THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAR 22 2006

MEMORANDUM FOR PRINCIPAL DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (FORCE HEALTH PROTECTION & READINESS)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (CLINICAL & PROGRAM POLICY)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH BUDGETS & FINANCIAL POLICY)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH PLAN ADMINISTRATION)
SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE
JOINT STAFF SURGEON

SUBJECT: Policy on Military Health System (MHS) Decision-Making Process

I have attached the subject policy for your information and distribution through your organizations.

The primary purpose of this policy is to revise accountability for significant MHS policy decision-making, encourage decision-making at the lowest possible level, and set expectations for preparation and follow-up. My intent is to establish an expeditious yet deliberative review process that includes the entire MHS leadership.

Some of the discussions and documentation of meeting outcomes may be sensitive and necessarily restricted. But, in most cases, I encourage the wide dissemination of our proceedings within our organizations.

We will revisit the effectiveness of this process annually and will make changes as necessary. My point of contact is Lieutenant Colonel Camille Tilson, (703) 697-2111.

William Winkenwerder, Jr., MD

Attachment:
As stated

cc:
USD (P&R)
PDUSD (P&R)

HA POLICY: 06-009

PDUSD (C)
ASA (M&RA)
ASN (M&RA)
ASAF (M&RA)
Vice CoS, Army
VCNO
Vice CoS, AF
Asst Commandant, USMC
Dir, JS
Dir, PA&E
Dir, MHS-OT
Medical Officer, USMC

HA POLICY: 06-009

Purpose. This document establishes the decision-making processes within the Office of the Assistant Secretary of Defense (Health Affairs) (OASD(HA)) and procedures for meetings and briefings. Teamwork between the Health Affairs, the TRICARE Management Activity (TMA), and the Services staffs is the guiding principle behind this process, as well as the means by which we will coordinate our activities, to include the Service Surgeons General and other external agencies. This policy establishes the process by which the ASD(HA) will (1) establish agenda items for routine meetings, (2) monitor open items and move them to closure according to established timetables, (3) ensure policy decisions are appropriately coordinated before ASD(HA), USD(P&R), or SECDEF decisions are made, and (4) manage MHS Integrated Product Teams (IPTs) and standing committees.

The principal goals are to ensure policy development and implementation are deliberative and open; that meetings have value; that items discussed are not forgotten or lost to follow-up; and that all participants understand who is accountable for an action and the suspense for completing assigned taskings.

Decision Processes. The DoD health policy decision-making process should be conducted in a manner that allows for timely yet comprehensive coordination with affected stakeholders. There will be circumstances, however, in which key decisions are made with little or no notice or preparation but all key decisions will be staffed with the Services. Our process will produce good decisions in both circumstances. At all levels, leaders will attempt to reach consensus during deliberations to allow decision-making to occur at the "lowest" possible level, and closest to the point of execution. There will be times when consensus will not be achieved. In these cases, recommendations to more senior decision authorities will include dissenting views even if only one member of an IPT or standing committee voices disagreement.

For the ASD(HA)-chaired meetings, topics may be introduced by the members or by the DASDs. Attachment 1 offers a schematic of this decision process and every effort should be made to follow this process. With a clear understanding of the decision process and accountable participants, this will occur.

Councils. Attachment 2 delineates the structure of advisory/deliberative bodies, along with the functional owners of policy development and execution oversight within HA/TMA. The Functional Integration Councils under each DASD (Attachment 3) ensure that issues developed by IPTs or standing committees are coordinated across Service and functional areas before being presented for decision. The purpose of all working groups and integration councils is to provide advice and recommendations to the ASD(HA).

The Principal Deputy Assistant Secretary of Defense (Health Affairs) (PDASD) will provide oversight for the efficient use of personnel resources in conducting HA/TMA IPT or committee activities that include Service participation. A thorough review conducted in 2005 reduced the number of IPTs, workgroups and committees from 158 to 91 (Attachment 4). Beginning in 2006, the PDASD will conduct annual reviews of all IPTs and committees and maintain a current and comprehensive list of IPTs and standing committees as well as a library of approved charters.

