Tina Altevers, Program Manager

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### SEVEN STEPS TO THE SERVICE ACQUISITION PROCESS

<table>
<thead>
<tr>
<th>STEP ONE</th>
<th>STEP TWO</th>
<th>STEP THREE</th>
<th>STEP FOUR</th>
<th>STEP FIVE</th>
<th>STEP SIX</th>
<th>STEP SEVEN</th>
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<tr>
<td>Form the Team</td>
<td>Review Current Strategy</td>
<td>Perform Market Research</td>
<td>Define Requirements</td>
<td>Develop Acquisition Strategy</td>
<td>Execute Strategy</td>
<td>Manage Performance</td>
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**DHA HEALTHCARE ENVIRONMENTAL CLEANING PROGRAM**

- **Vision Statement**
- **Communication Plan**
- **Stakeholder Analysis**
- **IPT Charter**
- **SAW 1**
- **Current Strategies**
  - Statutory Requirements
  - Industry Standards
  - Industry Partnership Network
  - White Papers
  - Customer Survey
  - Scope Document
  - Draft IGCE
- **RFIs**
  - Industry Surveys
  - Small Business Analysis
  - BCA Published
  - Market Research Report
  - Readdress risks
  - Amend MR Report
- **SAW 2 & 3**
  - Risk Analysis
  - Work Breakdown Structure
  - Requirements
  - Roadmap
  - PW
  - QASP
  - Complexity Determination
  - Bidders Library
- **Consolidation D&F**
- **Update IGCE**
- **Acquisition Strategy/Plan**
- **Source Selection Plan**
- **Incentive Plan**
- **Full Draft RFP**
- **Industry Day**
- **Internal /Peer Reviews**
- **Issue RFP**
- **Proposal Submission**
- **Source Selection**
- **Award Reviews**
- **Award**
- **Debrief**
- **Lessons Learned**
- **Contract admin Training**
- **Manage overall performance**

---

- ✓ Vision Statement
- ✓ Communication Plan
- ✓ Stakeholder Analysis
- ✓ IPT Charter
- ✓ SAW 1
- ✓ Current Strategies
- ✓ Statutory Requirements
- ✓ Industry Standards
- ✓ Industry Partnership Network
- ✓ White Papers
- ✓ Customer Survey
- ✓ Scope Document
- ✓ Draft IGCE

* 31 Jan 2021

- ✓ RFIs
  - Industry Surveys
  - Small Business Analysis
  - BCA Published
  - Market Research Report
  - Readdress risks
  - Amend MR Report

*29 September 2021/ongoing

- ✓ SAW 2 & 3
  - Risk Analysis
  - Work Breakdown Structure
  - Requirements
  - Roadmap
  - PW
  - QASP
  - Complexity Determination
  - Bidders Library

* 1 March 2022

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**We are here**

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*Medically Ready Force… Ready Medical Force*
DAD/AD-S – PMO EMS
Tina Altevers, Program Manager

• Points of Contact
  ▪ Ms. Susan Harden, DHA HEC Program Manager
  ▪ Mr. Donald Faust, DHA Environmental Services
  ▪ Ms. Diana Taylor, DHA Contracting Officer
  ▪ Ms. Tina Altevers, Program Manager EMS

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Medically Ready Force… Ready Medical Force
DAD Acquisition & Sustainment
PMO – Enterprise Medical Services

Mr. Darrell Hanf
Program Manager
Requirement #1:

• Purpose: Develop a strategic acquisition vehicle to acquire professional medical (clinical) and medical support services to supplement and/or support medical facility staff capabilities
  ▪ Contracting Officer: Raul Garcia; GOV ID: 20200602-06045
• Q-Coded Services (Product and Services Code Manual)
  ▪ 200 Series: Ancillary Services
  ▪ 300 Series: Laboratory Services
  ▪ 400 Series: Nursing Services
  ▪ 500 Series: Physician Services and Dental Services (503)
  ▪ 600-800 Series: Medical Support Services (i.e., coding, transcription)
DAD-A&S/PMO–Enterprise Medical Services
Darrell Hanf, Program Manager

Requirement Summary

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<th>Specifications</th>
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Requirement #1 Details (Slide 1 of 2)

- Provide Medical Supplemental (Type I) Staffing
  - Manage the placement of qualified contract workers (FTE-based) to supplement existing medical staff
- Provide Medical Support (Type II) Services
  - Provide a full service operation where medical staff does not exist
- Conduct Market Analytics
  - Provide value-added services (i.e., industry analysis, trend analysis) to optimize resources
Requirement #1 Details (Slide 2 of 2)

• Focus on market-based and enterprise-wide buying
• Includes DoD and other federal agency medical facilities
• Competition includes: unrestricted; small business other than 8(a); and 8(a) vendor pools
• Includes on and off ramps (10-year contract)
• Allows for performance in up to 5 geographical areas
• Upcoming Event: MQS2-NG Virtual Industry Day – Apr 22 (Notice on PIEE https://piee.eb.mil/)
• Point of Contact: Darrell Hanf
J-1 Administration & Management

Ms. Brenda Lugo
Chief, Support Services Branch
Purpose:
• Provide full-service food cafeteria for the benefit of approximately 3,500 building occupants.

