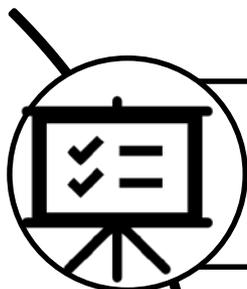


Defense Health Board Meeting

Topic: Defense Health Agency Transition
February 10, 2020



Agenda



Establishing the Market Construct



Transition Execution Update



Outcomes

Establishing the Market Construct

Improving MHS through the Market Construct



DHA INTERNAL USE

“Medically Ready Force...Ready Medical Force”

Markets by the Numbers



DHA OVERSIGHT OF MILITARY TREATMENT FACILITIES

FUNCTIONAL MODEL

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



LARGE MARKETS

Delivery of comprehensive specialty and subspecialty inpatient and ambulatory health care services to support medical readiness of beneficiaries drive Ready Medical Force generation within multi-Service and single-Service Medical Center Markets. Managed by Market Offices, or by largest facility with embedded Market Leadership Cell, with shared administrative functions

- Medical Centers
- Centers of Excellence
- Joint VA/DoD Facilities
- Community Hospitals/Ambulatory Clinics within Markets

SMALL MARKETS

Delivery of ambulatory and limited specialty health care services to support medical readiness of beneficiaries within a 75 mile radius of an inpatient facility. Managed by Market Leadership Cells within inpatient facility with shared administrative functions

- Community Hospitals
- Ambulatory Clinics

STAND-ALONE MTFs

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

- Community Hospitals
- Ambulatory Clinics

OCONUS REGIONS

Delivery of ambulatory and limited specialty and inpatient health care services to support medical readiness of beneficiaries in OCONUS regions in support of Combatant Commands

- Community Hospitals
- Ambulatory Clinics

VERSION: 20190720

DIRECT REPORTING MARKETS

LARGE MARKETS



Direct Reports to DHA: 21
AF 4 | ARMY 12 | DHA 1 | NAVY 4



FINANCIAL INFORMATION	
PSC Cost	\$2,921,571,205
TOTAL	2,579,388

Large Markets	# MTFs in Market
Alaska	7
Augusta	4
Central North Carolina	16
Central Texas	19
Coastal Mississippi	2
Colorado	15
El Paso	10
Florida Panhandle	11
Hawaii*	10
Jacksonville	4
Kansas	10
Low Country	12
NCR	25
North Carolina Coast	10
Puget Sound	20
Sacramento	2
San Diego	25
Southwest Georgia	12
Southwestern Kentucky	13
San Antonio	12
Tidewater	17

* The Hawaii Market will report directly to DHA until DHR IP is established. Associated beneficiary data is currently captured in Large Market data only to avoid duplication.

SMALL MARKET / STAND-ALONE MTF ORGANIZATION

SMALL MARKETS & STAND-ALONE MTF ORGANIZATION



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

FINANCIAL INFORMATION	
PSC Cost	\$1,978,197,008

Small Markets	# MTFs in Market
California Desert	6
Central Kentucky	2
Central Louisiana	4
Central Oklahoma	6
Central South Carolina	5
Central Virginia	4
Corpus Christi	2
Garden State	4
Great Lakes	4
Las Vegas	2
Little Rock	2
Los Angeles	3
New England	5
Ozarks	4
Upstate New York	6
West Point	2

DEFENSE HEALTH REGIONS (OCONUS)

DEFENSE HEALTH REGION INDO-PACIFIC



Direct Reports to Region: 5
ARMY 2 | NAVY 3

Defense Health Region Indo-Pacific	# MTFs in Market
Guam	3
Japan Mainland	10
Korea	12
Okinawa	8
Hawaii*	10

FINANCIAL INFORMATION	
PSC Cost	\$45,855,184
TOTAL	146,390

* The Hawaii Market will report directly to DHA until DHR IP is established. Associated beneficiary data is currently captured in Large Market data only to avoid duplication.

DEFENSE HEALTH REGION EUROPE



Direct Reports to Region: 5
AF 2 | ARMY 1 | NAVY 2

Defense Health Region Europe	# MTFs in Market
Central Europe	14
Northern Italy	3
Mediterranean / Bahrain	7
Iberia	2
United Kingdom	5