Meeting Preparation.

Agendas. The following routine meetings will have agenda published NLT 4 business days prior to the meeting:

- MHS Executive Review (MHSER)
- Senior Military Medical Advisory Council (SMMAC)

If additional items are added to the agenda within 48 hours, as a general rule, they should be INFORMATION briefings and not DECISIONAL. Agenda items should be aligned with the MHS Strategic and Business Plans. Agenda items for the SMMAC are approved by the PDASD(HA).

Read Aheads. Read aheads are required for all meetings. Briefings or other materials must be submitted NLT 5 business days prior to the meeting time to the SMMAC Recorder and distributed to all attendees. Briefings will be annotated on the title slide as "DECISION BRIEF" or "INFORMATION BRIEF."

Members Comments/Input. Comments on policy memoranda or decision packages must be submitted within the timeframe established by the PDASD. This will allow the meeting to focus on those items for which there is not consensus or require clarification.

Documentation of Outcome. Meeting minutes will be published by OASD(HA) for all policy-making bodies within one week of the conclusion of the meeting. The minutes will be concise, provide summary of decision made and Office of Primary Responsibility (OPR) for implementation or further action. Senior leaders will be provided copies of meeting minutes.

Follow-up. A bi-weekly policy development tracking report will be published by HA and distributed to the SMMAC membership by COB every other Monday. Open items will be incorporated into future agendas according to the timetables set by the Chair.

Subordinate Committee Meetings. Chairs of subordinate committees listed at Attachment 2 are responsible for documenting the decisions made at their level or recommended for SMMAC review and forwarding to the SMMAC Recorder. Each functional owner (DASD or CIO) will provide an oral summary of significant activities at each SMMAC meeting.

Other ASD(HA) Meetings. The same requirements regarding read-aheads will apply to meetings/briefings requested by subordinate offices with the ASD(HA). In addition, the subordinate offices are responsible for ensuring appropriate individuals are invited to these meetings and that adequate copies of briefing slides and/or papers are provided to invitees.

Roles and Responsibilities

Assistant Secretary of Defense (Health Affairs). The ASD(HA) is the senior health policy-making official in the Department of Defense. All DoD health policy matters and health program execution , not specifically reserved to the Services by law or regulation, are subject to the authority, direction and oversight of the ASD(HA). Reference DoDD 5136.1, Assistant Secretary of Defense for Health Affairs (ASD(HA)).

Deputy Assistant Secretaries of Defense (Health Affairs). The DASDs are the policy development leaders for the ASD(HA). Although policy implementation is the responsibility of the TRICARE Management Activity and the Services, the DASDs are the primary policy coordination and advocacy leaders in their respective areas for health policy decision-making. As senior advisers to the ASD(HA), they are also expected to monitor implementation to ensure execution consistent with policy and strategic direction.

Principal Deputy Assistant Secretary of Defense (Health Affairs). The PDASD serves as the senior DoD medical representative in the absence of the ASD(HA), and will maintain the portfolio for external relationships with Congress, Office of Management and Budget (OMB), Centers for Medicare and Medicaid Services (CMS), beneficiary organizations and the media. All matters pertaining to the Department of Veterans Affairs, regardless of origin, will be coordinated through the PDASD. The PDASD also has responsibility for the overall strategic planning process in OASD(HA).

Deputy Assistant Secretary of Defense (Force Health Protection & Readiness). The DASD(FHP&R) serves as the principal staff assistant for all DoD deployment medicine and force health protection and medical readiness policies, programs and activities. The DASD(FHP&R) is also responsible for theater information systems, health and medical surveillance, international agreements, policies regarding the full spectrum of health care in support of contingency operations--including humanitarian missions, medical logistics, co-chairs the Armed Services Biomedical Research Evaluation and Management (ASBREM) Committee, manages the DoD portion of the National Disaster Medical System, and represents the ASD(HA) with other federal departments and agencies (HHS/OEP, CDC, FDA, NIH, DEMA, Office of Homeland Security).

