DHA FY21 CAMPAIGN PLAN

1. Great Outcomes
2. Ready Medical Force
3. Satisfied Patients
4. Fulfilled Staff
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A Message From DHA Leadership

The DHA Campaign Plan described in the following pages takes the words and sentiments we express everyday about the four critical priorities: Great Outcomes, Ready Medical Force, Satisfied Patients, and Fulfilled Staff, and turns them into an actionable plan. This is the FY21 plan to put strategy into action.

When we establish the measures and targets we expect to reach in 2021, we are telling ourselves and everyone affected by our Military Health System (MHS) – This is what matters the most to us. Hold us to our promises. Judge us by our outcomes.

Our frequent reference to a “patient-centered approach” means the goals we set for our system are through the eyes of our patients. For example, a measure of “Patient’s Perception of General Health” focuses our lens on the individual in front of us, and the numerous health care and supporting activities we must synchronize to positively affect each individual entrusted to our care.

Our values as a MHS are fortified by our commitment to high reliability. Our MHS may be in the midst of important and needed organizational change, but our culture and our commitment as a military medical team remain steadfast. We are focused on always improving our system of care, striving to engage and integrate with our service partners, and developing a system that provides high quality care to all that come for services provided by DHA.

We are grateful for the shared opportunity to work together with you in the coming year on behalf of those we serve.

Director
LTG Ronald Place

Senior Enlisted Leader
CSM Michael Gragg
The Military Health System (MHS)

The MHS enables the National Defense Strategy by providing a Medically Ready Force, a Ready Medical Force, and improving the health of all those entrusted to its care. The MHS is responsible for providing health services through both direct care and Private Sector Care to approximately 9.6 million beneficiaries, composed of uniformed service members, military retirees, and family members.

DHA plays a critical role in executing and delivering the highest quality of health care to MHS beneficiaries through support to the Service Military Departments. DHA’s key combat support responsibility is to provide a Medically Ready Force – by ensuring uniformed service members are healthy and safe from potential health threats.

DHA also supports a Ready Medical Force – supporting health care professionals who care for operational forces in the field through training and education and providing the clinical settings in which they build their skills for deployment to ensure great outcomes for all beneficiaries.

As the health care delivery arm of the MHS, DHA is crucial to supporting DoD’s integrated system of readiness and health. DHA manages a global health care network of military and civilian medical professionals and more than 400 military hospitals and clinics around the world.
DHA Campaign Plan Lines of Effort

Great Outcomes, Ready Medical Force, Satisfied Patients, and Fulfilled Staff are the four priorities that DHA must execute in FY21. All efforts at the Headquarters (HQ), Market, and Military Treatment Facility (MTF) must demonstrate a direct alignment to one or more of the four DHA priorities and produce measurable progress within the next year.

The DHA Campaign Plan describes the process by which DHA will operationalize and monitor execution at the HQ, Market, and MTF level to achieve success.

In FY21, each of the four DHA priorities will be supported by a cross-functional body of work, defined as a Line of Effort (LOE). LOEs contain the Campaign Plan Projects and Key Performance Indicators (KPIs) that will drive progress on a priority. LOEs incorporate input from the Markets and MTFs via the Quadruple Aim Performance Process (QPP) to ensure QPP initiatives address a performance gap that maps to a priority.

**DHA’s Mission:** "We support the National Defense Strategy and Service Military Departments by leading the Military Health System as an integrated, highly-reliable system of medical training, readiness, and health."

**DHA’s Vision:** "Unified, Reliable, and Ready..."
The Campaign Plan will be executed through selected Campaign Plan Projects that DHA has identified as key enterprise efforts that will drive progress in FY21. Each project is aligned to a LOE and measured by specific KPIs to actively monitor Agency performance. For a complete list of FY21 Campaign Plan Projects, click [here](#).