Details:
• Operate Monday-Friday except during Federal holidays.
• Provide variety of quality food choices to include, but limited to; proteins, starches, salads, vegan and gluten-free options.
• Provide food cart delivery and catering services for special events.
• Provide coffees, teas and assorted soft drinks.
Requirement Summary

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* Based on Jan 2021 market research
Cafeteria Space Details

• Kitchen and Cooking Lines – 3,390 SF
• Serving Line – 922 SF
• Indoor Dining – 972 SF
• Outdoor Dining – 1,911 SF

This requirement is expected to be a no-cost concessionaire contract. *

This requirement is expected to be sourced as a concessionaire.
J-1 Administration & Management
Brenda Lugo / Contracting Officer Representative

• Details:
  ▪ No small business set aside information is available at this time
  ▪ Point of Contact: Tyrone Davis
J-5 Strategy, Planning, and Functional Integration (SP&FI)

Dr. Bernardo Buenviaje
Chief, Analytics and Evaluation Division (AED)
Dr. Bernardo Buenviaje, Chief AED

Dr. Buenviaje is known as “Dr. Ben” at the DHA. He earned a Bachelor of Science in Electrical Engineering from Old Dominion University (1990); He earned a Master of Science in Systems Engineering from the Naval Post Graduate School (2010). He earned a PhD in Systems Engineering from George Washington University (2015). He earned a Master Black Belt certification from North Carolina State (2010). He earned a Systems Planning Research Development and Engineering Level III certification from the Defense Acquisition University (2009). He is a professional member of the IEEE Computer Society and IISE Society for Health Systems.

He is focused on streamlining and integrating data management, analytics, measures and reporting for the DHA Enterprise. On 21 April 2021, he and his team received the DoD’s Gears of Government Award for the Centralization of Analytics and Evaluation at the DHA.

Aside from being the Chief of the Analytics and Evaluation Division, Dr. Ben is the Chair of the Data Management Board (DMB) and co-chair of the Interagency Data Analytics Working Group (IDAWG), and leads the Science and Technology Functional Career Community for DHA.
J-5 SP&FI
Dr. Bernardo Buenviaje, Chief AED

- **Centralization of Analytics and Evaluation (UPR-0001221)**
  - Development of a single work flow for all Analytics and Evaluation Functions
  - Consolidation of Manpower and Contract Resources

- **AOR:** HQ, Markets, SSOs, DHARs, MTFs, etc. 24/7 Global Support with 36 months of operation. (DHA-AI 5136-01)

- **Impacted by Change:** The MHS Transformation, the MHS Genesis Transition, the Legacy System Migration and COVID-19 Pandemic, DHA Reorganization, etc.

- **AED:** Primary functions are Enterprise Data Management, Analytics, Measures, and Reporting. These functions are centralized (DHA-AI 3000.01)

- **AED:** Also has centralized all surveys. (DHA-AI 8900.01)

- **Current Workload:** 13276 Adhoc and recurring reports, 4000 dashboards, 1800 measures, 8+ million surveys, 350000 data pulls, QPP Systems (Planning Tool, Project Database, Measures), A&E Request Portal, War Room, etc.
Mission: Provide a centralized A&E capability to support DHA's goal of becoming a more data-driven organization in order to make decisions that bring value to support the Quadruple Aim.

- All AED civilians input on their performance evaluations.
- Monthly Program reviews where each Contract Program Manager is expected to input work into the portal.
- Time zones provide 17 hours of coverage and large contract provides night 24/7 support.
- After hours support line with mailbox.

Vision: To be a data-driven organization

- MHS Requests Submission Portal usage matches A&E demand
- Superior customer experience - Portal lead time has minimal impact on A & E product lead time
- J5 A & E quality stamp is the gold standard for DHA
- System efficiency improves
J-5 SP&FI
Dr. Bernardo Buenviaje, Chief AED

Analytics and Evaluation Reform 2019-2023

**Launch**
- Bulk Data Extract: Integrate MHS Genesis Data with CHCS Data. Quality Review enables consumer confidence.
- 14 Critical Issues identified within MHS Genesis
- Analytics and Evaluation Request Portal IOC
- Functional Capability 32 Analytics aligned to MHS Transformation
- Pilot of Analysts across DHA HQ improves efficiency by 62%
- UPR-0001221 Analytics and Evaluation Reform Approved

**Institutionalize**
- DHA-AI 5136.01, DHA Terms of Reference Approved
- DHA-PI 5000.01 Approved
- MHS Genesis Train the Trainer
  - OJT PIEDW to HealthIntent Transition (35000+ Reports)
  - Making HealthIntent Usable for Analysts
  - Tables for Persons, Personnel, Locations, Appointments, Vital, Immunization, Labs, etc.
  - Measure Library (469 out of 821 in development in Measure Library)
  - Knowledge Management Begins (30 Projects)
  - QPP Tool 2.0 + FMIS + SPIDR Project Database

**Early Success**
- Bulk Data Extract Verification Completed. MHS Genesis Go Live Sites increase.
- COVID-19 System Response possible with Bulk Data Extract review completed.
  - Beds, Labs, Plasma, Vaccines, Return to Full Operations, Operations with COVID-19, Systems Modeling and Simulation
- DHA-AI 3000.01 Centralization of Surveys Approved
- DHA-AI 3000.01 Analytics and Evaluation Division Approved
- Market Measure Review and Assessment

**Full Empowerment**
- 107,000 users of AED Dashboards, 197 Published, 141 Active.
  - Examples:
    - Purchase Sector Care Tool
    - SS0 Dashboard
    - OR Dashboard
    - MHS Inpatient Common Operating Picture
    - Human Capital Distribution Plan Dashboard
    - Campaign Dashboard
    - KSA Dashboard

**Cultural Transformation**
- Decision Intelligence Transition
  - Analytics – Insights
  - Statistics – Beyond the Data
  - Machine Learning / AI – Recipes
  - Complete Analyst Manpower Realignment
  - Mature Knowledge Management
  - FMIS Application Development
  - Complete QPP System Integration
  - AERP with War Control Room

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Medically Ready Force... Ready Medical Force
Impact Examples

The Centralized Analytics and Evaluation Division improved the organization. A single process intake was needed so that we had one source of truth. Manpower resources and contracts were realigned.

