HEALTH AFFAIRS

JUN 1 9 2002

MEMORANDUM FOR SURGEON GENERAL, U.S. ARMY
  SURGEON GENERAL, U.S. NAVY
  SURGEON GENERAL, U.S. AIR FORCE
  EXECUTIVE DIRECTOR, TRICARE MANAGEMENT ACTIVITY
  DEPUTY ASSISTANT SECRETARIES OF DEFENSE (HEALTH
    AFFAIRS)

SUBJECT: Policy on MHS Decision-Making Process

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

The primary purpose of this document is to establish 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 to establish a deliberative review process that includes the entire MHS leadership, however, cannot diminish the speed of important information—good or bad-- reaching decision makers and the DoD leadership. The committee structures and processes outlined here must not be allowed to inhibit frequent and direct lateral communication in the absence of meetings, nor delay vertical communication on pressing matters.

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.

Now that we have established a process, we will revisit its effectiveness on a regular basis, and make changes as necessary. Our attention must continue to ensure our decisions reflect the priorities required to support our service members in the field.

William Winkenwerder, Jr., MD

Attachment:
As Stated

cc:
Lead Agents

HA POLICY: 02-012

Purpose. This document establishes the decision-making processes within the Office of the Assistant Secretary of Defense (Health Affairs) and procedures for meetings and briefings. Teamwork between the Health Affairs and TRICARE Management Activity staff is the guiding principle behind this process, as well as the means by which we will coordinate our activities with the Services, 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, and (3) ensure policy decisions are appropriately coordinated before ASD, USD(P&R), or SECDEF decisions are made.

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. This requires that work be completed in advance – e.g., agendas, read-aheads, submitted comments on policy documents.

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. Our process will produce good decisions in both circumstances.

Committees. Attachment 1 provides a list of advisory/deliberative bodies, along with the principal membership and identified attendees. The purpose of all such committees is to provide advice and recommendations to the ASD(HA) on all policy matters under his purview.

Setting Agendas. Integrated Product Teams (IPTs) have dramatically increased the level of tri-service coordination on planned changes to TRICARE at the action officer level. Using the IPT process, decision meetings should route substantive policy issues from the IPT to the Deputy Surgeons General (DSG) meeting or other senior leader committee to the Senior Military Medical Advisory Council (SMMAC). Issues will be resolved at the appropriate decision-making level. For the ASD(HA)-chaired meeting, topics can also be introduced directly by the members or by the DASDs. TRICARE items should first be routed through and considered by the DSG and/or the TRICARE Executive Director. Attachment 2 offers a schematic of this decision-making route. Every effort should be made to allow decision-making to occur at the "lowest" possible level, and closest to the point of execution. With a clear understanding of the decision process and accountable participants, this will occur.

Meeting Preparation.

Agendas. The following routine meetings will have agenda published NLT 48 hours prior to the meeting:

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

If additional items are added to the agenda within 48 hours, as a general rule, they should be INFORMATION briefings and not DECISIONAL. Agendas should be linked to the MHS Strategic and Business Plans. The Chief of Staff, OASD(HA), is responsible for preparing the agenda for the SMMAC.

Length. Routinely scheduled meetings for the ASD(HA) will be 50 minutes. Agenda topics and briefing slides should be developed with these timeframes in mind, as well as consideration for a question and answer session.

Read Aheads. Read aheads are required for all meetings. Briefings must be submitted NLT 48 hours prior to the meeting time to the Chief of Staff for the SMMAC 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 Chief of Staff. 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 48 hours 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 weekly policy development tracking report will be published by HA and distributed by COB every 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 Chief of Staff and ASD(HA).

Other ASD(HA) Meetings. The same requirements regarding read-aheads and length of meetings 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 policy matters and health program execution are subject to the authority, direction and control of the 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 policies, programs and activities. The DASD(FHP&R) is also responsible for theater information systems, 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 the principal advisor to the ASD(HA) on Clinical Quality and Patient Safety in the MHS. C&PP will also maintain policy 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, Clinical Research and Health Promotion, Medical Executive Management Education and Training, and Healthcare Special Pays.

Deputy Assistant Secretary of Defense (Health Budgets & Financial Programs). 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.

Executive Director, TRICARE Management Activity. The Executive Director serves as program manager for TRICARE health and medical resources, supervises and

administers the TRICARE programs and funding, manages and executes the Defense Health Program and Unified Medical Program accounts consistent with policy guidance of the ASD(HA). The Executive 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 contracting matters.

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.

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; 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.

