



Department of Defense INSTRUCTION

NUMBER 8260.04
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USD(P&R)

SUBJECT: Military Health System (MHS) Support to DoD Strategic Analysis

- References:**
- (a) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
 - (b) DoD Instruction 8260.01, "Support for Strategic Analysis," January 11, 2007
 - (c) DoD Instruction 8260.2, "Implementation of Data Collection, Development, and Management for Strategic Analyses," January 21, 2003
 - (d) DoD Directive 8320.02, "Data Sharing in a Net-Centric Department of Defense," December 2, 2004
 - (e) DoD Directive 5000.52, "Defense Acquisition, Technology, and Logistics Workforce Education, Training, and Career Development Program," January 12, 2005

1. **PURPOSE.** This Instruction:

a. In accordance with the authority in Reference (a), implements the policy in Reference (b) and the guidance in Reference (c) to provide guidance to members of the MHS for DoD strategic planning, programming, and analysis.

b. Provides guidance to improve the capability of the medical community to support the DoD Analytic Agenda process through the development of improved health service support data, software tools and models, and a coordinated MHS strategic studies program pursuant to Reference (b).

c. Establishes the MHS Strategic Analysis Working Group (SAWG) as a sub-group to the Force Health Protection Council (FHPC) to review and validate MHS input to the Analytic Agenda.

2. **APPLICABILITY.** This Instruction applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the Department of Defense (hereafter referred to collectively as the "DoD Components").

3. DEFINITIONS. The terms used herein are defined in Reference (b) and as follows.

a. analytic baseline. Referred to as baseline throughout this Instruction. Comprised of a scenario, concept of operations, and integrated data, to include health service support data; used by the DoD Components and which serve as a foundation for strategic analyses.

b. common user database (CUD). A Web-based enterprise-wide clinical and medical data repository for medical materiel and personnel planners, medical combat and requirements developers, clinicians and trainers, medical logisticians, and force structure planners.

4. POLICY. It is DoD policy according to Reference (b) to:

a. Conduct joint and collaborative strategic analyses, synchronized with Planning, Programming, Budgeting, and Execution (PPBE) System and Joint Strategic Planning System (JSPS) cycles, to support future programmatic requirements. Such analyses address both forces and enablers, to include medical forces and health service support capabilities.

b. Develop, in a joint, transparent, and collaborative manner, appropriate, up-to-date, traceable, and integrated baselines that use approved scenarios and are suitable for analyses. These baselines shall be made available to the DoD Components.

c. Institute a comprehensive and systematic process to provide data and tools for the development of baselines, ensuring that data and tools are available and accessible. Ensure that any data produced are visible, accessible, and understandable to the rest of the Department of Defense (except where limited by law, policy, or security classification) in accordance with DoD Directive 8320.02 (Reference (d)).

d. Develop business practices and processes that incorporate scenarios, data, software tools and models, strategic studies, and methods in a manner that facilitates joint, collaborative, transparent, and accessible strategic analyses.

5. RESPONSIBILITIES. See Enclosure.

6. PROCEDURES. The FHPC will sponsor an MHS SAWG comprised of full-time or permanent part-time federal employees to review and validate MHS inputs to the Analytic Agenda. SAWG membership will include medical planning and programming subject matter experts from the Joint Staff, Combatant Commands, and the Services. The SAWG will have responsibility to monitor the development of software tools and models supporting current and future force health service support requirements; to ensure population of health service support

data into both the CUD and the baselines, as required, to support current and future force strategic analyses; and to coordinate studies supporting MHS strategic analyses.

7. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is available on the Internet from the DoD Issuances Web Site at <http://www.dtic.mil/whs/directives>.

8. EFFECTIVE DATE. This Instruction is effective immediately.



Gail H. McGinn
Deputy Under Secretary of Defense (Plans)
Performing the Duties of the
Under Secretary of Defense for
Personnel and Readiness

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ENCLOSURE

RESPONSIBILITIES

1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS

(USD(P&R)). The USD(P&R) shall provide policy, guidance, and oversight as necessary to ensure the timely and successful implementation of this Instruction.

2. ASD(HA). The ASD(HA), under the authority, direction, and control of the USD(P&R), shall

a. Establish a governance structure to oversee compliance with this Instruction.

b. Develop permanent, integrated departmental processes within the MHS to regularly review joint and Service medical readiness requirements as part of the DoD PPBE and JSPS cycles with warfighter transformation efforts through improved data, improved software models and tools, and collaborative studies using the approved DoD process (e.g., Analytic Agenda).

c. Through the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness (DASD(FHP&R)), oversee the implementation of this Instruction.

d. In collaboration with the Joint Staff and the Services, institutionalize a transparent, comprehensive process for developing common, analytically rigorous methodologies to be used in the development of current and future joint operational medical force requirements (e.g., estimation and application of population at risk, allocation rules, casualty rates, patient occurrence frequencies, assumptions).

e. Assist the Office of the Deputy Under Secretary of Defense for Strategy, Plans, and Forces in the development of defense planning scenarios for use in strategic analyses of future forces, based on priorities identified by the Under Secretary of Defense for Policy (USD(P)).

f. Assist in the development of baselines for use in strategic analyses of future forces, based upon scenario priorities identified pursuant to Reference (b). Provide health service support subject matter expertise and input on scenario development and concept of operations, as well as integrated medical data to be included as part of the analytical baselines.

