

DEFENSE HEALTH AGENCY



DHA FY22-FY26 CAMPAIGN PLAN

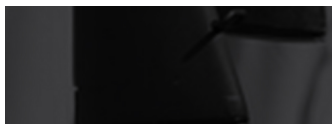


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A MESSAGE FROM DHA LEADERSHIP

This Defense Health Agency (DHA) Campaign Plan is the roadmap for how we will execute our healthcare mission. DHA will use this Plan and the activities outlined here to carry out our four strategic priorities: Great Outcomes, Ready Medical Force, Satisfied Patients, and Fulfilled Staff.

For more than eighteen months, the Agency was called upon to respond to and help lead Department initiatives to combat the COVID-19 pandemic. Our work spanned the spectrum of medical threat response, including testing, research and development, treatment, and vaccination, both in support of Department requirements and as part of the national response to this worldwide crisis.

As we begin Fiscal Year 2022 (FY22), our strategy and our activities must evolve to prepare for and respond to other threats around the world and remain aligned to the National Defense Strategy and DoD guidance. In FY22, the transition of Military Medical Treatment Facilities (MTFs) to the DHA will be completed, and Military Health System (MHS) GENESIS deployment will reach critical mass as more MTFs will rely upon the new electronic health record (EHR); replacing the current systems.

The DHA Campaign Plan described in the following pages captures the forward-looking, five-year future state of the Agency. This Plan represents a collaborative effort of eight Strategic Initiatives and supporting projects developed with DHA Headquarters (HQ), Market, and MTF input. Our priorities are measured by eight strategic Key Performance Indicators (KPIs) and aligned to performance management and resourcing efforts.

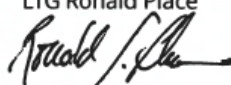
These initiatives are the efforts that matter the most to the enterprise, and we ask that you hold us to our promises, judge us by our outcomes, and let us know where we can do better. We will continuously assess our performance through the year and will refresh the Plan at the close of each year.

Our values are fortified by our commitment to high reliability and patient-centered services. We remain focused on continually improving our system of care, engaging and integrating with our service partners, and strengthening a system that provides high-quality care to all who receive services provided or arranged by DHA.

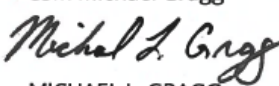
We are grateful for the shared opportunity to collaborate together with the Combatant Commands, the Military Departments, and our civilian partners in executing the FY22-26 Campaign Plan on behalf of those we are privileged to serve.

This Campaign Plan outlines the way ahead for accomplishing the DHA's four critical priorities over the next five Fiscal Years (FY22-FY26)



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FY21 CAMPAIGN PLAN SUCCESSES


Our FY21 DHA Campaign Plan established the DHA Lines of Effort (LOEs) which supported the four strategic priorities. Although FY21 was a period marked by unprecedented change, new requirements from external forces, and constrained resources, the DHA demonstrated measurable improvement in support of our fighting force and TRICARE beneficiaries. The successes below are just a few highlights of the incredible work executed by the DHA in FY21. Our success in executing initiatives against the four strategic priorities, even in times of uncertainty, is proof that our strategic portfolio supports our core mission and vision. We will build off our FY21 successes for the next five years to achieve our desired FY26 Future State.



1 Great Outcomes

Our most important outcome is a medically ready force

Great Outcomes are at the heart of everything we do. In FY21, the Behavioral Health Clinical Community continued to lead the nation with use of patient reported outcomes improving care provided to those with major depressive disorder and posttraumatic stress disorder. DHA successfully piloted multiple value-based initiatives through the purchased care system focused on improving the quality and impact of care on MHS patients' health. Value-based initiatives are designed to identify procedures and processes that provide the greatest outcomes, reward value over volume, and discourage low value tests or procedures not correlated with positive health outcomes.



2 Ready Medical Force

Our MTFs sustain team-based currency and proficiency enabling a ready medical force


Supporting a Ready Medical Force remained a key focus of the DHA's strategic efforts during FY21. Understanding the importance of appropriately allocating resources during a global pandemic, DHA established the Prioritization and Allocation Board (PAB) to intake and process personal protective equipment (PPE) and testing supply requirements across the MHS and the Services' operational missions. Through the PAB, DHA prioritized and allocated over \$50M in medical materiel every month to meet critical requirements across the Department of Defense (DoD) enterprise to ensure our medical force was ready and prepared to deliver care.