Deputy Assistant Secretary of Defense (Clinical & Program Policy). The DASD(C&PP) is a principal advisor to the ASD(HA) and formulates policy on Clinical Quality and Patient Safety in the MHS. C&PP will also maintain policy formulation oversight responsibility for programs in Graduate Medical Education, Patient Advocacy and Medical Ethics, Women's Health, Mental Health and Suicide Prevention, Accessions Medical Policy, Clinical Informatics, Disease Surveillance and Prevention, Military Public Health, Health Promotion, Medical Executive Management Education and Training, Healthcare Special Pays and Civil-Military Medicine. Represents the ASD(HA) with other Federal departments and agencies for clinically related programs such as health sector support for Iraq and Afghanistan and the President's Emergency Program for AIDS Relief (PEPFAR).

Deputy Assistant Secretary of Defense (Health Budget & Financial Policy). The DASD(HB&FP) is the principal staff advisor for oversight of health financing policy, strategy for DoD health budgets and programs, monitoring of performance review, and has primary responsibility for oversight of the DHP appropriation budget and medical Program Objective Memorandum (POM) developed by the TMA. Ensures integration within DoD and across agencies as well as representation with OMB and relevant appropriation committees.

Deputy Assistant Director of Defense (Health Policy Administration)/Deputy Director, TRICARE Management Activity. The DASD (HPA)/Deputy Director, TMA operating under the authority, direction and control of the TMA Director, serves as the TRICARE Program Manager for TRICARE health and medical resources, supervises and administers the TRICARE programs and funding, and manages and executes the Defense Health Program and Unified Medical Program accounts consistent with policy guidance of the ASD(HA). The Deputy Director also organizes, directs and manages the TMA, exercising oversight, and supervision of daily activities and operations at TMA for all programs impacting TRICARE The Deputy Director manages the execution of DoD health care policy as issued by the ASD(HA), and serves as the principal advisor to the ASD(HA) on health plan management and contracting matters.

Chief Information Officer. The MHS Chief Information Officer (CIO) serves as the principal advisor to the Assistant Secretary of Defense (HA) and other senior management personnel on matters related to Information Management/Information Technology (IM/IT). The CIO facilitates IM/IT strategic planning, incorporating enterprise-wide IM/IT goals and oversees the IT capital planning and investment process; information assurance; requirements management; IM/IT POM/budget formulation; enterprise standards and architecture; and performance management. The CIO also maximizes opportunities to share information, technologies, and assets with the Department of Veterans' Affairs and other federal agencies.

OASD(HA) Chief of Staff. The Chief of Staff is the principal integrator for all activities under the Assistant Secretary of Defense (Health Affairs), and for integration within the Office of the Under Secretary of Defense (Personnel & Readiness) and other OSD elements. The Chief of Staff will be responsible for managing the agenda, ensuring that action offices have provided read aheads for all ASD-level meetings, ensuring all relevant offices have coordinated on decision packages prior to submission to the ASD(HA), documenting decisions and ensuring decisions are communicated to the field. The Chief of Staff is also responsible for personnel matters within OASD(HA), to include the process for requesting and hiring civilian, military and contract personnel.

Ground Rules for OASD(HA) Business Operations.

Response and Follow-up with DoD Colleagues. One of the principal set of customers for the Health Affairs/TMA organization is the internal colleagues across, up and down in the DoD

organization. Respect for our customers requires all members of this organization to respond promptly to telephone and written inquiries.

Working with and Responding to Other Federal Departments and Agencies. Most communications across federal agencies should come through the ASD(HA) or PDASD. Prompt replies—both oral and written—should typify our relationship. Requests for briefings, papers or other materials from other Departments or Agencies will normally be routed through the OASD(HA). In those cases in which a request comes directly, the receiving office should notify the Chief of Staff of the request.