FINANCIAL INFORMATION	
PSC Cost	\$90,855,776
TOTAL	147,049

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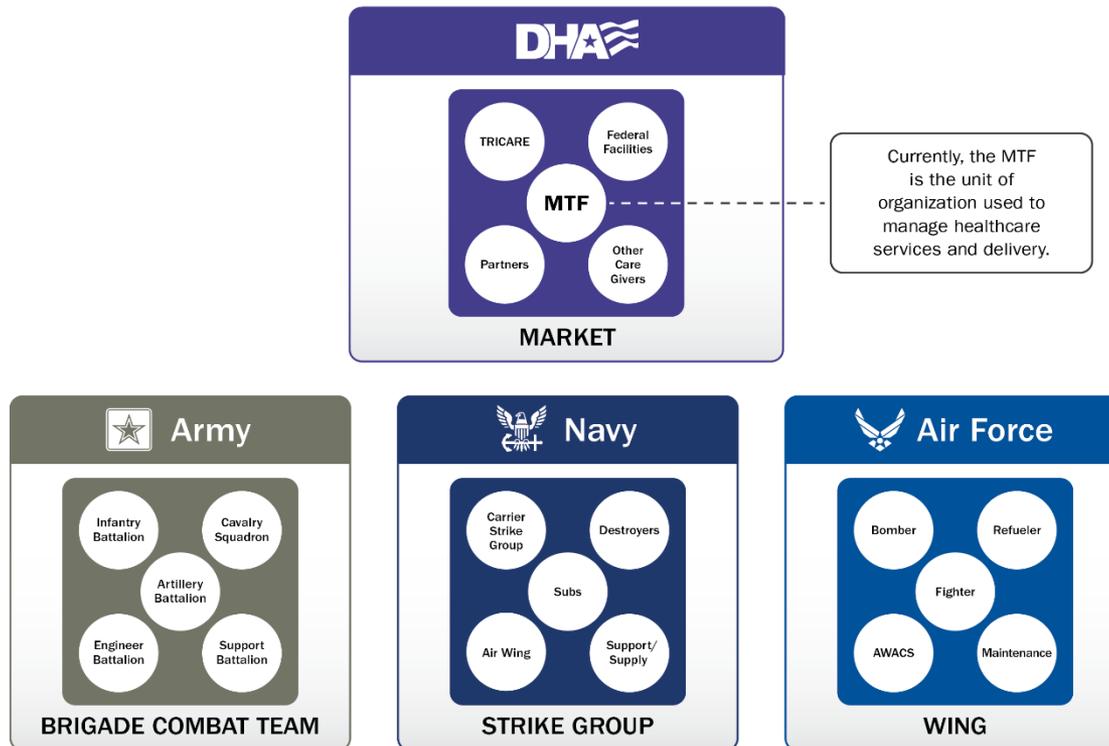
Definition of Markets

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



“Medically Ready Force...Ready Medical Force”