- **Data Management**: Improve data to obtain useful insights from the analytics. We built a data cube for workload data, RVUs + Encounters, inside FMIS combining MHS Genesis Data, and CHCS Data. The impact of this product is the ability to submit a complete budget forecast to congress for FY23.

- **Analytics**: The use of forecasting techniques helped predict an additional $1B in FYDP22 funding to pay for COVID-19 induced Purchase Sector Care costs.

- **Measures**: 17 sequential Monthly Measure R&As since September 2020 for our markets.

- **Reporting**: An Inpatient Common Operating Picture with daily status of all of our MTFs.
J-5 SP&FI
Dr. Bernardo Buenviaje, Chief AED

We are changing in the future

- Analytics, AI/ML, Inferential Statistics
  - Development of Analysts
  - Real Time Assessments
  - Dynamic Spiral Assessments
Ready Reliable Care Support Contract

Mr. Matt Motley
Chief, Enterprise Solutions Branch
Ready Reliable Care – Background and Summary

- Following the 2014 MHS Review, each military Service took specific action to improve health care access, quality, safety, transparency, and patient engagement. Now, the DHA is working to standardize and expand these efforts in a coordinated approach to high reliability for the entire MHS: Ready Reliable Care (RRC).
- RRC is the MHS High Reliability Organization brand that builds on and unifies Service high reliability efforts through common domains of change and principles that drive us toward meeting the DHA mission and DHA Campaign Plan.
- In 2019 the DHA HRO Integrated Product Team (IPT) developed the Action Plan 1 Narrative Summary to provide a pathway for the transformational changes necessary to advance high reliability with a goal of Zero Harm.
- Leveraging the enduring work identified in the Action Plan 1 Narrative Summary, the RRC Steering Committee has developed in 2021 a Work Breakdown Structure (WBS) to define projects required to mature RRC across the MHS.

LEADERSHIP
CULTURE OF
CONTINUOUS
PATIENT
COMMITMENT
SAFETY
PROCESS
CENTEREDNESS

Prioritize Ready Reliable Care at all levels of leadership
Commit to safety and harm prevention
Advance innovative solutions and spread leading practices
Focus on patients’ safety and quality of care experience

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What is Ready Reliable Care?

Ready Reliable Care (RRC) is a culture that builds on and unifies Service high reliability efforts through common domains of change and principles that drive us toward great outcomes.

### Domains of Change

<table>
<thead>
<tr>
<th>LEADERSHIP/COMMITMENT</th>
<th>CULTURE OF SAFETY</th>
<th>CONTINUOUS PROCESS IMPROVEMENT</th>
<th>PATIENT CENTEREDNESS</th>
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<tbody>
<tr>
<td>Prioritize Ready Reliable Care at all levels of leadership</td>
<td>Commit to safety and harm prevention</td>
<td>Advance innovative solutions and spread leading practices</td>
<td>Focus on patients’ safety and quality of care experience</td>
</tr>
</tbody>
</table>

### READY RELIABLE CARE PRINCIPLES

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
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<tbody>
<tr>
<td>PREOCCUPATION WITH FAILURE</td>
<td>Drive zero harm by anticipating and addressing risks.</td>
</tr>
<tr>
<td>SENSITIVITY TO OPERATIONS</td>
<td>Be mindful of how people, processes, and systems impact outcomes.</td>
</tr>
<tr>
<td>DEREFERENCE TO EXPERTISE</td>
<td>Seek guidance from those with the most relevant knowledge and experience.</td>
</tr>
<tr>
<td>RESPECT FOR PEOPLE</td>
<td>Foster mutual trust and respect.</td>
</tr>
<tr>
<td>COMMITMENT TO RESILIENCE</td>
<td>Leverage past mistakes to learn, grow, and improve processes.</td>
</tr>
<tr>
<td>CONSTANCY OF PURPOSE</td>
<td>Persist through adversity towards the common goal of zero harm.</td>
</tr>
<tr>
<td>RELUCTANCE TO SIMPLIFY</td>
<td>Strive to understand complexities and address root causes.</td>
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</table>
This contract provides support for the Ready Reliable Care (RRC) Strategic Initiative, as part of the 2022-2026 Campaign Plan, which establishes a unified framework to promote high reliability across the Military Health System (MHS). To implement the RRC Strategic Initiative, the DHA must execute a comprehensive campaign across the MHS that introduces and educates about High Reliability, building upon past efforts and strengthening the four High Reliability Organization (HRO) Domains of Change: Leadership Commitment, Culture of Safety, Continuous Process Improvement, and Patient Centeredness.

This contract also meets the need to continue addressing requirements to improve the care in the MHS as were unfolded in the MHS Review of clinical quality, patient safety, and access to care, directed by the Secretary of Defense in 2014. This contract provides support to the DAD-MA Clinical Support Division in its mission to ensure the delivery of high quality safe patient care with appropriate access to clinical services provided at worldwide military treatment facilities. Contract support includes the areas of: Program Management; Governance and Structure; Strategic Communications; Performance Improvement; Clinical Quality Management; Knowledge Management; Human Capital & Learning.
Requirement Summary

- Requirement #1: Program Oversight
- Requirement #2: Change Management
- Requirement #3: HRO Maturity Model and Assessment
- Requirement #4: HRO Education and Training
- Requirement #5: Develop Core Competencies
- Requirement #6: Process Improvement
- Requirement #7: Analytics
- Requirement #8: Data Visualization
- Requirement #9: Clinical Quality Management
- Requirement #10: Patient Safety / TeamSTEPPS
- Requirement #11: CQM Education and Training
- Requirement #12: Strategic Communications
- Requirement #13: Knowledge Management
## Requirement Summary

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<tr>
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Requirement #1: Program Oversight

- Ensure integration, synchronization, coordination, and collaboration across a large number of authorities and key stakeholders within the MHS, which include, but is not limited to, the: Office of the Secretary of Defense; Undersecretary of Defense for Personnel and Readiness; Health Affairs; DHA; the Joint Staff; and Army, Navy, and Air Force Medical Components, to achieve desired outcomes and the full intent and directive of the OSD for the MHS to become an HRO.