3 Satisfied Patients

Our patients feel fortunate for MHS care that helps them achieve their goals

In response to unprecedented demand for telehealth services, the DHA Nurse Advice Line (NAL) provided MHS beneficiaries 24/7 telephone access to a registered nurse for triage services, self-care advice, and general health inquiries for eligible beneficiaries. Processing nearly 10,000 calls a day at the height of the pandemic, the NAL elevated the quality of care available to MHS patients, with 40% of patients receiving care support through Registered Nurses, saving direct care access for patients with greater acuity needs. Regardless of the forum (provider office or patient home) all beneficiaries deserve a satisfying patient experience, something the DHA delivered in FY21, maximizing opportunities for Warriors and families to thrive in their community of choice through facilitating practices that promote resilience, recovery, and reintegration.



4 Fulfilled Staff

Our staff feel joy and purpose working in the MHS

In support of an improved employee onboarding experience, DHA implemented a new, standardized employee orientation for onboarding military and civilian staff designed to welcome new team members to the Agency. The standardized onboarding experience removes variance in how new employees begin their interaction with the Agency and streamlines the onboarding processes. The new orientation processes immediately establish our staff as key HQ priorities and improve their experience from day one as a DHA employee.

CONTINGENCY OPERATIONS

In addition to driving progress on the four priorities, DHA responded to several external surge efforts in response to outside forces during FY21. DHA's response to the COVID-19 pandemic leveraged cross-functional efforts across all priorities. Over a span of just a few weeks, DHA immediately refocused Agency energies to develop a coordinated response effort and mobilized dozens of teams to develop care processes, systems, and resource pathways to support our national COVID-19 response. DHA also quickly mobilized as primary support for the Operation Afghan Welcome efforts through rapid coordination across the globe.

DHA FY26 FUTURE STATE

In developing the FY22-26 Campaign Plan, DHA leadership worked closely with HQ, Market, and MTF key personnel to define the ideal five-year end state. The below FY26 Future State is our goalpost for successfully accomplishing the efforts outlined in this FY22-26 Campaign Plan. Over the next five years, the DHA will continue to mature and expand capabilities as a Combat Support Agency, optimize the MHS, and drive improvements in health care administration as well as operational support for the Combatant Commands (CCMDs). Our success will be measured against this FY26 Future State and will require integrated efforts across eight Strategic Initiatives in support of the DHA's four priorities.

As a Combat Support Agency, the Defense Health Agency supports the Military Health System by providing a medically ready force and a ready medical force to our Service Partners and Combatant Commanders. DHA sees readiness as its top priority and is committed to delivering joint functions and activities to enable the rapid adoption of proven practices, reduce unwanted variation, and improve coordination of joint health care for the Warfighter. By FY26, DHA will be a joint operational headquarters responsible for managing, executing, and delivering high-quality health care, medical education and training, military medical research and development, and public health support to the MHS's 9.6M beneficiaries and the Services. To do this, we will utilize the military, civilian, and contract personnel assigned and attached to the military medical, dental, and veterinary treatment facilities, research labs, public health organizations, markets, as well as the capability of our federal partners and the worldwide network of civilian health care providers, to optimize value, improve outcomes, sustain readiness, and secure resources to accomplish our worldwide mission of supporting the National Defense Strategy.

DHA is committed to ensuring uniformed service members are healthy and safe from potential health threats, and health care professionals, who provide care for our forces, receive optimized training, education, and relevant clinical settings to build skills for deployment. Without our people, the MHS cannot deliver the optimal care our beneficiaries expect and deserve. This commitment is organized around four strategic priorities.

- ▶ **Great Outcomes** - DHA's primary goal is to ensure that every Service member is medically ready through the delivery of integrated and patient-centered care that is safe, ready, and reliable. DHA must ensure quality and safety for all beneficiaries receiving care in the MHS, moving to a zero-harm environment to demonstrate our commitment to high-reliability practices.
- ▶ **Ready Medical Force** - As we face the challenges and opportunities ahead, DHA must enable our health delivery platforms to serve as forums for both obtaining and sustaining Service medical currency and competency requirements.
- ▶ **Satisfied Patients** - We must continue to provide our patients with an exemplary care experience and make the MHS the destination of choice.
- ▶ **Fulfilled Staff** - Our vision can only be achieved through the committed work of all DHA employees. Over the next five years, we will continue to advance human capital life cycle management to support a Fulfilled Staff.