Working with and Responding to Congress. Communications with Congress, to include congressional staff, will be coordinated with the Principal Deputy Assistant Secretary of Defense (Health Affairs). Requests for briefings, information papers or other materials from the Congress should come through the Service Office of Legislative Affairs, the TMA Program Integration (PI) Office or the Office of the Assistant Secretary of Defense (Legislative Affairs). In those circumstances in which that does not occur, the receiving office should notify the PDASD (HA) or the PI Office. The USD(P&R) has established explicit guidelines for congressional reporting:

- Reports must be completed in a timely manner. If you are unable to complete a report by the statutory deadline, an interim letter should be sent to the Congress or appropriate committees explaining the delay and providing an estimated date of completion.
- Reports must be as simple as possible, they should not be overly complicated or lengthy.
- Reports must reflect high quality work. Solid analytical and writing skills shall be used to create clear, concise, accurate responses.

Working with and Responding to Media. Requests for information or interviews from the media should all be coordinated through the PDASD or his Principal Deputy for External Communications. For TRICARE-specific inquiries, the TMA Deputy Director should provide daily reading materials for TMA press releases and response to media inquiries or interviews.

Continuity of Operations. The DASD(FHP&R) is responsible for maintenance of the continuity of operations plan in the event of a contingency requiring the relocation of OASD(HA) and/or TMA personnel. All staff should be familiar with this plan. It is available in the HA public folder.

Senior Military Medical Advisory Council (SMMAC)

Membership:

- Assistant Secretary of Defense (Health Affairs) – Chair
- Surgeon General, US Army
- Surgeon General, US Navy

- Surgeon General, US Air Force
- Joint Staff Surgeon
- Principal Deputy Assistant Secretary of Defense (Health Affairs)
- Deputy Assistant Secretary of Defense (Clinical & Program Policy)
- Deputy Assistant Secretary of Defense (Force Health Protection & Readiness)
- Deputy Assistant Secretary of Defense (Health Budget & Financial Policy)
- Deputy Assistant Secretary of Defense (Health Policy Administration)/Deputy Director, TRICARE Management Activity
- MHS Chief Information Officer

Other Attendees:

- Director, MHS Office of Transformation
- Surgeon General, US Coast Guard
- HA Chief of Staff
- OASD(HA) Director, Strategic Planning and Business Development
- SMMAC Recorder
- Others as designated by ASD(HA)

Frequency: Weekly.

Focus: Decision-making, and periodic monitoring of progress on key strategic and operations milestones.

Coordination: DASDs and the MHS CIO are responsible for ensuring that draft policies are submitted in time for the internally coordinated document to be delivered by OASD(HA) to the Services and to the Office of General Counsel (OGC) for further coordination. If a policy does not require inclusion on the SMMAC agenda, the Services will still have a period of time, as established by the OASD(HA) Chief of Staff, to coordinate on draft policy. Service Surgeons General will be asked to respond to draft documents in one of the three following ways:

- ❑ Concur.
- ❑ Concur with comments.
- ❑ Non-concur with comments.

The ASD(HA) will sign policy documents. The PDASD(HA) may sign in the absence of the ASD(HA).

Agenda: DASDs, MHS CIO, Joint Staff Surgeon, and Service Surgeons General share responsibility for identifying items for consideration at this meeting. Lead time and coordination are important to ensure that deliberations of the SMMAC focus on key questions and issues. If the item is part of their HA role, the DASD will coordinate through the PDASD before final submission; when the item is a TMA issue, the item will require coordination through the Deputy Director, TMA before final submission. The ASD or PDASD will make final decisions on the agenda items.

