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***Joint Health Surveillance,  
Intelligence, and Preventive  
Medicine (JHSIPM)  
Transformation  
Functional Solution Analysis***

***JHSIPM Integrated Process Team***

***27 July Draft***



# Caveats and Disclaimers

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- Presentation summarizes work of a joint Service/COCOM/Joint Staff/OSD Integrated Process Team (IPT)
- Presentation reflects “a working draft”, and does not represent the official position of the Department of Defense or other Federal agency
- No brand names will be used; the speakers have no financial interests to be disclosed

Draft work in progress



# Joint Capabilities Development

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FAA

The Functional Area Analysis (FAA) defines what it is I want to be able to do, under what conditions and how well I need to be able to do it. It defines the “to-be” state in capabilities.

FNA

The Functional Needs Analysis (FNA) reviews current, programmed and future systems and solutions and determines if the “to-be” defined in the FAA is achievable. If not, a gap or shortfall exist.

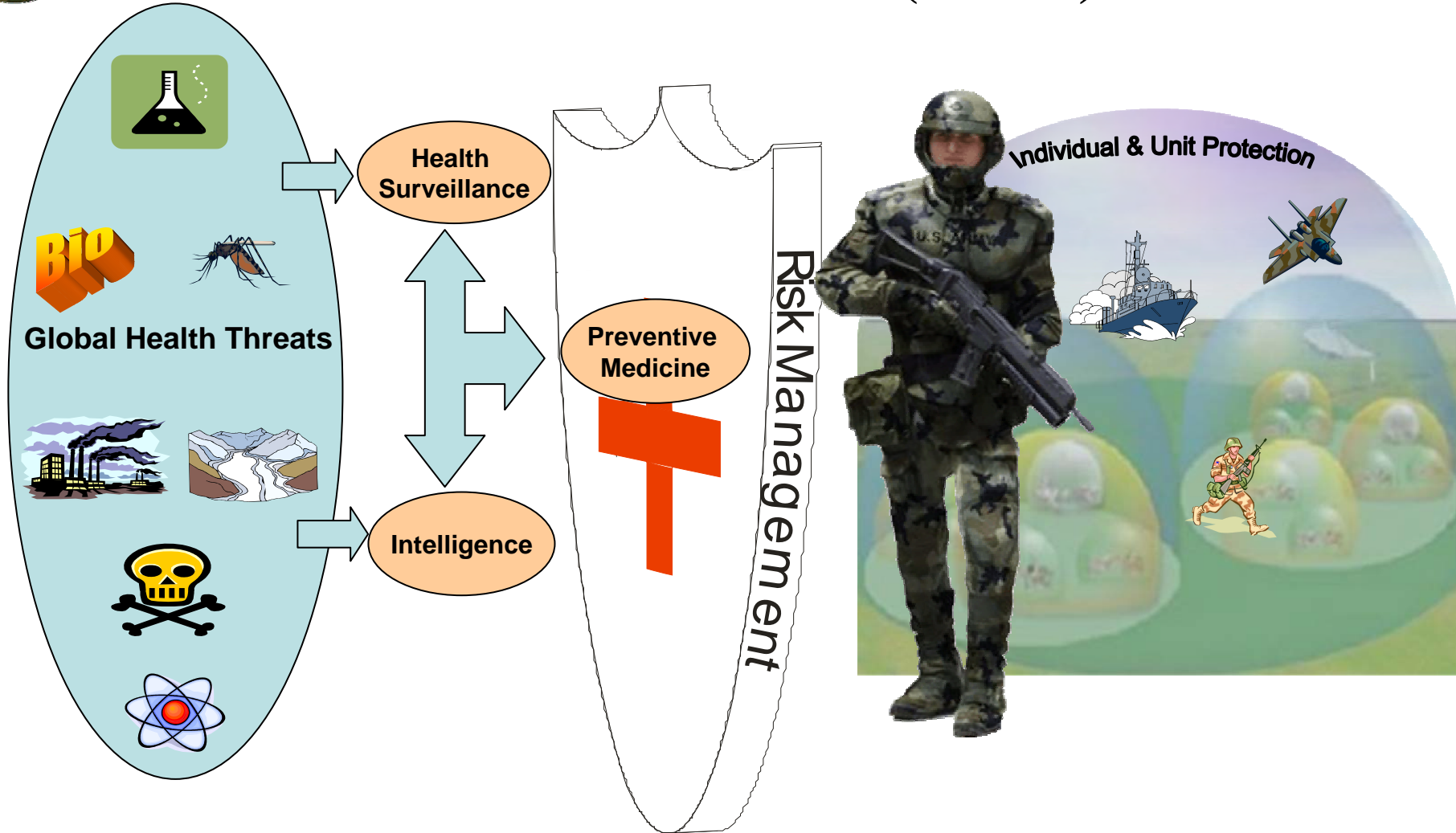
FSA

The Functional Solutions Analysis (FSA) looks at the potential solutions to fill the gaps identified in the FNA. Solutions can be material and non-material and they should be evaluated on the basis of cost, schedule, performance, technical feasibility and human intellectual capital required.



# Joint Health Surveillance, Intelligence & Preventive Medicine (OV-1)

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“Protect & Enable Warfighter Health: Putting the “Protection” in “Force Health Protection”



# JHSIPM FNA Prioritized Gaps Health Surveillance and Intelligence

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- **Detect, identify, and quantify health threats (DIQ)**
  - DIQ 1-Inadequate organization and equipment in theater causes over-reliance on reachback
  - DIQ 3-Medical surveillance community lacks infrastructure and access to classified and unclassified data sources
- **Monitor health status of populations (MHS)**
  - MHS 1-Information systems are inadequate to provide numerator, denominator, and medical readiness info
- **Document, report, and archive med information (DRA)**
  - DRA 1- Poorly networked and incomplete medical info systems
- **Integrate medical/OEH intelligence into IPB (I)**