- Monitor advancement of the RRC Change Plan, updating as needed, assisting in the continued MHS transformation to an HRO.

- Provide tools, strategies, and planning to move individuals along the Change Adoption Curve, identify risks and risk mitigation strategies, and track initiative progress.
Requirement #2: Change Management

• Lead change management and organizational design efforts to design foundational structure and supporting governance critical for advancing HRO within the MHS.

• Develop and maintain project management and change management plans to support implementation of the RRC project plan, ongoing high reliability transformation and culture change.
Requirement #3: HRO Maturity Model and Assessment

• Develop, implement, validate and maintain the MHS RRC maturity model and assessment aligned to the four domains of change to measure the current HRO maturity of markets and MTFs
• Conduct annual HRO maturity assessments of Markets and MTFs
• Develop improvement plans to support Markets and MTFs in advancing their HRO journey
Requirement #4: HRO Education and Training

• Develop an HRO education and training program, including Instructional System Design practices and adult learning theory in the design, development, implementation, and evaluation of learning resources for identified audiences, applying learning strategies and modalities appropriate to establish and achieve foundational competencies.

• Plan, analyze, design, develop, implement, evaluate, maintain, and sustain education and training products and plans for all relevant task areas throughout the PWS to provide continuity and standardization of RRC HRO education and training across the enterprise.
Requirement #5: Develop Core Competencies

• Align and integrate high reliability knowledge, skills, and abilities into existing/new education and training programs and products with direct impact on high reliability, to enable the workforce to achieve HRO competencies in their daily work.

• Support the integration of HRO core competencies into performance management policies, processes, and tools in coordination with Administration and Management (J1) Directorate of DHA.

• Develop DHA role-based Change Management competency model and assess organizational performance and maturity.

• Support the development of role-based CPI and Change Management competency training modules on the Joint Knowledge Online training system.
Requirement #6: Process Improvement

• Provide robust process improvement capability and subject matter expertise related to the design, stand-up, and maintenance of performance management tools and dashboards currently in use by the DHA to monitor performance trends as needed to advance enterprise HRO.

• Develop and support the maturation of clinical measures and patient-reported outcome measures to provide meaningful performance data to a health care organization.
Requirement #7: Analytics

- Provide subject matter expertise in analytics, ranging from applied mathematics, statistics, and true data science, across all levels of the MHS and Services, including MHS data systems.

- Support Clinical Community/Clinical Support Service (CC/CSS) performance improvement metric development in coordination with clinical SMEs and J5 Analytics and Evaluation to provide informative and actionable performance and operational metrics in alignment with DHA strategy.

- Conduct analysis of strategic measures to assess value and outcomes of performance improvement efforts to ensure alignment with DHA strategy, including trend analysis to chart outcomes of these efforts over time.
Requirement #8: Data Visualization

• Build data visualization and data exploration modeling using Tableau/Qlik and provide stakeholders with a regimented UI/UX experience, as well as the capability to construct structural and functional navigations in dashboards for outcome measures as well as visualizations associated with leading measures/variables.

• Maintain centralization of CC/CSS performance improvement metrics and data visualization via continued support of the Value Analysis Launchpad and Uniform Evaluation (VALUE) Dashboard, while utilizing standardized refresh and maintenance schedules for enhanced predictability and usability.
Requirement #9: Clinical Quality Management

• Provide technical expertise and strategy, policy, and implementation support across the full range of DHA Clinical Quality Management functions (including patient safety, healthcare risk management, credentialing and privileging, accreditation and compliance, clinical measurement, clinical quality improvement, and infection prevention and control) and all areas of clinical quality that are critical to advancement of enterprise HRO.

• Support update of seven volume DHA-PM 6025.13 Clinical Quality Management in the Military Health System to ensure alignment with DoDI 6025.13, law and other regulation.
Requirement #10: Patient Safety/TeamSTEPPS

• Develop and implement an approach to standardize team-based safety practices across the MHS to enhance communication and promote safety culture

• Design and execute a five-year plan for effective integration of TeamSTEPPS into healthcare delivery

• Support and improve current TeamSTEPPS survey instrument administration and data analysis efforts
Requirement #11: CQM Education and Training

• Develop and implement a comprehensive CQM training and education program that includes all six CQM programs: Patient Safety, Healthcare Risk Management, Credentialing and Privileging, Accreditation and Compliance, Clinical Measurement, and Clinical Quality Improvement.

• Includes the planning, analysis, designing, development, implementation, evaluation, maintenance, and sustainment of education and training products and plans for all task areas to provide continuity and standardization of education and training across the enterprise.
Requirement #12: Strategic Communications

- Design and implement a comprehensive communication plan that will provide a framework for products and activities that must occur through the lifecycle of HRO transformation, beyond intro and branding.

- Development of this plan and subsequent implementation and dissemination will include developing, disseminating, and monitoring communication plans, products, and tools for RRC at the program, workstream, and project levels.

- Design and implement a comprehensive communications and change management plan to support stakeholder engagement and communications for the CMO/CNO with an emphasis on internal communications that support DHA Director and Medical Affairs priorities.
Requirement #13: Knowledge Management

• Design, implement, and manage knowledge management and performance management platforms for the DHA and for other tri-Service MHS-wide application.

• Identify and leverage DHA knowledge management infrastructure, systems and tools (e.g., internal SharePoint sites, MilSuite) to share existing evidence-based practice tools across the MHS.

• Monitor, track, and report key performance indicators, which can be adopted to proactive monitoring of the knowledge management infrastructure to demonstrate current value and the competitive advantage that an integrated, strategic knowledge management infrastructure can bring to DHA.