Campaign Plan Projects are generated through DHA Deputy Assistant Directors (DADs), Market, and MTF leadership Executive Planning Sessions (EPS) to focus our efforts on this year’s projects.

Annual Campaign Plan Projects drive performance across the organization, linking the Director’s priorities to the daily work done by each of you. In support of the Markets and MTFs, the FY21 Campaign Plan Projects include Market submissions from last year’s QPP cycle that DHA leadership identified as addressing enterprise-wide performance gaps.

Managing the execution of these projects is critical to successful FY21 performance. An example of how the Markets contribute to the FY21 Campaign Plan Project portfolio is the creation of the Integrated Referral Management and Appointing Center (IRMAC) project.

The IRMAC project focuses on improving access to care, enhancing the patient experience, and optimizing direct care capacity. The project was identified during last year’s QPP cycle from Markets and MTFs, due to the numerous submissions concerning gaps in access to care across the MHS.

As a focus for FY21, the IRMAC Campaign Plan Project directs progress towards how the DHA will monitor performance utilizing the following Operational KPIs:

- Per Member Per Month (Direct Care/Private Sector Care)
- Recapture: KSA Private Sector Care Leakage (% by Specialty)

These Operational KPIs support LOE 1: Great Outcomes, LOE 2: Ready Medical Force, and LOE 3: Satisfied Patients. As demonstrated by the IRMAC Campaign Plan Project, it is critical that everyone understands how his/her role in executing these annual projects has long-lasting effects for the enterprise at large.
FY21 LOE 1 Strategic and Operational KPIs

DHA will measure FY21 progress by using KPIs. A KPI is a performance measure that supports an LOE and defines success given current operating conditions. Strategic KPIs are managed at the HQ-level by the Corporate Executive Board (Deputy Director and the Assistant Directors). Operational KPIs are managed by the Executive Steering Committee (Deputy Assistant Directors) and measure specific efforts that will drive completion of the strategic KPIs. Markets will work closely with HQ leadership to develop a set of tactical KPIs that will measure specific execution efforts at the Market and MTFs. To support continuous enterprise improvement, DHA will store the latest version of the KPIs, associated thresholds, and additional guidance here as a living document.

LOE 1 Definition: Our most important outcome is a Medically Ready Force.

As of 10 November 2020

<table>
<thead>
<tr>
<th>Line of Effort #1 (Great Outcomes): Strategic and Operational KPIs</th>
</tr>
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<tbody>
<tr>
<td><strong>How would you define success for this LOE by the end of FY21? How would you know we’d accomplished it?</strong></td>
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<tr>
<td><strong>LOE 1 Strategic Question: Are we focused on the right outcomes to maximize value?</strong></td>
</tr>
<tr>
<td><strong>Readiness</strong></td>
</tr>
<tr>
<td>% of Service Members Not Medically Ready Due to Duty Limiting Conditions</td>
</tr>
<tr>
<td><strong>Strategic KPI Definitions</strong></td>
</tr>
<tr>
<td>CEB Review (Strategic Priority KPIs)</td>
</tr>
<tr>
<td><strong>ESC Review (Operational KPIs)</strong></td>
</tr>
<tr>
<td>% of Profiles for ADSM ≥ 180 Days</td>
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<tr>
<td>% of Profiles (for ADSM) ≥ 180 Days: The proposed measure includes the percentage of Active Duty profiles over 180 days. These profiles reflect conditions or circumstances that limit duty days and deployability for an extended period.</td>
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<tr>
<td>% Completion of Standardized Surgical Universal Protocol (UP) Policy and Checklists in the MHS Direct Care System</td>
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<tr>
<td>% Completion of Standardized Surgical Universal Protocol (UP) Policy and Checklists in the MHS Direct Care System: Measure assesses the progress in development and deployment of a standardized universal protocol and safe surgery checklist across the MHS.</td>
</tr>
<tr>
<td>% Implementation of PPH Bundle: Measure assesses the percentage of implementation of the Post Partum Hemorrhage Bundle designed to prevent maternal morbidity and mortality in the MHS.</td>
</tr>
<tr>
<td><strong>Operational KPI Definitions</strong></td>
</tr>
<tr>
<td>% Completion of Standardized Surgical Universal Protocol (UP) Policy and Checklists in the MHS Direct Care System: Measure assesses the progress in development and deployment of a standardized universal protocol and safe surgery checklist across the MHS.</td>
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<tr>
<td>% Implementation of PPH Bundle: Measure assesses the percentage of implementation of the Post Partum Hemorrhage Bundle designed to prevent maternal morbidity and mortality in the MHS.</td>
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<tr>
<td><strong>PMPM</strong>: Cost Per Beneficiary for HMO</td>
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<tr>
<td>Average Empanelment In DC Primary Care: The measure assesses the total number of empanelled Prime and Plus beneficiaries divided by the number of primary care manager full-time equivalents, adjusted for approved leadership roles and inpatient deductions compared to the minimum average standard of 1,100 to 1 and standard processes identified in the DHA-PI-0025.11 on empanelment capacity. The measure assesses whether the MTF is reaching minimum empanelment standards to realize a return on resources and support a Ready Medical Force.</td>
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</table>
# FY21 LOE 2 Strategic and Operational KPIs

