



# Department of Defense **INSTRUCTION**

**NUMBER** 8260.04  
May 14, 2015

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USD(P&R)

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

**References:** See Enclosure 1

1. **PURPOSE.** In accordance with the authority in DoD Directive 5124.02 (Reference (a)), this instruction:

a. Reissues DoD Instruction 8260.04 (Reference (b)).

b. Implements the policy in DoD Directive 8260.05 (Reference (c)) and the guidance in DoD Instruction 8260.2 (Reference (d)), assigns responsibilities, and provides procedures to MHS members for DoD strategic planning, programming, and analysis.

c. Provides guidance to improve the capability of the medical community to support the DoD support for strategic analysis (SSA) process through the development of improved Health Service Support (HSS) data, software tools and models, and a coordinated MHS strategic studies program pursuant to Reference (c).

d. Establishes the MHS Strategic Analysis Workgroup (SAWG) to review and validate MHS input to SSA products in accordance with DoD Instruction 5105.18 (Reference (e)).

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 DoD (referred to collectively in this instruction as the "DoD Components").

3. **POLICY.** In accordance with Reference (c), it is DoD policy that:

a. SSA products will:

(1) Support deliberations by DoD senior leadership on strategy and planning, programming, budgeting, and execution system (PPBES) matters, including force sizing, shaping, and capability development.

(2) Provide a starting point for studies that support development and implementation of defense strategy and policy and the DoD PPBES.

b. SSA products will include:

(1) Current baselines that reflect selected Combatant Commander plans and approved force management decisions. These baselines will **not** be used to evaluate Combatant Commander plans or force management decisions.

(2) Near to long term scenarios, concepts of operations (CONOPSS), forces, and baselines based on plausible challenges requiring DoD resources and capabilities.

c. SSA product development will be a collaborative and iterative process co-led, on behalf of the Secretary of Defense, by the Offices of the Director, Cost Assessment and Program Evaluation (DCAPE); the Under Secretary of Defense for Policy (USD(P)); and the Chairman of the Joint Chiefs of Staff. Data will be collected from the DoD Components to develop SSA products, and relevant data shall be shared as appropriate.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. The Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight (DASD(HRP&O)) will sponsor an MHS SAWG comprised of full-time or permanent part-time federal employees to review and validate MHS inputs to the SSA process.

a. SAWG membership will include medical planning and programming subject matter experts from the Joint Staff, Combatant Commands, and the Military Services.

b. The SAWG will monitor the development of software tools and models supporting current and future force HSS requirements to:

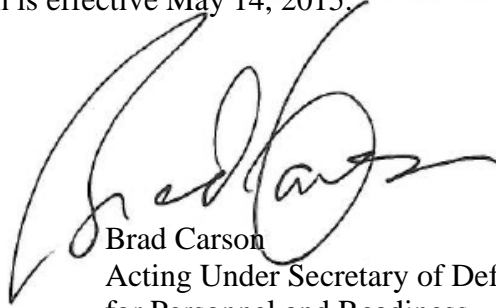
(1) Ensure inclusion of HSS data in SSA baselines, as required.

(2) Support current and future force strategic analyses.

(3) Coordinate studies supporting MHS strategic analyses.

6. RELEASABILITY. **Cleared for public release**. This instruction is available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

7. EFFECTIVE DATE. This instruction is effective May 14, 2015.

A handwritten signature in black ink, appearing to read "Brad Carson", is written over the printed name and title.

Brad Carson  
Acting Under Secretary of Defense  
for Personnel and Readiness

Enclosures

1. References
2. Responsibilities

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- (b) DoD Instruction 8260.04, “Military Health System (MHS) Support to DoD Strategic Analysis,” December 18, 2009 (hereby canceled)
- (c) DoD Directive 8260.05, “Support for Strategic Analysis (SSA),” July 7, 2011
- (d) DoD Instruction 8260.2, “Implementation of Data Collection, Development, and Management for Strategic Analyses,” January 21, 2003
- (e) DoD Instruction 5105.18, “DoD Intergovernmental and Intragovernmental Committee Management Program,” July 10, 2009, as amended
- (f) DoD Instruction 8320.02, “Sharing Data, Information, and Information Technology (IT) Services in the Department of Defense,” August 5, 2013
- (g) DoD Directive 5000.52, “Defense Acquisition, Technology, and Logistics Workforce Education, Training, and Career Development Program,” January 12, 2005
- (h) Joint Publication 1-02, “Department of Defense Dictionary of Military and Associated Terms,” current edition

ENCLOSURE 2

RESPONSIBILITIES

1. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, the ASD(HA) provides policy, guidance, and oversight, as necessary, to ensure the timely and successful implementation of this instruction.