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 are 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 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 Chief of Staff. 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.
- ❑ Keep the reports simple. Answer the questions asked and don't make them overly complicated or lengthy.
- ❑ Reports must reflect high quality work. To ensure this, use available databases and solid analytical skills 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 Executive Director should provide daily read materials for TMA press releases and response to media inquiries or interviews.

Managing Resources. All persons assigned to OASD(HA) or TMA—military, civilian, or contractor—are responsible for managing resources in a cost-effective manner. Supervisors have particular responsibilities for overseeing and closely managing government expenditures for equipment, travel, supplies, contracted support services and any other financial outlay which directly or indirectly affects health care delivery. Supervisors should reward subordinates for identifying areas or programs that can reduce outlays without adversely affecting program performance.

Personal Conduct. The Office of the Assistant Secretary of Defense (Health Affairs) and the TRICARE Management Activity (TMA) will adhere to the highest standards of personal conduct. Annual training on standards of conduct will be conducted and each employee will attend. Special attention must always be paid to provisions concerning conflicts of interest and proper use of government resources.

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
- 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 Budgets & Financial Programs)
- Executive Director, TRICARE Management Activity
- Director, J-4 (Medical)

    Other Attendees:
    - Military Assistant to the ASD(HA)
    - Special Assistant to the ASD(HA) (Recorder)

Frequency: Weekly.

Focus: Decision-making, and periodic monitoring of progress on key business plan milestones.

Coordination: DASDs and the Executive Director, TMA 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 ASD(HA) 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 Items: DASDs, Executive Director, TMA, 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. The ASD will make final decisions on the agenda items. Examples include: Biological warfare medical management strategies; TRICARE contracting strategy; military facility life cycle strategic planning.

Deputy Surgeon General (DSG) Meeting

Membership:

- Deputy Executive Director, TMA - Chair
- Deputy Surgeon General, US Army
- Deputy Surgeon General, US Navy
- Deputy Surgeon General, US Air Force
- Deputy Assistant Secretary of Defense , Clinical & Program Policy
- MHS Chief Information Officer
- Deputy Director of Medical Readiness, J-4

Frequency: Weekly.

Focus: Monitoring and execution of programs and decision-making on TRICARE operational matters. DSGs and DED, TMA are responsible for ensuring the coordinated and effective implementation of TRICARE programs. Where appropriate, the DSGs vet and elevate TRICARE operational issues to the Senior Medical Advisory Committee (SMAC) for decisions and alignment with policy that can achieved at the Deputy level.

Agenda Items: Items should be submitted by the Resource Managers' Steering Committee (RMSC), Health Care Delivery Steering Committee, TRICARE IPT Program Managers, and members of the meeting group. Examples include: Service-level coordination of the budget execution plan, monitoring implementation and status of individual programs, providing staffed input to the SMMAC on other operational matters.

Military Health System Quality Council

Membership:

- Deputy Assistant Secretary of Defense , Clinical & Program Policy - Chair
- Deputy Executive Director, TRICARE Management Activity
- Deputy Surgeon General, US Army
- Deputy Surgeon General, US Navy
- Deputy Surgeon General, US Air Force
- Deputy Director of Medical Readiness (J-4)
- Chief Medical Officer, TRICARE Management Activity

Frequency: Quarterly.

Focus: Establish MHS policies on quality; establish quality metrics and monitor quality performance across the MHS.

Agenda Items: Items should be submitted by the committee membership.

Military Health System Executive Review

Membership:

- Under Secretary of Defense (Personnel & Readiness) - Chair
- 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)
- Office of the Under Secretary of Defense (Comptroller)
- Director, Program Analysis & Evaluation
- Surgeon General, US Army
- Surgeon General, US Navy
- Surgeon General, US Air Force
- Principal Deputy Assistant Secretary of Defense (Health Affairs)
- Executive Director, TRICARE Management Activity
- Deputy Assistant Secretary of Defense (Health Budgets & Financial Programs)
- Deputy Assistant Secretary of Defense (Clinical & Program Policy)
- Chief of Staff, Office of the Assistant Secretary of Defense (Health Affairs)

Frequency: Monthly

Focus: Assess performance of the Military Health System through review of select TRICARE regional indicators in the areas of enrollment, satisfaction, workload, costs and medical manpower, and to review other special interest items at the direction of the Chair.

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

Health Affairs Staff Meeting (Core Staff)

Attendees:

- Assistant Secretary of Defense (Health Affairs)
- 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 Budgets & Financial Programs)
- TMA Executive Director
- OASD(HA) Chief of Staff
- MHS Chief Information Officer

Frequency: Weekly (Tuesday, 9:30 am)

Focus: Senior executive roundtable.

Agenda: No prepared agenda.