• Provide support across the contract to develop and maintain relevant DHA internal and public-facing sites to ensure enterprise-wide space for collaboration and dissemination of resources. The contractor will develop a strategy for the implementation, development, and maintenance of relevant sites.
For all requirements:

- No small business set aside information
- POC: Matt Motley
J-6 Information Operations
Geographic Service Providers

Mr. Daniel L. Winske Jr.
Program Manager
# Requirement Summary

<table>
<thead>
<tr>
<th>Specifications</th>
<th>Summary</th>
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<td>Requirement Title</td>
<td>Geographic Service Providers (GSP)</td>
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## Specifications

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<th>Specifications</th>
<th>Summary</th>
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<td>Place of Performance</td>
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<td>$1,500,000,000 (ceiling)</td>
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Requirements Details

• PROBLEM STATEMENT: There is a critical need for DHA to implement standardized processes and procedures consistent with the MHS EITS strategy to optimize the use of IT delivery and support services across the enterprise. PEO Medical Systems / CIO (J-6) is seeking capabilities to standardize, organize, and provide robust and highly available IT services to support MTFs and Other Lines of Business (OLB). DHA has identified efficiencies in IT delivery and support services across the MHS enterprise, including the consolidation of requirements currently met by over 100 decentralized existing IT support contracts under the new Geographic Service Providers (GSPs) vehicle.

• DESIRED OUTCOME: The overall goals of this effort are to enable the PEO Medical Systems / CIO (J-6) to reduce variability through standardization of IT service delivery and support processes, provide high quality services, and realize cost efficiencies. The GSPs will rationalize the way contracted IT support professionals are provided to MTFs and OLBs by rebalancing effort at individual sites, implementing shared resources, and leveraging new enterprise capabilities (CSPs).
EITS Strategy Components
Daniel Winske / GSP PM

Enterprise IT Services Integrator (EITSI)
Provides oversight, coordination, and customer interaction

Capability Service Providers (CSPs)
Specialist contractors that are experts in a particular IT capability and provide it to the entire MHS Enterprise

Geographic Service Providers (GSPs)
Contractors that perform a variety of IT support tasks at MTFs and OLBs spanning a defined geographical area

- EITS program strategy contains three primary categories of contractors
  - EITSI
  - CSP
  - GSP

- There will be one EITSI and multiple CSPs and GSPs
GSP Acquisition Timeline
Daniel Winske / GSP PM

GSP Acquisition Timeline

Charter Complete

Requirements Gathering

Market Research Report

Investigation Planning Team (IPT) Start

Release Solicitation

Receive Proposals

Contract Award

Q3 Q4 Q1 Q2 Q3 Q4 Q1 FY21 FY22 FY23

Problem Statement Released 29 Jul 2021

DHA Industry Day 30 MAR 2022

Incremental release of solicitation documents at SAM.gov

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Medically Ready Force... Ready Medical Force
Key Acquisition Attributes
Daniel Winske / GSP PM

• **Scope:** IT support at MTFs and OLBs across the globe

• **Competition Approach:**
  - New DHA Multiple Award IDIQ contract
  - 100% Small Business Set-Aside
  - Best value tradeoff

• **Contract Type:**
  - Contract types may include Firm-Fixed-Price, Time & Material/Labor-Hour
  - DHA intends to award some Task Orders at time of IDIQ award

• **Duration:** 10 year Ordering Period with varying Periods of Performance by Task Order
GSP Scope Areas
Daniel Winske / GSP PM

1. Local IT Service Desk
2. Application and Web Development Support Services
3. Identity Management and Windows Desktop Services
4. Data Center Operations Support Services
5. Information Assurance Support Services
6. Network Operations Support Services
7. Telecommunications (Analog and Digital) Support Services
8. Clinical Informatics Support Services
9. Information Business Operations

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Next Steps
Daniel Winske / GSP PM

• First Draft PWS to be posted to SAM.gov for Industry comment – 31 March 2022
• Seeking overall PWS feedback and recommendations for GSP implementation
  ▪ Within DHA Market structure
  ▪ Rebalancing effort at individual sites
  ▪ Implementing shared resources
• Responses to PWS and Comments due 14 April 2022
NMIS/SNPMIS Tier III

Mr. Richard Masannat
Contracting Officer’s Representative
Requirement Summary

• Purpose:
  ▪ Provide Tier III Maintenance Support for the Nutrition Management Information System (NMIS) and Special Needs Program Management Information System (SNPMIS).

• Details:
  ▪ Manage all user-facing applications and related supporting application and database software and middleware for NMIS across all environments
  ▪ Installation, integration, and configuration of all software that is required for the Application to function, which is not a part of, or bundled with, the Operating System
  ▪ Cybersecurity support for both NMIS and SNPMIS

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## Requirement Summary

<table>
<thead>
<tr>
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DAD – Information Operations
Richard Masannat, Contracting Officer’s Representative

• Details:
  ▪ No small business set aside information available
  ▪ Point of Contact: Richard Masannat
Defense Medical Logistics Enterprise Solutions
- Continuous Service Improvement

Ms. Donna J. Totten
Contracting Officer’s Representative
Requirement Summary

• Continuous Service Improvement for the Defense Medical Logistics - Enterprise Solutions
  ▪ Recompete of W81XWH18F0142 – Ellumen Inc
  ▪ Contracting Office: United States Army Medical Research Acquisition Activity (USAMRAA)
Purpose: Provide Continuous Improvement Services to DoD and VA that identify, define, gather process, analyze, present and implement improvements through the disciplines of training, testing, customer issue management and documentation. It is a recurring organizational activity performed to make sure the organization is aligned with the stakeholder’s expectations. The continual improvement model is part of the Service Value System.