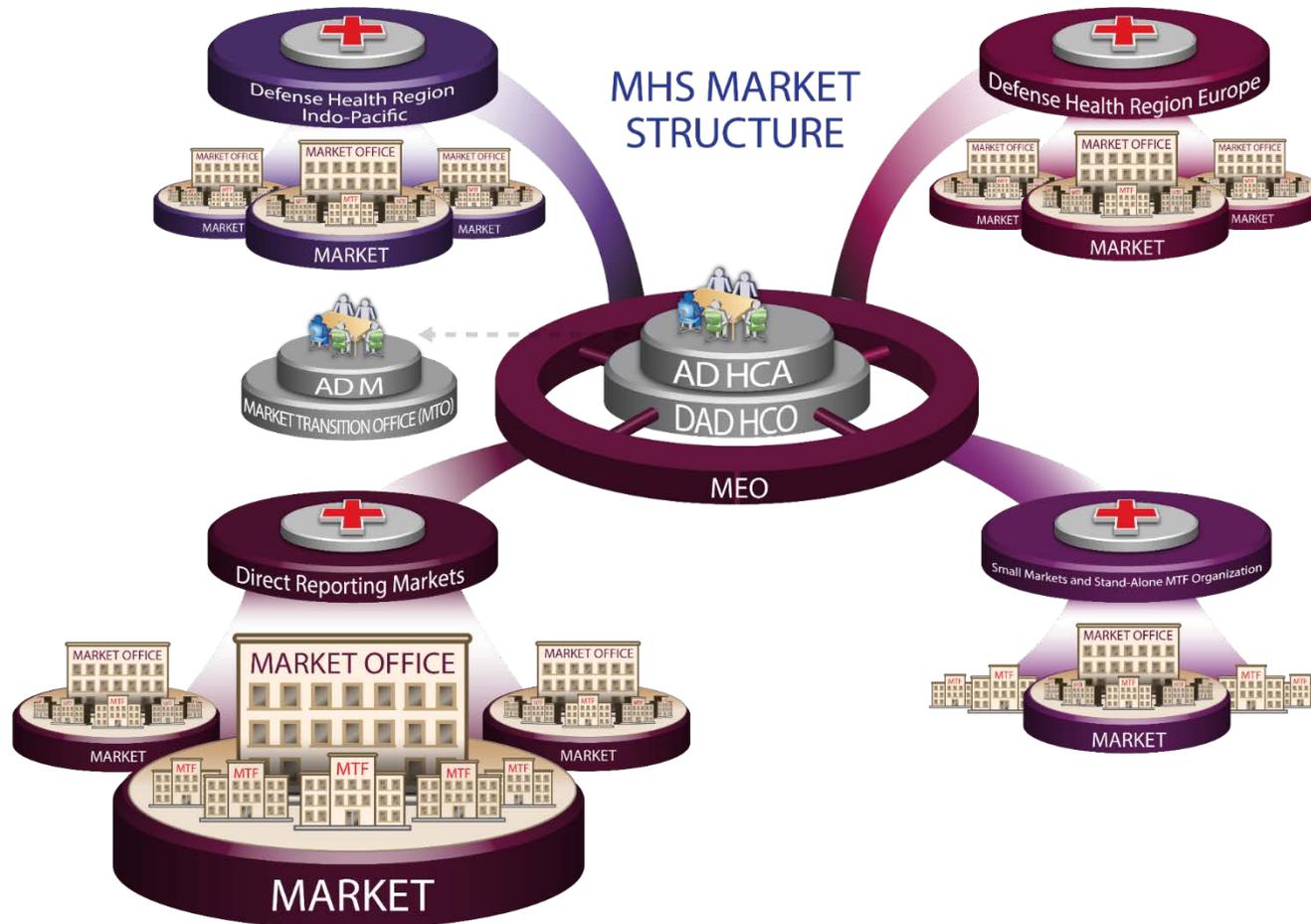
Fundamental Units of Organization



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

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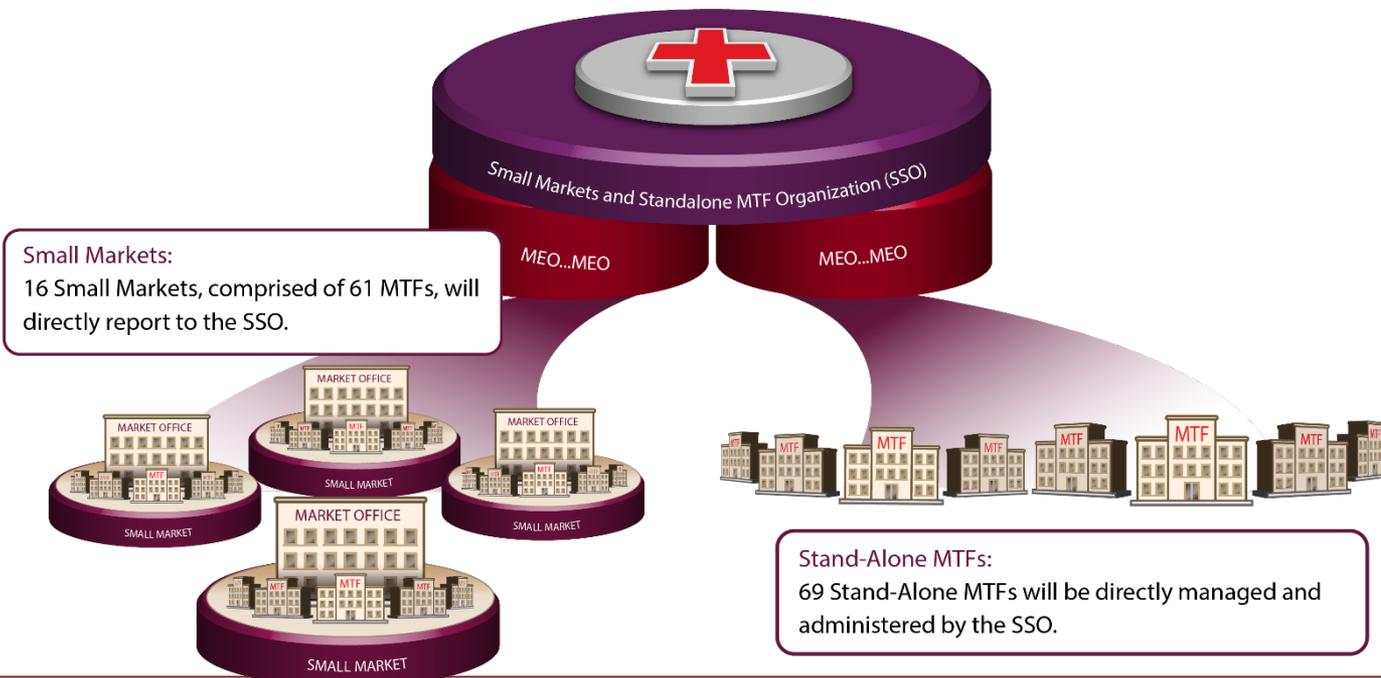
Market Lines of Communication