## LOE 2 Definition:
Our MTFs sustain team-based currency and proficiency enabling a Ready Medical Force.

## Line of Effort #2 (Ready Medical Force): Strategic and Operational KPIs

**Current Conditions**

**LOE 2 Strategic Question:** How do we ensure medical readiness sustainment platforms are supporting both the Service/CCMD expeditionary medical skill sustainment requirements?

**DHA End State:** Integrated, Highly-Reliable System of Medical Training, Readiness, and Health

### Strategic KPI Definitions

- **CEB Review** (Strategic Priority KPIs)
  - % of Non-CCCT Individual Specialties with Developed KSAs: TBD
  - % of CCCT Personnel by Individual Specialty Achieving KSA Threshold:
  - % of CCCT Individual Specialties with Developed KSAs: TBD
  - % of CCCT Personnel by Individual Specialty Achieving KSA Threshold:
  - % HQ, Market and MTF/DTF Reporting in DRRS-S: TBD

### Operational KPI Definitions

- **METC Graduation Rate**
  - % METC Graduation Rates compared to Service Component requirements. Metric depicts student throughput and service requirements for each medical program. Initial KPI measures depict how well the Medical Education & Training Campus (METC) meets Service annual requirements in primary tracing programs [Army-MOS (Department of Combat Medic Training), Navy-NEC (Hospital Corpsmen Basic), Air Force-AFAC (Aerospace Medical Service Apprentice)].
  - # of MTFs Implementing Expedientary Scope of Practice (ESP) for Enlisted Medical Personnel: TBD

- **GME % Programs with Continued Accreditation**
  - Measure assesses the percent of continued accreditation of GME programs.
  - Expand Number of Identified MTFs that are Trauma Center Eligible: TBD

- **Recapture KSA Purchased Care Leakage**
  - Measures the percent of continued accreditation of GME programs.
  - Expand Number of Identified MTFs that are Trauma Center Eligible: TBD

- **% of Completed MHS KSA Procedures by MTF**

### As of 10 November 2020

- **% HQ, Market and DHA Reporting in DRRS-S:** 100% of MTFs in the Defense Readiness Reporting System provides a means to manage and project out current and future requirements of individual MTFs, as well as the war-time support mission of expansion capabilities within the MHS. Detailing current capabilities and gaps within the MHS and its subordinate components to execute the National Military Strategy consistent with DoD priorities and planning direction provided in the Secretary’s Guidance for Employment of Force, Unified Command Plan, and the Joint Strategic Campaign Plan.