These four priorities will remain enduring as the Agency drives to achieve its Future State. The DHA will improve health service support across the spectrum, integrate operations with partners in other federal agencies, particularly with the Department of Veterans Affairs, and the civilian health system, in a manner that brings value to the Department of Defense and supports our National Defense Strategy.

DHA VISION

"Unified, Reliable, and Ready..."

DHA MISSION

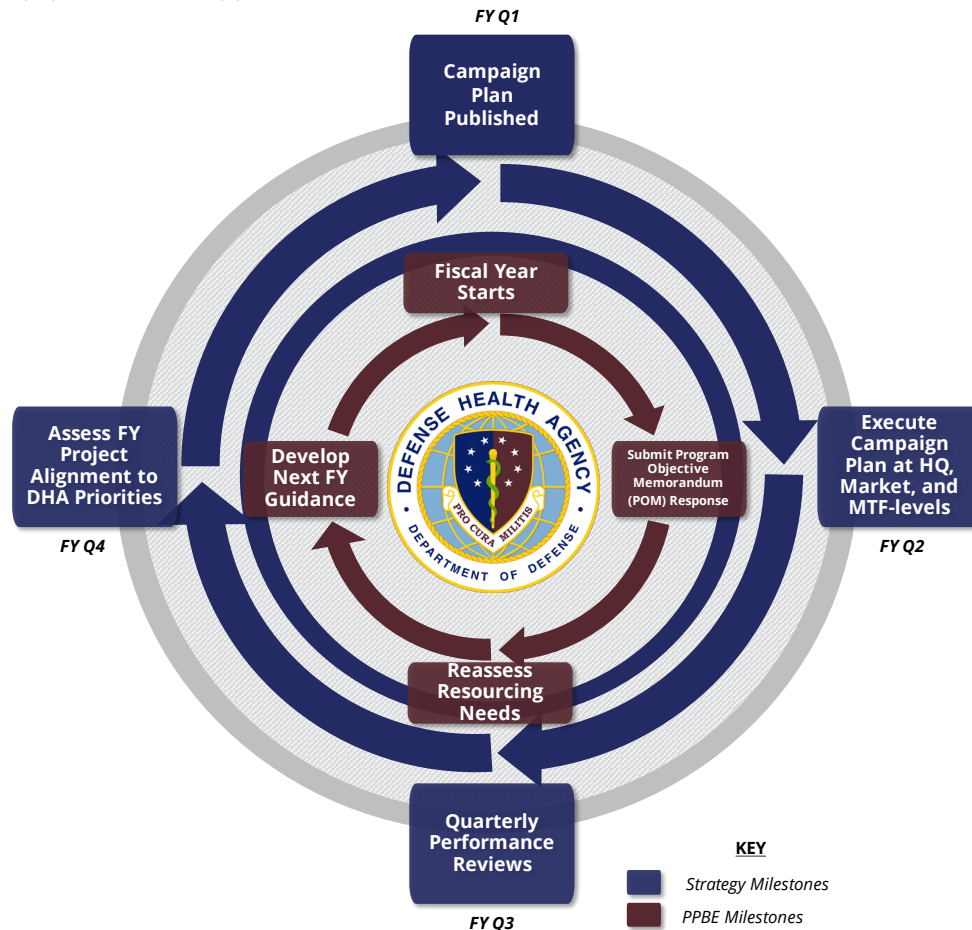
"We support the National Defense Strategy and Service Military Departments by leading the Military Health System as an integrated, highly-reliable system of readiness, medical training, and health."

DHA STRATEGY INTEGRATION

Successfully executing the FY26 Future State will require integration among various ongoing HQ processes as DHA streamlines its strategic focus on achieving the four priorities. The priorities will be supported through a portfolio of eight cross-functional, integrated Strategic Initiatives (detailed on the following pages). DHA must integrate our cross-functional HQ strategic, performance measurement, and budgeting processes to further operationalize execution efforts.

DHA is timing the release of enterprise strategic guidance with the beginning of the Fiscal Year, in alignment with the start of a new resourcing cycle. A DHA resource refers to people, time, money, or space that have a direct impact on DHA's ability to complete its mission. Accomplishing the four Agency priorities requires appropriate resourcing, which DHA manages through the continual Planning, Programming, Budgeting, and Execution (PPBE) process. The PPBE process is a critical component of determining the enterprise resources available to the MHS as the HQ, Services' Medical Activities, the Uniformed Services University of the Health Sciences (USUHS), Markets, and MTF teams aim to drive progress on the four priorities. Enterprise progress will be measured through quarterly HQ strategic performance reviews that validate the DHA's ongoing efforts remain aligned to the strategic priorities and available resourcing.