Health Affairs Staff Meeting (Extended Staff)

Attendees:

- Assistant Secretary of Defense (Health Affairs)
- 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 Budgets & Financial Programs)
- TMA Executive Director
- OASD(HA) Chief of Staff
- President, Uniformed Services University Health Sciences
- OASD(HA) General Counsel (DoD/OGC)
- Office of the Assistant Secretary of Defense (Public Affairs) (OASD(PA))
- TMA Deputy Director
- Chief Information Officer
- TMA, Deployment Health Support Directorate Chief of Staff
- TMA, General Counsel
- TMA, Chief of Staff
- TMA, Director of Program Integration

Frequency: Weekly (Thursday, 10:00 am)

Focus: General Information Sharing.

Agenda: No prepared agenda.

Assistant Secretaries for Manpower & Reserve Affairs (M&RA Meeting)

Attendees:

- Assistant Secretary of Defense (Health Affairs)
- Assistant Secretary of the Army (M&RA)
- Assistant Secretary of the Navy (M&RA)
- Assistant Secretary of the Air Force (M&RA)
- Principal Deputy Assistant Secretary of Defense (Health Affairs)
- Deputy Assistant Secretary of Defense (Health Affairs/Clinical & Program Policy)
- Deputy Assistant Secretary of Defense (Health Affairs/Force Health Protection & Readiness)
- Deputy Assistant Secretary of Defense (Health Affairs/Health Budgets & Financial Programs)

Others: As requested.

Frequency: As needed, but no less than quarterly.

Focus: Significant health policy and program management issues.

Agenda: As recommended by the attendees.

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

Others: 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.

Medical Personnel Policy Board (MPPB) (Formerly the Flag Officer Review Board (FORB))

Attendees:

- Deputy Assistant Secretary of Defense (Health Affairs)/Clinical & Program Policy - Chair
- Deputy Assistant Secretary of Defense (Health Affairs)/Health Budgets & Financial Programs
- Deputy Executive Director, TRICARE Management Activity
- Deputy Surgeon General, US Army
- Deputy Surgeon General, US Navy
- Deputy Surgeon General, US Air Force
- Deputy Director of Medical Readiness (J-4)
- Director, Resource Management, TRICARE Management Activity

Others: As requested.

Frequency: Monthly.

Focus: Medical recruitment and retention policies, strategies and monitoring. Particular focus on special pays for recruiting and retaining a quality medical force. Oversight of GME policies and the Joint Executive Skills Committee.

Agenda: Determined by the Chair and committee members.

Information Management Proponency Committee (IMPC)

Attendees:

- Chief Information Officer, OASD(HA) -- Chair
- Deputy Assistant Secretary of Defense (Health Affairs)/Clinical & Program Policy
- Deputy Assistant Secretary of Defense (Health Affairs)/Force Health Protection & Readiness
- Deputy Assistant Secretary of Defense (Health Affairs)/Health Budgets & Financial Programs
- Deputy Executive Director, TRICARE Management Activity
- Deputy Surgeon General, US Army
- Deputy Surgeon General, US Navy
- Deputy Surgeon General, US Air Force
- Deputy Director of Medical Readiness (J-4)

Others: As requested.

Frequency: Monthly.

Focus: Oversee the MHS IM/IT program and the IM/IT Capital Investment process, address enterprise–wide IM/IT issues and approve MHS IM/IT guidance and policy.

Agenda: Determined by the Chair and Committee Members.

MHS Facilities Planning Committee

Attendees:

- Deputy Executive Director, TMA -- Chair
- Deputy Assistant Secretary of Defense (Health Affairs)/Health Budgets & Financial Programs
- Deputy Surgeon General, US Army
- Deputy Surgeon General, US Navy
- Deputy Surgeon General, US Air Force

Others: As requested.

Frequency: No less than quarterly.

Focus: Oversee the MHS Medical Facility Life Cycle Strategic Plan and related military construction matters.

Agenda: Determined by the Chair and committee members.