- **% in Reduction for Contingency Materiel Assemblage Variance:** The DHA will provide analytical support to the Military Departments in their management of medical assemblage allowance standards for their respective operational medical platforms in order to promote materiel commonality and improve the interoperability, interchangeability, and sustainability of medical capabilities provided to Combatant Commanders. The target of 50% represents the medical surgical and equipment items placed within a Service operational support assemblage, where two or more services are utilizing the same National Stock Number.
FY21 LOE 3 Strategic and Operational KPIs

LOE 3 Definition: Our patients feel fortunate for MHS care that helps them achieve their goals.

As of 10 November 2020
## FY21 LOE 4 Strategic and Operational KPIs

### LOE 4 Definition:
Our staff feel joy and purpose working in the MHS.

**As of 10 November 2020**

### Line of Effort #4 (Fulfilled Staff): Strategic and Operational KPIs

<table>
<thead>
<tr>
<th>Current Conditions</th>
<th>LOE 4 Strategic Question: Is the DHA a desired place to work?</th>
<th>DHA End State: Integrated, Highly-Reliable System of Medical Training, Readiness, and Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEB Review (Strategic Priority KPIs)</td>
<td>Best Places to Work in the Federal Government Ranking</td>
<td>Staff Engagement: # of Annual Organizational Changes That Resulted From Employee Engagements</td>
</tr>
<tr>
<td>Strategic KPI Definitions</td>
<td></td>
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<tr>
<td>ESC Review (Operational KPIs)</td>
<td>FEVS Survey (% Response Rate)</td>
<td>DEOCS (DEOMI Organizational Climate Survey); Participation Rate</td>
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<td></td>
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<td>Patient Safety Culture Data</td>
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<td></td>
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<td>Staff Burnout/ Turnover: % of Over-time Authorized**</td>
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<tr>
<td></td>
<td></td>
<td>Staff Burnout/ Turnover: % of Comp-time Authorized**</td>
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<tr>
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<td>Recognizing Contributions: Civilian Awards Processed Within the Performance Year</td>
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<tr>
<td></td>
<td></td>
<td>Staff Burnout/ Turnover: % of Lost Leave EOY (HQs and Market)**</td>
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<tr>
<td></td>
<td></td>
<td>Managing Performance and Development: Documenting Plans and Appraisals</td>
</tr>
<tr>
<td>Operational KPI Definitions</td>
<td>FEVS Survey (% Response Rate): Federal Employee Viewpoint Survey (FEVS) is an annual civilian employee survey administered by the Office of Personnel Management to full-time and part-time permanent, nonseasonal employees in the federal government in agencies that accept an invitation to participate in the survey. The survey measures employees' perceptions of whether, and to what extent, conditions characteristic of successful organizations are present in their agencies and serves as a tool for employees to share their perceptions in many critical areas including their work experiences, their agency, and leadership. Results of participant responses to the survey are to be provided to leadership throughout the survey period to monitor progress and encourage additional participation. 2019 was DHA's best year with 18.5% participation; The 2020 target is 40% participation.</td>
<td>DEOCS (DEOMI Organizational Climate Survey): (Participation Rate): The KPI measures the response rate (Employees and military members who Participate in Survey/The Total number of employees and military members invited to take part in the survey) in the DEOMI Workforce Climate Survey. The DEOMI Workforce Climate Survey results will be a starting point to measure concerns DHA employees may have related to equal employment opportunities.</td>
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<td>Patient Safety Culture Data: Measure provides insight on dimensions from the MHS Patient Safety Culture Survey.</td>
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<td>Staff Burnout/ Turnover: % of Over-time Authorized: Per quarter, pull the number of hours worked by DHA employees and the number of those hours worked using overtime type labor hours. Provide the percentage based off calculations.</td>
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<tr>
<td></td>
<td></td>
<td>Staff Burnout/ Turnover: % of Comp-Time Authorized: Per quarter, pull the number of hours worked by DHA employees and the number of those hours worked using Comp time type labor hours. Provide the percentage based off calculations.</td>
</tr>
<tr>
<td></td>
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<td>Staff Burnout/ Turnover: % of Lost Leave EOY (HQs and Market): This analysis would have to be run on a yearly basis, during 1st quarter of the calendar year. During the 1st quarter, pull the balance of leave hours per DHA employee for prior calendar year and the number of forfeited annual leave hours for the prior calendar year. Provide the percentage based off calculations.</td>
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<td>Recognizing Contributions: Civilian Awards Processed Within the Performance Year: This measure informs how well DHA leaders are recognizing DHA employee achievements, contributions and performance.</td>
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<td></td>
<td>Managing Performance and Development: Documenting Plans and Appraisals: This measure informs how well DHA leaders are recognizing DHA employee achievements, contributions and performance.</td>
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</table>