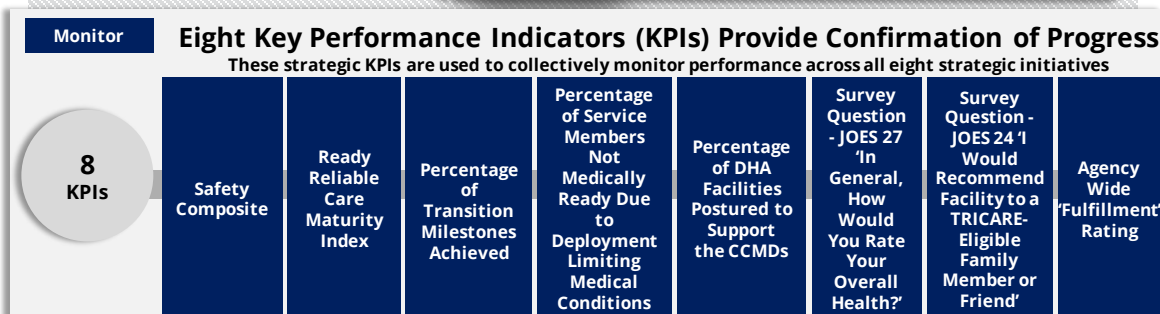
In FY22-26, DHA will continue to integrate the annual strategic cycle with the release of the PPBE guidance to ensure the enterprise receives comprehensive guidance in a timely manner. Successful integration of the fiscal and strategic cycles will accelerate DHA's ability to execute our strategic priorities as we strive to achieve the desired five-year Future State. The integration effort and key dates are outlined in the graphic below. This guidance is intended to drive better resource allocation decisions, supporting the ultimate objective of the PPBE process, which is to provide the enterprise with the best mix of forces, equipment, and support attainable within established fiscal constraints.



In support of the initiatives detailed in the following pages, DHA leadership will continue to integrate the strategy development and PPBE cycles to streamline our FY22-26 execution and ensure resourcing is aligned to strategy.

PERFORMANCE MANAGEMENT FRAMEWORK

DHA's success in advancing the four strategic priorities will be measured through the Performance Management Framework of eight Strategic Key Performance Indicators (KPIs) driven by eight Strategic Initiatives. The Strategic Initiatives will be monitored by the Corporate Executive Board (CEB) and executed through the Executive Steering Committee (ESC). All progress will be reported to the Director through a series of quarterly DHA Performance Reviews. These Reviews will provide data-driven insights into the DHA's performance against our approved strategic measures and will highlight areas of success and areas for continuing improvement. The eight Strategic Initiatives contain operational measures and projects, which will be executed over the course of the FY22-26 Campaign Plan, serve as force multipliers for change, and define resourcing requirements for the DHA's future. The Strategic Initiatives are interdependent and together comprise the DHA's strategic portfolio. Additional details on each Strategic Initiative can be found in the respective Strategic Initiative Change Plans (see Appendix).



STRATEGIC INITIATIVES

**Implement
Ready
Reliable Care**

Purpose Statement

Following the 2014 MHS Review, the Secretary of Defense directed the MHS to transform into a High Reliability Organization (HRO). While all the Services moved forward in 2014 toward advancing this objective, the lack of a unified MHS strategy has led to fragmentation of initiatives. The National Defense Authorization Act (NDAA) 2017, supplemented by NDAA 2019, provides the opportunity for the MHS to develop a unified approach for standardizing healthcare in the MHS and a unified MHS HRO strategy. This strategic initiative is intended to address these gaps and provide a way forward to implement an MHS HRO strategy that accelerates the process of transitioning the MHS towards high reliability, builds upon past efforts, and strengthens the four HRO Domains of Change - Leadership Commitment, Culture of Safety, Continuous Process Improvement, and Patient Centeredness.