Small and Stand-Alone MTF Organization

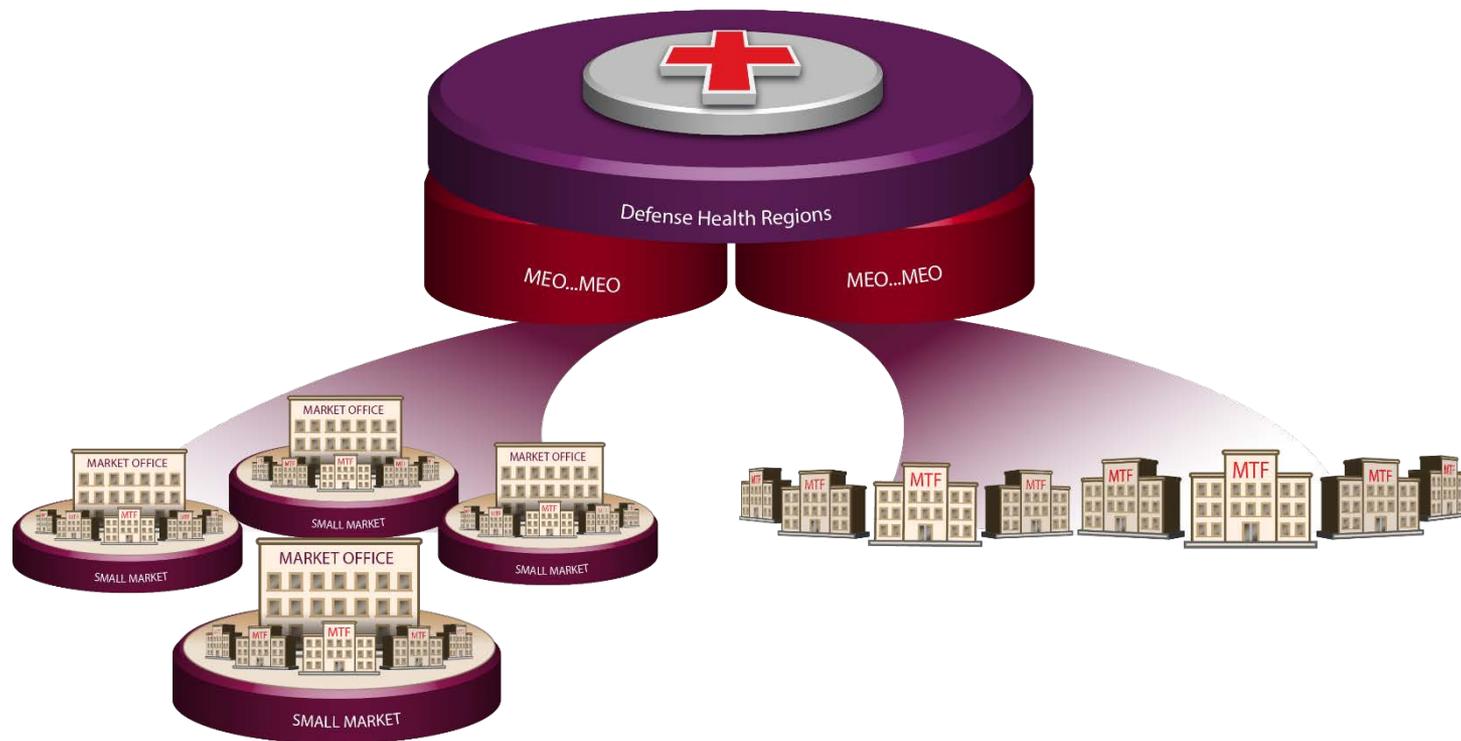
SSO Overview:

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



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Defense Health Regions



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Comparing DHA HQ to Market Office Authorities



DHA HQ is responsible for coordinating with ASD(HA), the MILDEPs, and the COCOMS to identify the MHS strategic goals in support of the QPP (improved readiness, better care, better health, and lower costs).

Market Offices are DHA management and execution bodies that support MTFs to ensure compliance with DHA requirements. Market Offices drive execution of the Quadruple Aim Performance Process business plan to optimize MTF performance across the Market.

DHA HQ provisions health care and delivers readiness at MTFs across the enterprise.