Details:
• Create software business training solutions that are less complex, interactive, easy to learn and intuitive.
• Fully comply with IEEE standard industry practices, SCORM and Section 508 requirements. Using tools such as ANDI, JAWS and AXE.
• Integrate multi-media training/courseware within the business process and with Agency academic formal school offerings
• Create, maintain and automate Independent Verification and Validation test scenarios using tools such as Selenium, Apache JMeter and/or HP Quality Center that fully exercise the business application functionality in a daily continuous deployment/continuous integration environment.
Priority List

- This is a non-personal services contract to provide the Defense Medical Logistics - Enterprise Solutions with Continuous Service Improvement Service from the User perspective.
- Optimize and integrate the disciplines of information technology, training, testing, customer issue management and documentation to proof/improve Software quality/recommend improvements to business functionality, training offerings or documentation.
- The talent pool is the right blend of business experience and acumen, training experience and acumen, and technical experience and acumen
- Use multi-media tools to reach/teach intermediate to senior levels of a highly talented work force.
### Requirement Summary

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• Details:
  ▪ A set aside is not planned
  ▪ Point of Contact: Donna Totten
Medical Simulation and Training Program Management Office

Mr. Jude Tomasello
Program Manager
Medical Simulation and Training Program
Management Office

Mission
Save lives and improve healthcare through simulation.

Vision
The Military Health System’s provider of choice committed to developing, acquiring, delivering and sustaining medical simulation capabilities to optimize readiness and improve healthcare.
Origins
Medical Simulation and Training Program Management Office

• Created by the Assistant Secretary of Defense for Health Affairs to:
  ▪ Transition medical training science and technology projects
  ▪ Support the shared Services’ medical training requirements
  ▪ Respond to the geographic combatant commands requirements
  ▪ Standardize medical training solutions
  ▪ Centralize the sustainment of medical training solutions

MST PMO provides Total Lifecycle Management of Military Health System (MHS) training aids, devices, simulations, simulators, and services for advanced development, prototyping, production, fielding, sustainment, and disposal.
Priorities

• Effectively and efficiently support the Military Treatment Facilities (MTFs) and geographic Combatant Commanders (COCOMs) Medical Simulation and Training requirements consistent with the DHA Campaign Plan.

• Develop, field, and sustain our ongoing medical simulation programs.

• Continue to support DHA Initiatives for Acquisition Governance, Processes, and Workforce.

• Take care of the Workforce.

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Medically Ready Force… Ready Medical Force
Opportunities

• Complicated Obstetric Emergencies Simulation System (COES2)

• Interoperable Networking for Training, Readiness, and Education in Medicine (INTREMED)
## Requirement Summary #2

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Complicated Obstetric Emergencies Simulation System (COES2)
LTC Roger Hosier, US Army, PM MST Clinical Advisor

• **Purpose:** To develop and implement a simulation-based Obstetrical training program in 49 military inpatient facilities worldwide for the Military Health System.

• **Details:**
  - Provide individual military inpatient facilities the ability to conduct in-situ obstetric simulation training using their currently assigned personnel.
  - Provide services to oversee and manage the purchase and fielding of simulation models to all military hospitals.
  - Develop an IT solution to track and trend Obstetrical training; update a training statistics dashboard and provide standard reports semi annually.
  - No small business set aside information available. Market research ongoing.
## Complicated Obstetric Emergencies Simulation System (COES2)

LTC Roger Hosier, US Army, PM MST Clinical Advisor

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<td>374th Medical Group, Yokota AFB, Japan</td>
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<td>Blanchfield Army Community Hospital</td>
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<td>Bremerton Naval Hospital</td>
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<td>Landstuhl Regional Medical Center, Germany</td>
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UNCLASSIFIED

*Medically Ready Force... Ready Medical Force*
## Requirement Summary #2

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Interoperable Networking for Training, Readiness, and Education in Medicine (INTREMED)

• **Purpose:** INTREMED is a System of Systems, cloud native, open architecture consisting of connected state of the art Commercial-Off-The-Shelf (COTS) and/or Government-Off-The-Shelf (GOTS) technology to enhance interoperability between existing training and education learning management and delivery systems.

• **Details:**
  - Provide an integrated and enterprise-wide education, training, and human performance improvement infrastructure.
  - Provide a Data-Driven Framework for Training and Education.
  - Enable Lifelong, Blended, Data-Driven, and Responsive Training.
  - Facilitate Continuous Competency Maintenance.
  - Managed by MST PMO with assistance from the US Navy Air Warfare Center Training Systems Division (NAWCTSD).
  - No small business set aside information available.

**UNCLASSIFIED**

Medically Ready Force… Ready Medical Force
Emerging Medical Training Capability

- **MHS Medical Library (MML):** Integrate, consolidate, and standardize medical libraries across the Military Health System enterprise.

- **Standardized Patient Enterprise Services (SPES):** Enterprise-wide contract supporting the MTFs to provide and manage standardized patients across numerous medical specialties.

- **Various Science and Technology (S&T) Transition candidates:** Evaluating S&T projects for gaps and user needs.
Never Forget

Saving Lives Through Simulation
Enhancing Readiness and Resiliency through medical training

Developing and fielding Live, Virtual, Constructive and Gaming materiel solutions to all healthcare providers across the continuum of care.
Thank You

Program Manager – Jude Tomasello
Business Office Manager – Bill Leeman
Chief Engineer – Vanette Johnson
Clinical Advisor – LTC Roger Hosier
Photo Credits

1. US Marine Corps photo by Sergeant Justin Huffty.
J-7 Education & Training

Mr. Gerald Creech
Chief, Business Operations
Requirement Summary

• C-Suite Executive Assessment
• Support Services for MMSD
### Requirement Summary #1

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Requirement #1

• Purpose:
  ▪ Support, assistance, advice and training for the efficient and effective management and operation of the DHA Headquarters Directorate.