**KPI Recommended for 'Hold' Status Pending Further LOE 4 Discussions**
DHA Campaign Plan Integration

The FY21 priorities remain: Great Outcomes, Ready Medical Force, Satisfied Patients, and Fulfilled Staff.

Successful execution of DHA priorities requires enterprise-wide integration of the QPP and FY21 Planning, Programming, Budgeting, and Execution (PPBE) cycle. We must ensure our time and resources are prioritized and dedicated to those efforts that are most important in support of our Warfighters and our patients.

To maintain accountability, KPI performance will be monitored through periodic performance review sessions and managed at the MHS level, through Health Affairs. Within DHA, reviews will include HQ, Market, and MTFs.

DHA priorities are inclusive of Markets and MTFs. Our mission is supporting the Markets and the Service Military Departments. DHA’s Campaign Plan Projects, Key Performance Indicators, and integrated processes represent our commitment to the successful FY21 execution of DHA’s four priorities.
Appendix

DHA Points of Contact

As of 10 November 2020

Director, DHA
LTG Ronald Place

Deputy Director
Mr. Guy Kiyokawa

Assistant Director
Health Care Administration
Dr. Brian Lein
(AD-HCA)

Assistant Director
Combat Support
BG George Appenzeller
(AD-CS)

Assistant Director
Management / CAE
Dr. Barclay Butler
(AD-M)

Office of General Council (OGC)

Senior Enlisted Leader
CSM Michael Gragg

Assistant Director
Operational Medicine
COL Clayton Chilcoat

Assistant Director
Public Health
COL Melinda Cavicchia

Assistant Director
Operational Medicine
COL Clayton Chilcoat

Medical
Dr. Paul Cordts

Information Operations
Mr. Pat Flanders
(J-6)

Financial Operations
Col Virgil Scott
(J-6)

Healthcare Operations
TRICARE
Mr. Christopher Priest

Combatant Command Operational Support
Mr. Don Dahlheimer

DAD Medical Affairs
Dr. Paul Cordts

DAD Information Operations
Mr. Pat Flanders
(J-6)

DAD Financial Operations
Col Virgil Scott
(J-6)

DAD Healthcare Operations
TRICARE
Mr. Christopher Priest

DAD Combatant Command Operational Support
Mr. Don Dahlheimer

DAD MEDLOG
COL Randall Ivall

DAD Public Health
COL Melinda Cavicchia

DAD Operational Medicine
COL Clayton Chilcoat

DAD Administration & Management
Mr. Ron Hamilton
(J-1)

DAD Acquisition
Mr. Jake Laws
(J-4)

DAD Strategy, Planning & Functional Integration
COL Jennifer Mano
(J-5)

DAD Education & Training
Brig Gen Anita Fligge
(J-7)

DAD Financial Operations
Col Virgil Scott
(J-6)

Office of General Council (OGC)

Senior Enlisted Leader
CSM Michael Gragg

Assistant Director
Health Care Administration
Dr. Brian Lein
(AD-HCA)