g. In collaboration with the Joint Staff and the Service medical departments, identify health service support data requirements for the development of baselines for strategic analyses of future forces and collect the requisite data from the DoD Components. The process shall use, but not be limited to, existing data-collection mechanisms and data repositories.

h. Provide oversight of MHS support to the Analytic Agenda process through the FHPC.

i. Support continued development and maintenance of the CUD to ease management of health service support data required by analytic tools and studies in current and future force strategic analyses.

j. In collaboration with the Joint Staff and the Service Medical Departments to continue developing software models and tools required to conduct in-depth strategic analyses of health service support to the warfighter in current and future operating environments.

k. In coordination with the Joint Staff Surgeon and the Military Department Surgeons General, establish joint standards and metrics for joint operational medical force requirements in conjunction with PPBE and JSPS cycles (e.g., objectives, timelines, data requirements, data usage).

3. UNDER SECRETARY OF DEFENSE FOR ACQUISITION, TECHNOLOGY, AND LOGISTICS (USD(AT&L)). The USD(AT&L) shall develop and coordinate strategies related to MHS initiatives and build collaborative partnerships with the Service Medical Departments and Defense Agencies to establish supporting policies and procedures in accordance with DoD Directive 5000.52 (Reference (e)).

4. HEADS OF THE DoD COMPONENTS. The Heads of the DoD Components shall

a. Assist the DASD(FHP&R) and the Joint Staff Surgeon to institutionalize a transparent, comprehensive process for developing common, analytically rigorous methodologies used to develop current and future joint operational medical force requirements (e.g., estimation and application of population at risk, allocation rules, casualty rates, patient occurrence frequencies, and assumptions).

b. Implement joint procedures to generate health service support data and develop joint tools and methods for the development of medical input into current and future baselines.

c. Provide Component-specific health service support data, as requested by the Chairman of the Joint Chiefs of Staff or the Director of Cost Assessment and Program Evaluation, necessary to develop the baselines.

d. Participate in the development of the baselines, ensuring health service data are applied in the correct context to support each baseline developed.

e. Use the baselines as starting points for analyses supporting Service planning, programming, and acquisition efforts.

f. Continue to fund the development and management of health service support data and support the development of medical tools and models in collaboration with DASD(FHP&R) and Joint Staff strategic analysis efforts.

g. Participate in the continued development and maintenance of the CUD to assist with the management of health service support data, tools, and studies used in strategic analyses.

h. Support the development of and participate in the Strategic Health Service Support Studies and Analyses Program.

i. Participate with the DASD(FHP&R) and the Joint Staff Surgeon in the development of joint standards and metrics for joint operational medical force requirements in conjunction with PPBE and JSPS cycles.

5. CHAIRMAN OF THE JOINT CHIEFS OF STAFF. The Chairman of the Joint Chiefs of Staff shall:

a. Assist the DASD(FHP&R) and the Service Surgeons General institutionalize a transparent, comprehensive process for developing common, analytically rigorous methodologies to be used in the development of current and future joint operational medical force requirements (e.g., estimation and application of population at risk, allocation rules, casualty rates, patient occurrence frequencies, assumptions).

b. Support the development of baselines for use in strategic analyses of current forces, based upon scenario priorities identified by the USD(P), by providing health service support subject matter expertise and input on scenario development and concept of operations, as well as integrated medical data to be included as part of the baselines.

c. Identify health service support data requirements for the development of baselines for strategic analyses of current forces, and collect the requisite data from the DoD Components. The process shall use, but not be limited to, existing data-collection mechanisms and data repositories.

d. Assist the DASD(FHP&R) and the Service Surgeons General to identify health service support data requirements for development of baselines for strategic analyses of future forces and collect the requisite data from the DoD Components. The process shall use, but not be limited to, existing data-collection mechanisms and data repositories.

e. Participate in the continued development and maintenance of the CUD to assist with the management of health service support data, tools, and studies used in strategic analyses.

f. Assist the DASD(FHP&R) and the Service Surgeons General to continue development of the software models and tools required to conduct in-depth strategic analyses of health service support to the warfighter in both current and future operating environments.

g. Support the development of and participate in the Strategic Health Service Support Studies and Analyses Program.

h. Participate with the DASD(FHP&R) and the Service Surgeons General in the development of joint standards and metrics for joint operational medical force requirements in conjunction with PPBE and JSPS cycles.

i. Assist the DASD(FHP&R) in planning and coordinating joint operational medical personnel requirements with other Federal agencies and developing mutual support initiatives.

GLOSSARY

ABBREVIATIONS AND ACRONYMS

ASD(HA)	Assistant Secretary of Defense for Health Affairs
CUD	common user database
DASD(FHP&R)	Deputy Assistant Secretary of Defense for Force Health Protection and Readiness
FHPC	Force Health Protection Council
JSPS	Joint Strategic Planning System
MHS	Military Health System
PPBE	Planning, Programming, Budgeting, and Execution
SAWG	Strategic Analysis Working Group
USD(AT&L)	Under Secretary of Defense for Acquisition, Technology, and Logistics
USD(P)	Under Secretary of Defense for Policy
USD(P&R)	Under Secretary of Defense for Personnel and Readiness