• Details:
  ▪ Facilitate the C-Suite Executive Assessment and Coaching Program
  ▪ Conduct data analysis and assessments
  ▪ Provide administrative support including training and education development for C-Suite Executive Assessment and Coaching Program.
DAD – Education & Training
Mr. Gerald Creech, Chief, Business Operations

• Details:
  ▪ Small business set aside information available
# Requirement Summary #2

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Requirement #2

• Purpose:
  ▪ Support, assistance, advice and training for the efficient and effective management and operation of the MHS.

• Details:
  ▪ Support services to the Defense Medical Modeling and Simulation Office (Falls Church, VA and San Antonio, TX).
  ▪ Conduct data analysis and assessments.
  ▪ Provide administrative support, including training and education development.
DAD – Education & Training
Mr. Gerald Creech, Chief, Business Operations

• Details:
  ▪ Small business set aside information available
Research and Development Directorate is comprised of:

- Human Research Protections Program (HRPP)
- Clinical Investigations Program (CIP)
- Research Portfolio Management
- Research Support
- Implementation Science
- Psychological Health Center of Excellence (PHCOE)
- Traumatic Brain Injury Center of Excellence (TBICOE)
- Hearing Center of Excellence (HCE)
- Vision Center of Excellence (VCE)
- National Museum of Health and Medicine (NMHM)
Priority List

• Develop an Enterprise-Wide Clinical Investigations Program (CIP)
• Establish efficient and effective DoD submission processes for human subjects research
• NDAA 2019 Section 711/NDAA 2020 Section 737 transition
• Integrate Military Health System Research framework into the MHS
• Standardize research dissemination and implementation process
• Enhance management and oversight of research and development portfolios
• Centralize capabilities to leverage expertise for MHS priorities
• Create a robust centralized system of R&D that operates more efficiently and has fewer gaps and redundancies
DAD – R&E
Mrs. April Simmons/ Business Support Office

Requirement Summary
• Integrated Support Services
• Knowledge Translation
• MSO Education Clinical Affairs Research & Longitudinal Studies
• Administrative and Professional Support Staff
• Data Scientist and Data Analyst Support
• Vision Coordination Support Services
• VCE Network Support Services
### Requirement Summary #1

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</table>
Requirement #1 Details

• **Purpose:**
  - An agile team that assists leadership and quickly adjusts resources on high-priority projects (Strategic Partnerships, operational planning support, support for transformation, etc.)

• **Details:**
  - Provides support to Research Portfolio Management, Human Research Protections Program (HRPP), Health Services Research and Clinical Investigations Program
  - Small Business set aside: TBD
  - Point of Contact: Catherine Haight
## Requirement Summary #2

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## Specifications

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</table>
Requirement #2 Details

• Purpose:
  - Providing expert level consultative & communication services in support of translating research to practice; developing & executing knowledge product dissemination, implementation, evaluation, and project plans; and tracking project level of effort.

• Details:
  - Disseminates that information to target audiences in order to improve care by pushing forward the most needed and recent science; achieving better health and readiness through implementing relevant health solutions across the enterprise; improving readiness by changing behavior and improving health outcomes; and lowering costs by consolidating capabilities and coordinating efforts.
  - Small Business set aside: TBD
  - Point of Contact: Lynn Hallard
## Requirement Summary #3

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</table>
Requirement #3 Details

• Purpose:
  ▪ Provide high-performing personal and non-personal services staff to support Clinical Affairs Branch, Education Branch, Research Branch, and the MSO in its mission.

• Details:
  ▪ Assist with development of state-of-the-art clinical recommendations, clinical tools as well as educational products to support TBI care in the MHS. Support TBICoE’s mission to educate Service members, their families and Veterans on issues related to TBI with a primary focus on those health care clinicians who evaluate and treat service members.
  ▪ Small Business set aside: TBD
  ▪ Point of Contact: Katharine Stout
## Requirement Summary #4

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Requirement #4 Details

• Purpose:
  ▪ Non-personnel services contract to provide Administrative and Professional support staff to the world class National Museum of the Health medicine (NMHM) of the Department of Defense (DoD).

• Details:
  ▪ Provide highly qualified, experienced personnel and services necessary to perform professional and administrative support, seamlessly integrating current operations and future operations in a highly collaborative environment. The NMHM overall mission is the development, planning, analysis, management and implementation of all activities related to its holdings. related thereto.
  ▪ Small Business set aside: TBD
  ▪ Point of Contact: Rudolph Wynn
### Requirement Summary #5

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<td>Requirement Title</td>
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Requirement #5 Details

• Purpose:
  ▪ Provide data science, architect, and data analytics support for VCE.

• Details:
  ▪ Review and conduct an analysis of the current data models and data logic located within the Defense and Veterans Eye Injury and Vision Registry (DVEIVR). Incorporate analysis and recommendations for utilizing big data sets by structuring and analyzing the data in a way that will allow VCE to prepare reports for population health.
  ▪ Small Business set aside: TBD
  ▪ Point of Contact: Patty Morris
## Requirement Summary #6

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<td>Place of Performance</td>
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Requirement #6 Details

• **Purpose:**
  - Vision care services coordination for Service Members with eye injuries and vision dysfunction who are located in the assigned geographical area (Capital Region, San Diego, or San Antonio).

• **Details:**
  - Provide vision care coordination services using various non-classified DOD electronic medical systems, such as TRAC3S, a patient movement system, Joint Legacy Viewer (JLV), AHLTA, Essentris, VistA, and reports from the Military Health System (MHS) Data Repository (MDR), MHS Genesis, Defense and Veterans Eye Injury and Vision Registry (DVEIVR) and other pertinent reports.
  - Small Business set aside: TBD
  - Point of Contact: Patty Morris
# Requirement Summary #7

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<td>Anticipated Award Value*</td>
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Requirement #7 Details

- **Purpose:**
  - Network support services to include help desk and other network related services to the VCE.