**Improve
Patient
Outcomes**

Purpose Statement

This initiative leverages the collective expertise of Clinical Communities, Clinical Quality Management (CQM), and Clinical Support Services efforts to accelerate High Reliability across the MHS to deliver continuous process improvement in clinical practice. This initiative will spread leading clinical process improvements across the MHS for appropriate standardization to minimize or avoid system failures, prevent harm, reduce unwarranted variation, and eliminate waste. It aims to establish and monitor metrics that measure adoption, effectiveness, and performance outcomes of leading practices and process improvements across the MHS while maximizing value by embedding exemplary standards of care as well as effective and efficient patient-centered solutions.

**Enhance Staff
Development
and Growth**

Purpose Statement

This initiative aims to instill a sense of personal value in work while being fulfilled and respected in the workplace and create an environment of care for staff (clinical, non-clinical, administrative, HQ, and command staff) via timely submission of awards, career development, fairness, teamwork, and timely delivery of pertinent communication.

**Improve HQ
Performance
and Business
Management
Processes**

Purpose Statement

Leadership at DHA is seeking to realize FY22-26 Campaign Plan improvement targets by FY26. Achieving the improvement targets requires a unified demand signal that is created by aligning the Campaign Plan to Planning, Programing, Budget, and Execution (PPBE) processes, the Quadruple Aim Performance Process (QPP), and other DHA business processes to integrate requirements, resourcing, and lifecycle management, enabling delivery of the solutions required to support readiness and care missions. To date, the strategic process, PPBE, QPP and business management processes are incongruous. This initiative aims to align these processes which would enable DHA to achieve the vision for a streamlined Military Health System management structure, which would eliminate redundancy and generate greater effectiveness and efficiency, yielding monetary savings in addition to improving quality, delivery (outcomes), and affordability by integrating requirements, resources, and program decisions.



STRATEGIC INITIATIVES

Sustain Expeditionary Medical Skills

Purpose Statement

This effort seeks to develop the DHA's strategy for the sustainment of expeditionary medical skills, focusing on highly perishable mission essential medical skills (HPMEMS) in accordance with the Joint Requirements Oversight Council Memorandum (JROCM) 050-19. This supports the DoD requirement to optimize the nation's trauma care delivery for casualties of war and stateside victims of national disasters and sustain a ready medical force. This effort focuses on two key areas: (1) enabling and sustaining expeditionary medical skills, with a focus on HPMEMS among deployable medical teams, to include medics and corpsmen (hospital and pre-hospital), and (2) developing a national trauma system that leverages Military-Civilian Partnerships (MCPs) to provide a robust national disaster trauma response capability (pursuant to NDAA FY17 Sections, 706, 707, 708, 725 and DoDI 6000.19 and 1322.24). Establishing a strategic program to deliver advanced resuscitation and surgical care will support the attainment and sustainment of HPMEMS for the medical force and support the MHS in achieving zero preventable deaths in austere environments. Additionally, establishing MCPs will leverage the expertise, experience, and patient volume of civilian medical systems to maximize readiness opportunities for the medical force, to include combat medics and corpsmen. Through the establishment of a national trauma system that enables the development and sustainment of expeditionary medical skills, a ready medical force will remain prepared to deploy in support of contingency operations worldwide. Failure to synchronize clinical currency with medical readiness training requirements using medical Knowledge Skills and Abilities (KSA) thresholds will negatively impact medical force readiness and the quality of care provided to our Nation's beneficiaries.

Optimize the Healthcare System

Purpose Statement

This initiative focuses on direct care optimization efforts for maximizing return on Defense Health Program resources and integrating direct care and TRICARE network capabilities in support of DHA priorities. In order to improve delivery of care and patient experience, it is vital to optimize access to care via product line optimization (PLO) and standardized, regional implementation of the integrated referral management and appointing center (IRMAC) model. This must be accomplished through a value-based care approach that integrates direct and purchased care environments and supports Market optimization and improved patient-facing processes. The main lines of effort to improve system outcomes and drive performance results in this initiative include, but are not limited to:

- Market Management and Compliance
- Product Line Optimization
 - Virtual Health Execution
 - Direct Care Transformation
 - Professional Medical Education
- Integrated Referral Management and Appointing Center (IRMAC) Model
 - Standardized Patient-Facing and Patient-Experience
 - Integration with and support from the TRICARE network

Right Information at the Right Place, Right Time, in the Right Format for the MHS

Purpose Statement

This initiative ensures that DHA will continue to manage the implementation of MHS GENESIS across the enterprise, mature the DHA's health information exchange, and complete the migration of enterprise systems (to include Composite Health Care System (CHCS), Armed Forces Health Longitudinal Technology Application (AHLTA), Essentris, Defense Medical Logistics Standard Support (DMLSS), and Carepoint Healthcare Application Suite (CHAS) applications) and service-managed systems to the DHA-managed Medical Community of Interest enclave.