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

Core Market Goals

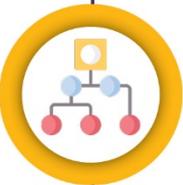


Market Goals

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



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



2. Consolidate functions within a Market Office

3. Align enterprise outcomes to Market-based QPP



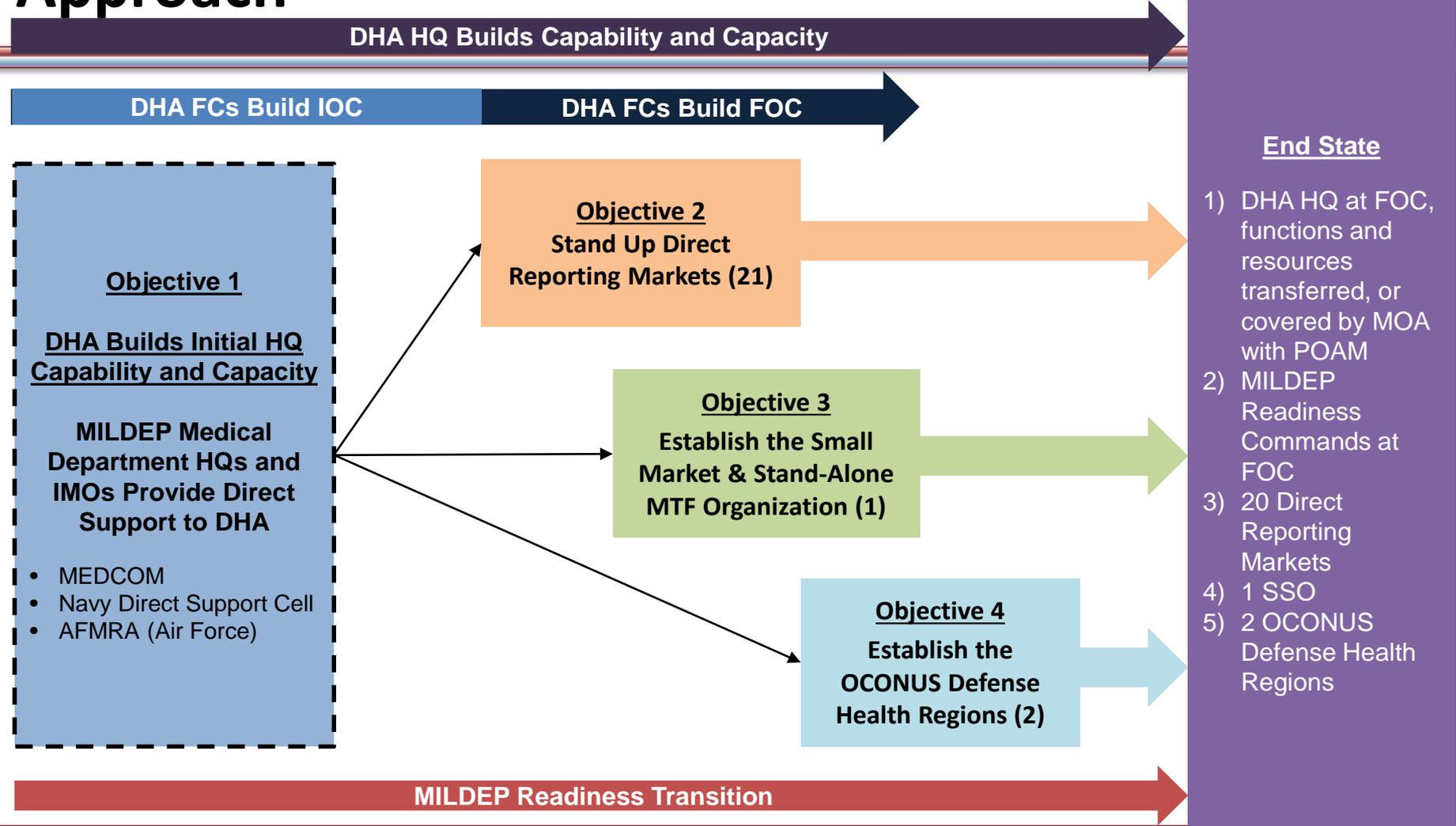
4. Optimize collective market resources to best meet and support the demand signal for healthcare in the market



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

Transition Execution Update

Overview of Market Establishment Approach



Implementation Timeline



As of 11 OCT 2019 - * Dates are Conditions Based

1 MAY 2019 - 31 DEC 2019 Objective 1	1 JAN 2020 – 30 SEP 2020 Objective 2	1 JAN 2020 – 30 SEP 2020 Objective 3	1 JAN 2020 – 30 SEP 2021 Objective 4
<p>Establish Capability</p>	<p>Stand-Up Markets</p>	<p>Form SSO</p>	<p>Form DHRs</p>
<p>7% Facilities 13% MIL/CIV FTEs 12% Enrollees 17% Dispositions</p>	<p>57% Facilities 75% MIL/CIV FTEs 64% Enrollees 86% Dispositions</p>	<p>86% Facilities 97% MIL/CIV FTEs 91% Enrollees 93% Dispositions</p>	<p>100% MHS Enterprise</p> <p>Graph Key ■ Previously Transferred ■ Transferring in Phase</p>
<ul style="list-style-type: none"> DHA ADC of CONUS MTFs ADC executed through relationship with direct support elements tIMO certifies 4 markets from 5+3 Build DHA capability and capacity to support 4 initial markets Strategic pause in market standup to allow DHA HQ to mature OCONUS support continues 	<ul style="list-style-type: none"> DHA assumes responsibility for tIMO markets and certifies 17 additional markets Build DHA capability and capacity Service IMOs divest CONUS markets Small markets, stand-alone MTFs remain with Service IMOs Overseas support continues 	<ul style="list-style-type: none"> DHA certifies SSO and assumes responsibility of SSO Service IMOs divest CONUS small markets and stand-alone MTFs and realign personnel to SSO RHC-A/C end direct support Overseas support continues 	<ul style="list-style-type: none"> Service IMOs divest OCONUS MTFs and realign personnel to DHRs DHA certifies DHR-E and DHR-IP Service IMOs end direct support DHA HQ and FCs reach full operational capability and capacity

Note: Data is specific to transitioning facilities by objective, DHA HQ and Market overhead are not included.