Military Health System Executive Review

Membership:

- Under Secretary of Defense (Personnel & Readiness) – Chair
- Principal Deputy Under Secretary of Defense (Personnel & Readiness)
- Principal Deputy Under Secretary of Defense (Comptroller)
- Assistant Secretary of Defense (Health Affairs)
- Assistant Secretary of the Army (Manpower & Reserve Affairs)
- Assistant Secretary of the Navy (Manpower & Reserve Affairs)
- Assistant Secretary of the Air Force (Manpower & Reserve Affairs)
- Vice Chief of Staff, US Army
- Vice Chief of Naval Operations
- Vice Chief of Staff, US Air Force
- Assistant Commandant of the Marine Corps
- Director, Joint Staff
- Director, Program Analysis & Evaluation
- Surgeon General, US Army (non-voting)
- Surgeon General, US Navy (non-voting)
- Surgeon General, US Air Force (non-voting)
- Principal Deputy Assistant Secretary of Defense (Health Affairs) (non-voting)
- Joint Staff Surgeon (non-voting)
- Director, MHS Office of Transformation (non-voting)
- Deputy Assistant Secretary of Defense (Health Budget & Financial Policy) (non-voting)
- Deputy Director, TRICARE Management Activity (non-voting)
- Medical Officer of the Marine Corps (non-voting)

Other Attendees:

- MHSER Recorder
- Others as designated by USD(P&R)

Frequency: Monthly

Focus: Advisory body for the Military Health System, representing the stakeholder perspective.

Agenda: Set by the USD(P&R) with recommendations from the MHSER membership.

Vice Chief of Staff Lunch Meeting

Attendees (Principals Only):

- Under Secretary of Defense (Personnel & Readiness)

- Assistant Secretary of Defense (Health Affairs)
- Vice Chief of Staff, US Army
- Vice Chief of Naval Operations
- Vice Chief of Staff, US Air Force
- Assistant Commandant, US Marine Corps

Other Attendees: As requested.

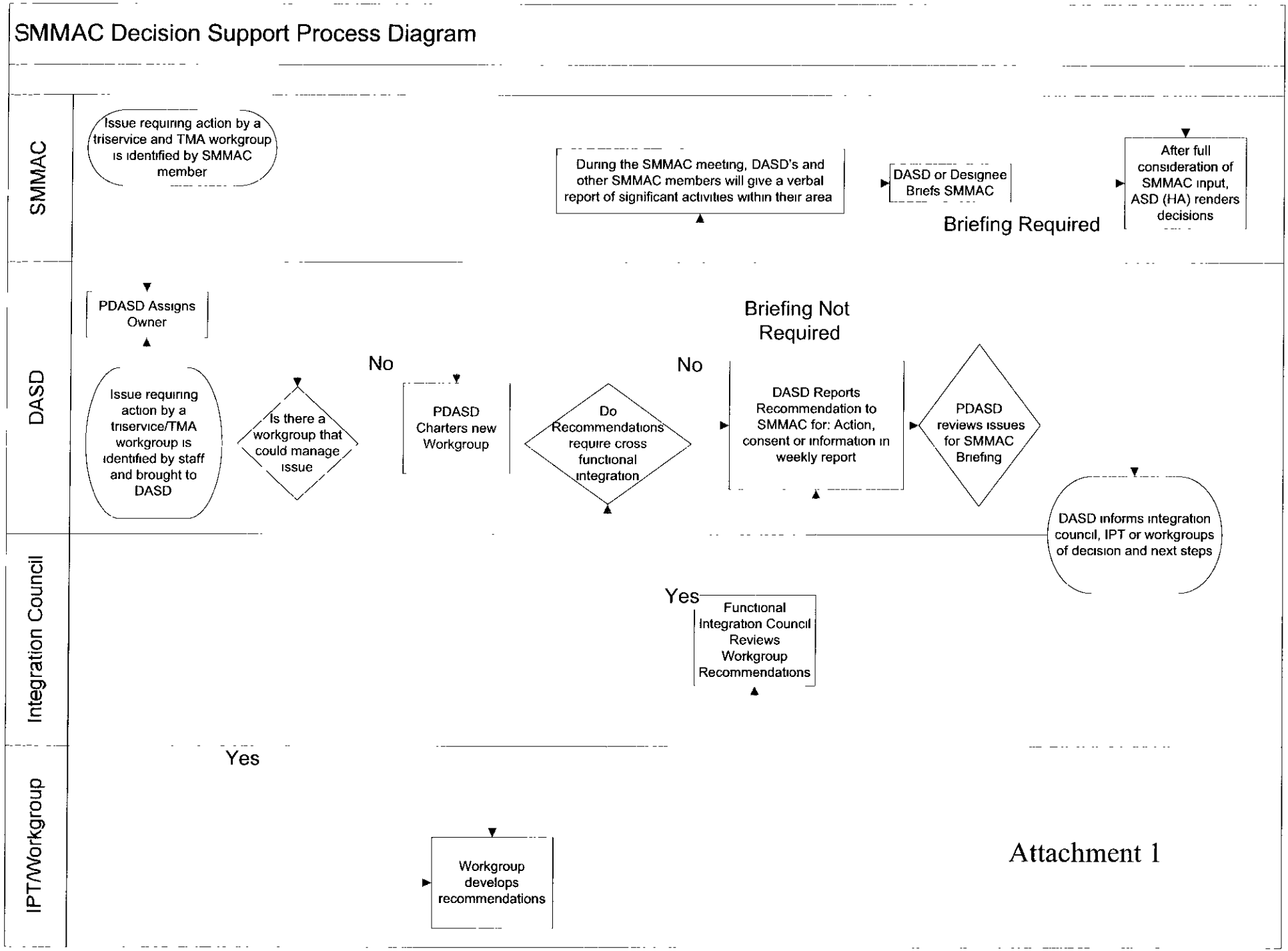
Frequency: Bi-monthly.