Execute Transition

Purpose Statement

As required by National Defense Authorization Act (NDAA) FY17, FY19, FY20, and FY21, DHA will execute transition requirements to include Market/Military Medical Treatment Facility (MTF) transition; MTF right-sizing; public health transition; establishing the Joint Trauma System (JTS) in the DHA; and research, acquisition, and sustainment (RAS) transition. Transition is a 10-year effort that began in 2018 in accordance with NDAA FY17 and is anticipated to be completed in 2028.



MARKET INTEGRATION

A core component of operationalizing the DHA Strategy through an enterprise-wide performance management system is the Quadruple Aim Performance Process (QPP). QPP is the enterprise performance process that incorporates strategic planning, performance planning, financial operations, continuous process improvement (CPI), and disciplined decision-making into integrated systems of readiness and health.

Through the QPP planning process, each Market or MTF submit a plan that aligns with the DHA Campaign Plan and the Military Department's medical readiness strategy. The Assistant Director, Health Care Administration approves Market/ MTF plans and monitors performance. An approved plan includes an executive summary, forecasts enrollment, workload and service member availability, and incorporates projects to address gaps between current and targeted performance.

MTF/Market Execution:

In alignment with the transition of the DHA assuming management and administration of MTFs, Markets will submit Market Plans in accordance with the FY23-25 QPP Planning Guidance. Market Plans will support the goals of the National Defense Strategy and the MHS Quadruple Aim in creating an integrated system of readiness and health.

Executive Planning Sessions (EPS) are conducted by MTFs to convey changes that are forecasted to occur in the next three fiscal years, as well as whether both the readiness and health care demand signals within the MTF can be met.

Markets will gather and review MTF QPP plans and readiness requirements to ensure plans are in accordance with guidance. Markets will conduct a Market EPS to develop a QPP plan for FY23-25, to include a prioritized list of projects to close performance gaps.



The **DHA Campaign Plan** is both the beginning and the end of the QPP; a revolutionary change in the way government health care is done. In this time of significant change, the DHA is reorganizing into what will become one of the largest health care organizations in the world. The efficiencies gained through standardization and connectivity of MTFs through their Market headquarters become essential elements in our ability to ensure Great Outcomes, a Ready Medical Force, Satisfied Patients, and a Fulfilled Staff.

APPENDIX

RESOURCES

FY22-26 Campaign Plan

<https://info.health.mil/sites/stratp/SitePages/campaignPlan.aspx>

Quadruple Aim Performance Process Tool

<https://carepoint.health.mil/sites/J5/QPP/App/pages/dev.aspx#Home?fy=2021-2022>

Corporate Executive Board SharePoint

<https://info.health.mil/sites/stratp/PerformanceImprovement/CEB/SitePages/Home.aspx>

Executive Steering Committee SharePoint

<https://info.health.mil/sites/stratp/PerformanceImprovement/ESC/SitePages/Home.aspx>

MHS Request Submissions Portal

<https://info.health.mil/sites/MHSRSP/LIVE/SitePages/Home.html>

MHS Request Submission Portal FAQ

https://info.health.mil/sites/stratp/imd/RqmtsMgmtPortal/MDL/PDFLINK/FAQ-Knowledge_Exchange.pdf

Quadruple Aim Performance Process Guidance for Fiscal Year 21

<https://info.health.mil/sites/stratp/PerformanceImprovement/Pages/QPP.aspx>

DHA-PI 1100.01 Guidance for Manpower Program

<https://health.mil/Reference-Center/Policies/2019/05/16/Guidance-for-Manpower-Program>

Market Playbook

<https://www.milsuite.mil/book/docs/DOC-750916>

Defense Health Agency Administrative Instruction 109 – Defense Health Agency Decision Making Architecture

<https://health.mil/Reference-Center/Policies/2019/10/15/DHA-AI-109-Decision-Making-Architecture>

DHA Terms of Reference Guide

<https://www.milsuite.mil/book/docs/DOC-669693>

HRO Appendix

Ready Reliable Care - Unifying High Reliability Across the MHS

<https://info.health.mil/sites/hro/Pages/Home.aspx>