Conditions Based Approach



DHA's market certification process has shifted from a time-based process to a conditions-based certification

Time-Based Approach	Conditions-Based Approach
Scheduled dates for market certification	Markets are certified once they've met conditions laid out in the implementation tools
Linear approach with minimal flexibility	Enables DHA to focus on maturing the headquarters in support of the markets

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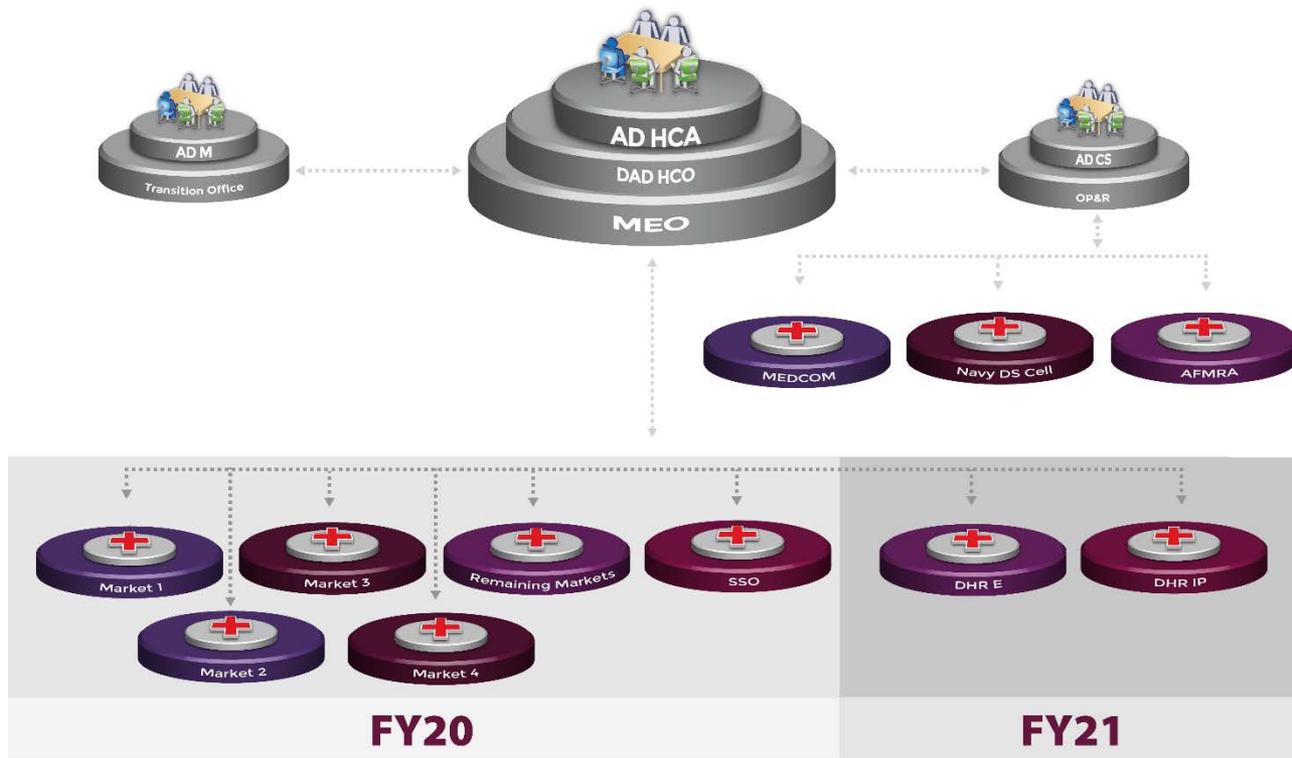
Direct Support (DS) Organizations - Lines of Communication

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



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Lines of Communication as Markets are Established



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Progress to Date

Recent Accomplishments



Began DS Relationship while DHA assumed ADC (DSD Memo Signed)