- **Details:**
  - Provides Information Management / Information Technology contract support to VCE. Contract supports all functions of Information Technology/Information Management support for VCE and satellite stations within the National Capital Region, San Diego, or San Antonio.
  - Small Business set aside: TBD
  - Point of Contact: Patty Morris
Dr. Jake Lewis
Interim Director, DHA Contracting Activity
Defense Health Agency Contracting Activity (DHACA)

- Effective 03 JAN 2022 DHA Pricing & Contracting official became Defense Health Agency Contracting Activity.
- As a Direct Report Organization (DRO) to DHA, Defense Health Agency Contracting Activity (DHACA) is responsible for oversight and approval of all contracting matters for the DHA HQ operations and current MTFs.
- Purview includes acquisition of supplies, equipment, services, information technology (IT) systems for both HQ and MTF infrastructure to satisfy the DHA’s mission to provide a medically ready force and a ready medical force.
- Large Contracting Efforts:
  - Joint support of COCOMs Contracting Operations through Europe.
  - TRICARE Managed Care Program- Manage Care Contracting Division
  - MHS Genesis – DHMS Contracting Division
  - Medical “Q” Services – EMS Contracting Division

DHACA’s Vision and Mission drive the Ways and Means established in the DHA Director’s Priorities

**Our Vision**
Unified and Ready Acquisition

**Our Mission**
DHACA of the Defense Health Agency, leads a Military Health System (MHS) integrated system of acquisition and procurement services, delivering the quadruple aim: increased readiness, better health, better care, and lower costs

**Our Values**
- Trust
- Respect
- Empowerment
- Commitment
- Stewardship
- Integrity
- Partnership
- Accountability

Interim Director of Contracting Activity
Dr. Jake Lewis

Medically Ready Force... Ready Medical Force
DHACA is responsible for oversight and approval of all contracting matters for the Defense Health Agency. Acquisition functions falling under DHACA’s purview include:

DHACA oversees these functions as they are applied to the acquisition of supplies, equipment, services, information technology (IT) systems, and infrastructure to satisfy the **DHA’s mission to provide a medically ready force and a ready medical force.** In addition, **DHACA is responsible for creating a professional, agile, and motivated DHA defense acquisition workforce** that consistently makes smart business decisions, acts in an ethical manner, and delivers timely and affordable capabilities.
Meet the Staff

Mr. Jim Berns  
Managed Care Contracting Division (MC-CD)

Ms. Melissa Oliva  
Enterprise Medical Support Contracting Divisions (EMS-CD)

Mr. Bert Bryson  
Government Purchase Card Program Division (GPCPD)

Dr. Jake Lewis  
Procurement Policy and Acquisition Systems Division (PPASD)

Ms. Kim Woods  
Southern Markets Contracting Division (SM-CD)

Mr. Jared Goins  
Northeastern Markets Contracting Division (NM-CD)

Mr. Robert LeBlanc  
Professional Services Contracting Division (PS-CD)

Mr. Matt Hudson  
Defense Healthcare Management Systems Contracting Division (DHMS-CD) Chief

Mr. Eric Fuentes  
Business Operations Division (BOD) Acting Chief

Mr. Jason Jerome  
Western Markets Contracting Division (WM-CD) Chief

Mr. Rod Cameron  
Central Markets Contracting Division (CM-CD) Chief

Mr. Matt Bucher  
Southeastern Markets Contracting Division (SEM-CD)

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DHACA plays a major role in the mission execution of the DHA. FY22 successes include:

• Became the largest Government Purchase Card Program of all 28 DoD agencies
• Helped DHA exceed its FY21 small business eligible contracting dollars goal by 6.1%
• Developed a Contracting Operation Health Assessment Dashboard (COHAD) that provides insights into the effectiveness of contracting activities by division
• Awarded $1.4B “Workforce 3.0” contract to support enterprise-wide transformation at DHMS Program Executive Office
• Executed Afghan Operation Allies Welcome Medical Support Services
• Awarded the TRICARE Pharmacy 5<sup>th</sup> Generation TPharm5 Contract
In support of the Military Health System (MHS) Transition, the DHACA is responsible for the successful transition of procurement support to the Military Treatment Facilities (MTFs) from the Military Departments (MILDEPs) to DHA. Successes so far include:

- Stood-up four (4) new Market-Based/MTF Contracting Divisions (Southern Markets Contracting Division; Central Markets Contracting Division; Southeastern Markets Contracting Division; and Western Markets Contracting Division)
- Established mission capability to join the pre-existing (legacy) Northeastern Markets Contracting Division (formerly National Capital Region)
- Facilitated transfer and execution of 88 Department of the Air Force enterprise contracts to DHA for administration and re-procurement, with approximately $157.3M in annual contract obligations
- Role-out $10M eContract File Management System (eCFMS)
- Coordinated transfer of Management Directed Reassignment personnel and contract workload from Navy Medical Logistics Command (NAVMEDLOGCOM) to DHA and the transference of 750 legacy contracts in support of Navy MTFs from NAVMEDLOGCOM to the DHA for administration
FY 22-23 Focus Areas

1. Increasing organizational maturity through continued expansion of MTF Contracting Capabilities
   a. Transferring Navy regional and local MTF acquisition personnel and contracts
   b. Transferring in USAMRAA personnel and workload.
2. Increasing contract support to the MTF
5. Ensuring connectedness across DHACA through implementation via electronic contracting tools and dashboards.
6. Where possible, maximizing GPC utilization to increase contracting efficiencies.
7. Enhancing Business Intelligence (BI) opportunities through development of data-driven execution tools.
8. Increasing small business utilization, where possible.

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Thank You