Focus: Major force health protection and readiness issues; significant Defense Health program policies and health care resource matters.

Agenda: Determined by the USD(P&R), ASD(HA) and the Vice Chiefs of Staff.

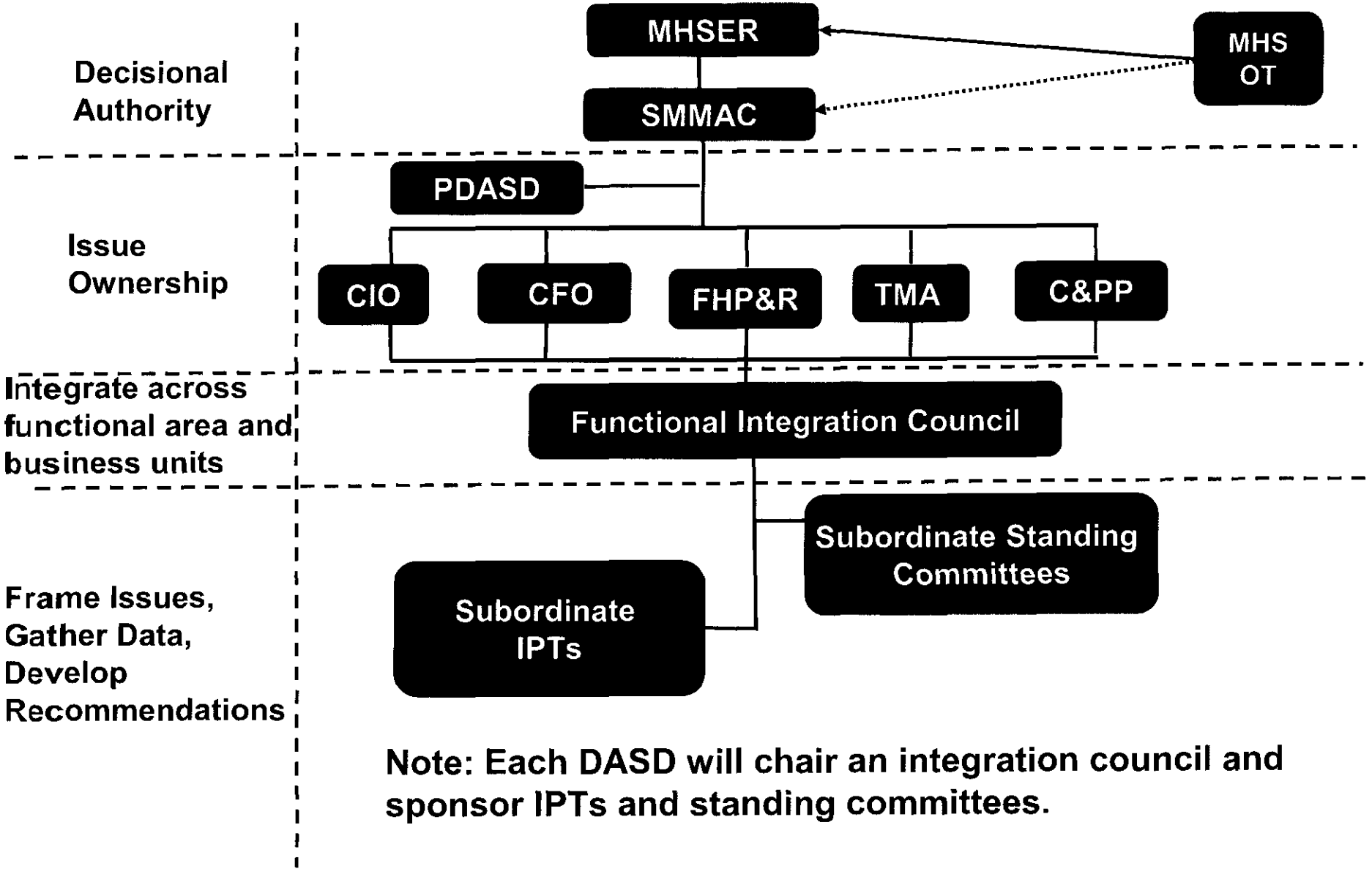
Attachments:
1. SMMAC Decision Support Process Diagram
2. SMMAC Decision Support Model
3. HA/TMA Functional Integration Councils
4. IPTs, Work Groups and Committees

SMMAC Decision Support Process Diagram



Attachment 1

SMMAC Decision Support Model



Note: Each DASD will chair an integration council and sponsor IPTs and standing committees.

Attachment 2

HA/TMA
Functional Integration Councils

Integration Council Owner	Name of Integration Council
PDASD	Strategic Management Review Council
DASD (HPA) /Deputy Director, TMA	Joint Health Operations Council
DASD(HB and FP) / CFO	Chief Financial Officer Integration Council
DASD (FHP&R)	Force Health Protection Council
DASD(C&PP) / Chief Medical Officer	Clinical Proponency Steering Committee
Chief Information Officer	Portfolio Management Oversight Committee