Successful Market Workshop and Market Walkthrough



Conducted CPX and STAFFEX



Completed Leadership Briefings on First 4 Markets

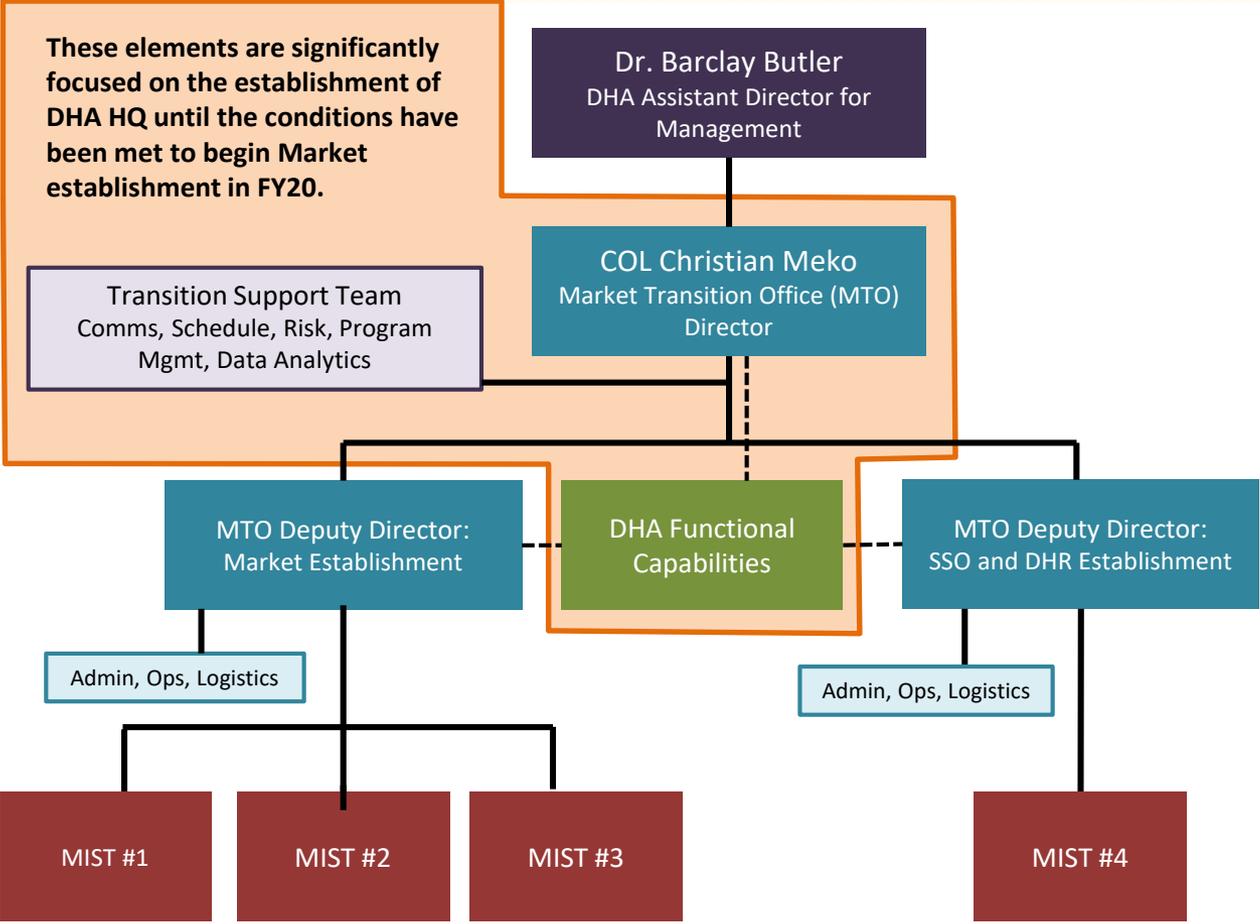


Successfully Established First 4 Markets



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Transition Program Management Office (PMO)



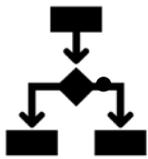
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Training and Events



Market Workshop and Outbrief

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



CPX and STAFFEX

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



Transfer of Function (TOF) Rehearsal of Concept (ROC) Drill

The DHA and the Army participated in a ROC drill to address the mechanics of onboarding/offboarding TOF personnel and transferring some QPP, MEDLOG, and Facilities sub-functions.

Outcomes

MHS Goal: Measuring & Improving the Readiness of the Force



Ensure a Medically Ready Force	
<i>Deliver health and high value health care to Service members – when they need it and where needed – keeping them mission ready at all times</i>	
DHA Supporting Activities	
MTF Level	<ul style="list-style-type: none"> • Maintain a medically ready force (e.g., PHAs, DHRAs, Immunizations) • Provide routine and acute care to Service members to maximize individual medical readiness minimize medical deferments
Market / Service Level	<ul style="list-style-type: none"> • Deliver the highest levels of access, quality and timeliness of care for Service members – whether in an MTF or in the network • Manage the Reserve Health Readiness Program (RHRP) • Monitor and support the Quadruple Aim Performance Plan (QPP) process, including the readiness QPP
Enterprise & COCOM Level	<ul style="list-style-type: none"> • Maximize battlefield injury survival functional recovery rates (e.g., Joint Trauma System, NSQIP/TQIP, NTDB) • Manage TRICARE health plan’s global medical provider network • Conduct mortality surveillance and preventability reviews and provide all mortality data for Defense Suicide Prevention Office • Recruit, collect, manufacture and ship quality blood products in support of rapid deployment forces and military healthcare operations worldwide