  - I 1- Operational staffs do not appreciate contribution of medical/OEH intelligence for IPB
  - I 2- Lack of emphasis/recognition of operational staffs adversely impacts requirements and use of medical/OEH intell for IPB



# JHSIPM FNA Prioritized Gaps

## Preventive Medicine

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- **Anticipate, evaluate, and predict threats (AEP)**
  - AEP 1- Information systems for detection, identification, and quantification are limited
  - AEP 2- Inadequate OEHS sampling/detection technology
  - AEP 4- Insufficient joint training and education for AEP
- **Provide for immuno- and chemoprophylaxis (I&C) countermeasures (PIC)**
  - PIC 1- Joint I&C countermeasures materiel solutions are not developed in timely and complete manner, nor is production capability maintained
- **Provide for preventive medicine countermeasures (PMC)**
  - PMC 3- Inadequate med information systems for documentation of PMC
- **Provide public health laboratory services (PHLS)**
  - PHLS 1- Inadequate materiel solutions for timely, accurate, comprehensive PHLS
- **Provide public health support (PHS)**
  - PHS 1- Lack of joint PHS doctrine limits interoperability and use of best practices
  - PHS 2- Inadequate PHS information systems



# The Way Ahead: **DRAFT** Functional Solution Analysis

- Description: It is an operationally based assessment of potential DOTMLPF approaches to solving (or mitigating) one or more of the capability gaps (needs) identified in the FNA (documented in approved JCD(s)). The needs identified in the FNA are inputs to the FSA
- Primary Output: Potential solutions in order of priority
  - **DOTMLPF changes**
  - **Product improvements**
  - **Adoption of interagency/foreign materiel solutions**
  - **New materiel starts**



# DOTmLPF Analysis

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- First analysis in FSA determines whether an integrated DOTMLPF approach can fill the FNA identified gaps
- If determined a materiel approach is required, an Initial Capabilities Document (ICD) will be developed
- Routinely, capability proposals involve combinations of DOTMLPF changes and materiel changes. Those proposals continue through the FSA process as described below



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***Joint Health Surveillance,  
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Transformation  
Update  
Questions?***