Attachment 3

LIST OF IPTS, WORK GROUPS, AND COMMITTEES BY HA/TMA OWNER

PDASD
Strategic Management Review Council
Strategic Management Working Group
Performance Management Display Tool Functional IPT
DASD, HPA/Deputy Director, TMA
Joint Health Operations Council
Joint Health Operations Workgroup
New DEERS IPT
Military Medical Support Office (MMSO) Transition IPT
Active Duty Service Member Dental Purchased Care WIPT
TRICARE Enrollment Liaison Working Group (TEL WG)
Base Realignment and Closure (BRAC)
Access to Care Committee
Chiropractic Health Care Benefits Advisory Committee
Pharmacy Information Technology Advisory (PITA) Workgroup
DASD, FHP&R
Force Health Protection Council (FHPC)
Joint Preventive Med Policy Group
Critical Infrastructure Protection Integration Staff
Joint Environmental Surveillance WG
DASD, C&PP/Office of the Chief Medical Officer (OCMO)
Clinical Proponency Steering Committee
DoD Risk Management Committee
Health Profession Incentives Working Group (also Roadmap Initiative #6 - Shaping the Future Medical Force)
Roadmap Initiative #7 IPT - Integrate GME into Non-Military Facilities
Roadmap Initiative #12 IPT - Eliminating Utilization Barriers
DoD Civil-Military Medicine Working Group
Bar-Coding IPT
Hospital Acquired Infections IPT
Weight Management IPT
Newborn Metabolic Screening IPT
Patient Safety Planning and Coordination Committee
DoD Pharmacy & Therapeutics Committee
Patient Safety Executive Council
TRICARE Clinical Quality Forum
Alcohol Tobacco Advisory Council (ATAC)
MHS CIO
Portfolio Management Oversight Committee
TIMPO Production and Deployment (PD) IPT
TIMPO Operations and Sustainment (OS) IPT
MHS Acquisition Category III Overarching Integrating Process Team
MHS Infrastructure-Configuration Coordination Board (MI-CCB)
CITPO Configuration Management Working Group
Pharmacy Commercial Off-the-Shelf (RxCOTS) Integration Work Group
CITPO Test & Evaluation IPT
CITPO Implementation and Integration IPT
CHCS II Block 3 Test and Evaluation Master Plan (TEMP) Working Group

LIST OF IPTS, WORK GROUPS, AND COMMITTEES BY HA/TMA OWNER

CHCS II Anatomic Pathology and Laboratory Commercial Off-the-Shelf (AP/LAB COTS) Integration Work Group
Spectacle Request Transmission System II (SRTS II) Training Curriculum Development
TMIP Board of Directors
TMIP Configuration Board
TMIP Engineering IPT
TMIP Logistics IPT
Military Health System Acquisition Category III Integrated Integrating Process Team CITPO
Military Health System Acquisition Category III Integrated Integrating Process Team EI/DS
Military Health System Acquisition Category III Integrated Integrating Process Team RITPO
Military Health System Acquisition Category III Integrated Integrating Process Team DMLSS
AHLTA Functional Advisory Board
Clinical Analysis and Reporting Requirements Integrated Product Team (CARIPT)
Military Health System (MHS) Imaging Requirements Integrated Project Team (IPT)
Occupational Health Requirements Integrated Project Team (IPT)
Electronic Dental Functional Requirements IPT
HIPAA National Provider Identifier IPT
Clinical Systems Design Group formerly the Provider Integrated Project Team
Blood Requirements Work Group (BRWG)
Functional Integration Work Group (FIWG)
Theater Functional Work Group (TFWG)
The Business Requirements Group (Replaces the Corporate Information Decision Support (CIDSG) Business
Theater Functional Steering Committee (TFSC)
Data Standards Configuration Management Board Meeting
Defense Blood Standard System (DBSS) User Representation Board (URB)
Medical Surveillance IPT
MHS Information Assurance Working Group (IAWG)
MHS Technical Integration Working Group (TIWG)
VA/DoD Health Executive Council Information Management/Information Technology Work Group
MHS Enterprise Architecture Board (EAB)
MHS-VHA Health Architecture and Integration Work Group (HAIG)
MHS Information Management Proponent Committee
Information Technology Program Review Board (IT PRB)
DASD (HB&FP)/CFO
RM Steering Committee (RMSC)
Health Facilities Steering Committee (HFSC)
HIPAA Workgroup
Population and Resource Projection Working Group (PRPWG) (MCFAS)
Data Quality Management Control Workgroup
Prospective Payment System Working Group
Uniform Business Office (UBO) Workgroup
MHS Survey Workgroup
DHP Enterprise Internal Management Control
MEPRS Management Improvement Group (MMIG)
HFSC Planning, Acquisition, SRM/Facilities Management, and Criteria Subcommittees
Facility Life Cycle Management (FLCM) Quarterly Project Execution Review
DoD/VA Construction Planning Committee
UBU
Human Resources Steering Committee
Service Medical Activity Audit Committee
Valuation Workgroup
MHS Metrics Standardization Board