Provide a Trained and Ready Medical Force	
<i>Develop and maintain the clinical competencies, currency, and medical capabilities required to provide health care in expeditionary environments; support operational needs</i>	
DHA Supporting Activities	
MTF Level	<ul style="list-style-type: none"> • Measure and monitor Knowledge Skills & Abilities (KSAs) to ensure currency workload for uniformed medical and dental personnel • Provide medical logistics support for units on installations
Market / Service Level	<ul style="list-style-type: none"> • Build a ready medical force to execute operational medicine and readiness-related requirements (e.g., Graduate Medical Education) • Develop standardized Tactical Combat Casualty Care (TCCC) curriculum
Enterprise & COCOM Level	<ul style="list-style-type: none"> • Measure and monitor readiness demand signals • Identify and deliver medical materiel solutions to meet operational requirements (Joint Medical Logistics) • Provide novel medical tools, techniques, and clinical practice guidelines to modernize MHS capabilities for near-peer conflict (Research & Development) • Provide combatant commands with near real-time disease and bio-surveillance threat information (Armed Forces Health Surveillance Branch) • Conduct death investigations worldwide, provide forensic toxicology analysis and identify remains (Armed Forces Medical Examiner)

Transition Benefits: Increased DHA Partnerships



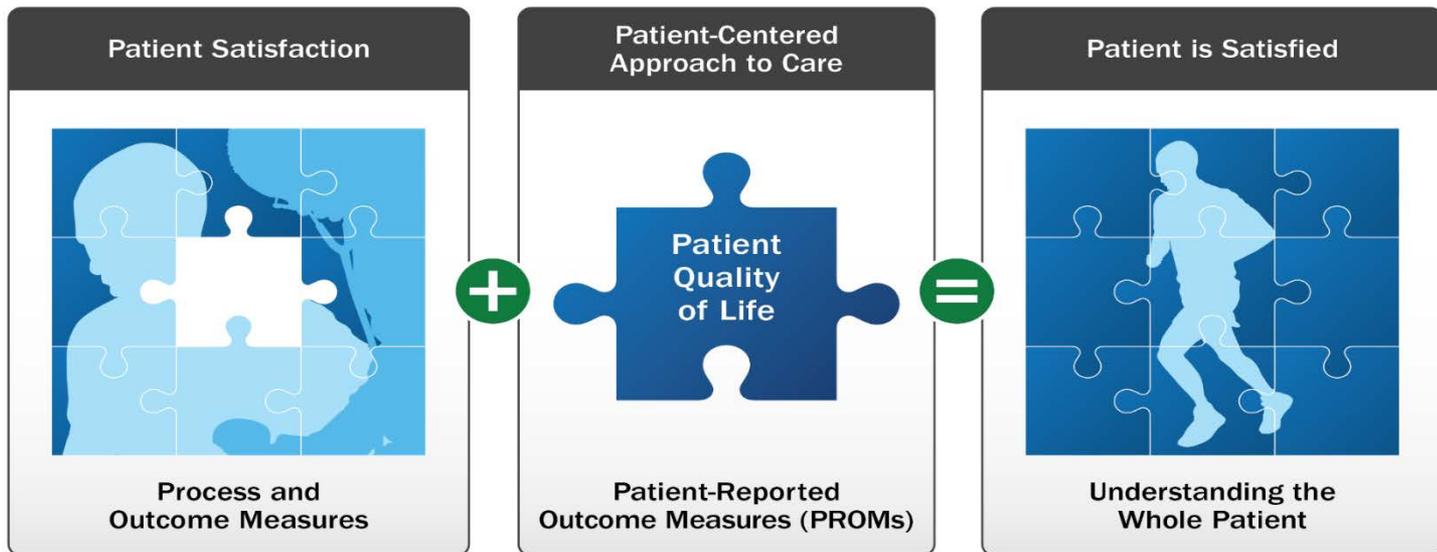
- As a single agency accountable for management of all MTFs allows for more robust opportunities for our health care teams to build critical skills through increased private partnerships.
- DHA markets will also benefit medical professionals by offering increased opportunities to maintain medical skill currency and enhance proficiency in the MTF or through partnerships with industry and academia.
- DHA continues to implement a multifaceted, collaborative approach to create innovative and sustainable solutions to address challenges such clinical and surgical skills of our medical personnel.
 - Efforts include expanding partnerships with VA Hospitals and civilian trauma centers, along with expanded use of surgical simulation.



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Patient Centered Approach

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



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What Success Looks Like



A Ready, Resilient, and Reliable MHS:

Achieves Great Outcomes for Readiness and Health



Sustains a Ready Medical Force



Puts the Patient at the Center



Cultivates Staff Fulfillment



Guarantees Satisfied Patients

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



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What Must We Accomplish?



DHA

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

Markets

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