Force Health Protection Council

Attendees:

- Deputy Assistant Secretary of Defense (Force Health Protection and Readiness) – Chair
- Deputy Surgeon General, US Army (or designated principal for medical readiness issues)
- Deputy Surgeon General, US Navy (or designated principal for medical readiness issues)
- Deputy Surgeon General, US Air Force (or designated principal for medical readiness issues)
- Directorate, Medical Readiness (J-4)
- Director, Deployment Health Support Directorate
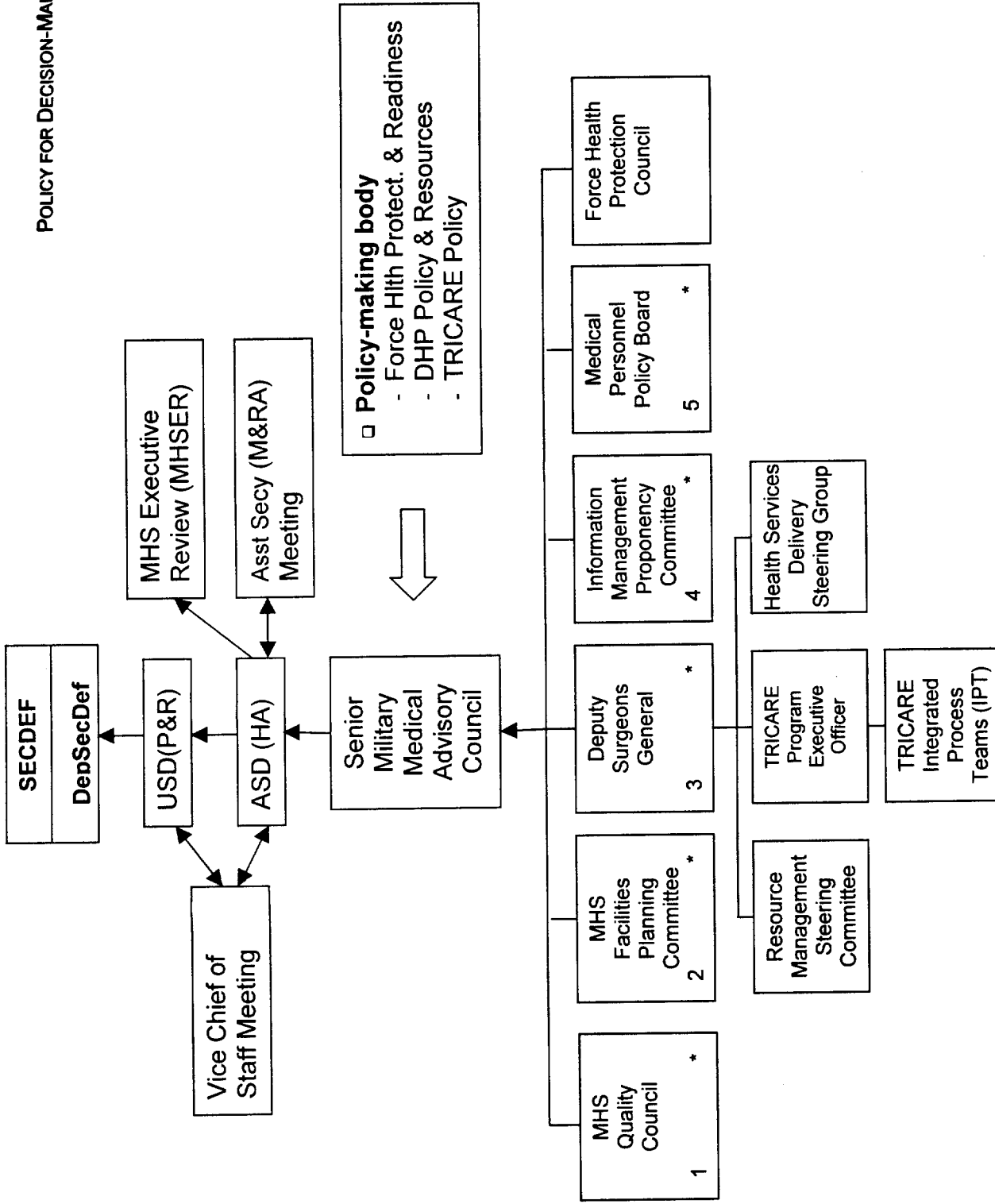- Unified and Specified Command Surgeons (Quarterly Inclusion)

Others: As requested.

Frequency: Monthly.

Focus: All force health protection and medical readiness policy issues.

Agenda: As determined by the Chair and committee members.

SECDEF

DepSecDef

MHS Executive Review (MHSER)

Asst Secy (M&RA) Meeting

☐ **Policy-making body**
- Force Hlth Protect. & Readiness
- DHP Policy & Resources
- TRICARE Policy

USD(P&R)

ASD (HA)

Vice Chief of Staff Meeting

Senior Military Medical Advisory Council

Force Health Protection Council

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Deputy Surgeons General * 3

Health Services Delivery Steering Group

Resource Management Steering Committee

TRICARE Program Executive Officer

TRICARE Integrated Process Teams (IPT)

NOTES
1,5 Chair, DASD(C&PP)
2,3 Chair: DED, TMA
4   Chair, MHS CIO

* Composition largely the same for each meeting