

# **Joint/Unified Medical Governance Initiative**



## **Brief to the Defense Health Board**

**5 December 2006**



# *Purpose*

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Way Ahead

for the Military Health Service (MHS)

Joint/Unified Medical Governance Initiative



# ***Background***

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



# Concept

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



# *Conceptual Framework*

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



# *Unchanged*

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- Health Affairs Role
  - DHP Budget and Oversight
  - MHS Health Policy
  - Strategic Management
  - Communications
  - Legislative Strategy
  
- Uniformed Services University Remains Under ASD (HA)



# Way Ahead

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- Deputy Secretary approved Concept Paper Monday, 27 Nov 06
- USD (P&R) and ASD (HA) will continue to work with Services and Joint Staff to:
  - Develop Final Concept Plan
  - Establish Transition Team
  - Implement Conceptual framework
- Proposed Timeline
  - 2<sup>nd</sup> Quarter FY07 – Inform Senior Leaders of Plan
  - 2<sup>nd</sup> Quarter FY07 – Begin Building Transition Team
  - 3<sup>rd</sup> Quarter FY07 – Begin Transition Work
  - 1<sup>st</sup> Quarter FY08 – Joint Multi Service Markets In Place
  - 2008 – Joint Medical Research/ Development In Place
  - 2008 – Joint Shared Services Element In Place
  - 2009 – Co-located Medical Headquarters In Place



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# Back up Slides





# *Target Areas For Improvement*

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



# *Guiding Principles*

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- Focus on enhancing and supporting the MHS core mission
- Improving the Department's ability to support the services mission, while consolidating common functions
- Value to the Department
  - Improves operational medical capability for deployed forces
  - Enhances Unity of Command in the MHS
  - Leverages efficiencies in combining common support
  - Standardizes training policy, doctrine, education
  - Rationalizes span of control at market and corporate levels
- Return on investment expected, value will increase over time