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THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

11 Feb 98

MEMORANDUM FOR: SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Policy on the Appropriate Resourcing for Health and Fitness (H&F) Programs

In January 1997, the Military Health System (MHS) Strategic Planning Workgroup recommended a breakthrough to dramatically increase the MHS focus on health and fitness. One objective is to ensure appropriate resources are available to fund H&F programs. Initially, the Services must determine the total requirements needed to implement a complete H&F program as defined by DoDD 1010.10, "Health Promotion and Disease Prevention," the draft Health Affairs policy, "Put Prevention into Practice (PIIP) - Policy" (attachment 1), and the "Catalogue of Requirements for Health and Fitness Programs" (attachment 2). The next step will be to identify existing resources available for these programs and to determine if there are any program funding shortfalls.

DoD Directive 1010.10, which is currently in revision, is a broad ranging document that addresses overall issues such as enhancing mission readiness, unit performance, and the health and fitness of individual military personnel, other beneficiaries, and civilian employees. For the healthcare community, this directive provides three important functions by: (1) referencing policy and responsibilities for health promotion and disease and injury prevention within DoD; (2) defining common H&F related terms; and (3) listing related health promotion and disease prevention programs and guidelines for implementation.

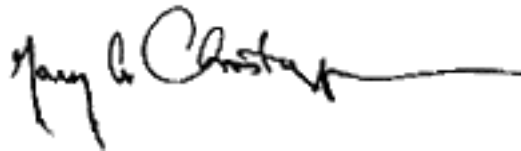
Enrollment-Based Capitation (EBC) supports the continuous investment in H&F initiatives within the MHS. As facilities manage to a historic capitation rate, they are encouraged to direct resources toward additional H&F efforts. Reinvestment of earned revenues in H&F should ultimately reduce the Department's overall healthcare costs. Aggressive H&F initiatives are expected behaviors under a capitation-based resource methodology.

EBC Category 3 funds support varying levels of HMO-equivalent initiatives, e.g., immunizations and Nurse Advice Lines. With the maturity of capitation, new H&F investments should replace some of the historical costs of intervention that are avoided by applying current H&F initiatives. The Defense Health Program (DHP) Capitation Model will continue to allocate funds for those military unique functions, such as Public/Occupational Health in Category 2A, Program Element 807705. Smoking Cessation, Health Enrollment Assessment Review

(HEAR), and Self Help books are just some of the required functions funded in this area.

During the DHP budget execution review, each Military Department will be evaluated on its progress toward meeting the MHS objective of funding a complete H&F program. The specific metric applied will be the comparison between the total identified requirements for each Military Department's H&F Program and the percent of funding applied toward this requirement.

My point of contact for this action is Maj Julie Hall, Senior Program Analyst, Capitation Financing, at (703) 681-7889, ext. 1228, DSN: 761-7889, ext. 1228.

A handwritten signature in black ink, appearing to read "Edward D. Martin". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

for

Edward D. Martin, M.D.
Acting Assistant Secretary of Defense

HA Policy 98-019

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Last update: 9/1/1998