2. DASD(HRP&O). Under the authority, direction, and control of the ASD(HA), the DASD(HRP&O) regularly reviews joint and Service medical readiness requirements as part of the DoD PPBES and Joint Strategic Planning System (JSPS) cycles with warfighter transformation efforts through improved data, improved software models and tools, and collaborative studies using the approved DoD SSA processes.

3. DIRECTOR, DEFENSE HEALTH AGENCY (DHA). Under the authority, direction, and control of the ASD(HA), the Director, DHA:

a. In collaboration with the Joint Staff and the Military Services, develops 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, rules of allocation, casualty rates, patient condition occurrence frequencies (PCOFs), assumptions).

b. Helps develop SSA baselines for use in strategic analyses of future forces, based on scenario priorities identified pursuant to Reference (c).

(1) Provides HSS subject matter expertise and input on scenario development and CONOPS, as well as integrated medical data to be included as part of SSA baselines.

(2) Ensures that any data produced are visible, accessible, and understandable to the rest of the DoD (except where limited by law, policy, or security classification) in accordance with DoD Instruction 8320.02 (Reference (f)).

c. In collaboration with the Joint Staff and the Service medical departments:

(1) Identifies HSS data requirements for the development of SSA baselines for strategic analyses of future forces, and collects the requisite data from the DoD Components.

(2) Funds, develops, and maintains software models and tools required to conduct in-depth strategic analyses of HSS to the warfighter in current and future operational environments.

d. Provides MHS support to the SSA process through the SAWG.

4. UNDER SECRETARY OF DEFENSE FOR ACQUISITION, TECHNOLOGY, AND LOGISTICS (USD(AT&L)). The USD(AT&L) develops and coordinates strategies related to MHS initiatives and builds collaborative partnerships with the Service medical departments and Defense Agencies to establish supporting policies and procedures in accordance with DoD Directive 5000.52 (Reference (g)).

5. SECRETARIES OF THE MILITARY DEPARTMENTS AND COMBATANT COMMANDERS. The Secretaries of the Military Departments and Combatant Commanders:

a. Help the Director, DHA and the Joint Staff Surgeon develop:

(1) 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, rules of allocation, casualty rates, PCOFs, and assumptions).

(2) Joint standards and metrics for joint operational medical force requirements in conjunction with PPBE and JSPS cycles.

b. Implement joint procedures to generate HSS data using joint tools and methods for the development of Service-specific medical input into current and future SSA baselines.

c. Provide DoD Component-specific HSS data, as requested by the Chairman of the Joint Chiefs of Staff or DCAPE, necessary to develop SSA baselines.

d. Participate in the development of SSA baselines, ensuring Service-specific HSS data are applied in the correct context to support each SSA baseline developed.

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

f. Fund the development and management of Service-specific HSS data and support the development of Service-specific changes to medical tools and models in collaboration with DHA and Joint Staff strategic analysis efforts.

g. Appoint appropriate subject matters experts to support the SSA process through the SAWG.

6. CHAIRMAN OF THE JOINT CHIEFS OF STAFF. The Chairman of the Joint Chiefs of Staff through the Joint Staff Surgeon and in collaboration with the Military Department Surgeons General:

a. Helps the Director, DHA to:

(1) Develop 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, rules of allocation, casualty rates, PCOFs, assumptions).

(2) Identify HSS data requirements for development of baselines for strategic analyses of future forces, and collect the requisite data from the DoD Components.

(3) Continue development of the software models and tools required to conduct in-depth strategic analyses of HSS to the warfighter in both current and future operating environments.

(4) Develop joint standards and metrics for joint operational medical force requirements in conjunction with PPBE and JSPP cycles.

b. Supports the development of SSA baselines for use in strategic analyses of current forces, based on scenario priorities identified by the USD(P), by providing HSS subject matter expertise and input on scenario development and CONOPS, as well as integrated medical data to be included as part of SSA baselines.

c. Helps the Director, DHA:

(1) Plan and coordinate joint operational medical personnel requirements with other federal agencies, and develop mutual support initiatives.

(2) Provide MHS support to the SSA process through the SAWG.

## GLOSSARY

### PART I. ABBREVIATIONS AND ACRONYMS

ASD(HA)	Assistant Secretary of Defense for Health Affairs
CONOPS	concept of operations
DASD(HRP&O)	Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight
DCAPE	Director, Cost Assessment and Program Evaluation
DHA	Defense Health Agency
HSS	Health Service Support
JSPS	Joint Strategic Planning System
MHS	Military Health System
PCOF	patient condition occurrence frequency
PPBES	planning, programming, budgeting, and execution system
SAWG	Strategic Analysis Workgroup
SSA	support for strategic analysis
USD(AT&L)	Under Secretary of Defense for Acquisition, Technology, and Logistics
USD(P)	Under Secretary of Defense for Policy

### PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purposes of this instruction.

casualty rate. The number of casualties per 1,000 population at risk. This term and its definition are proposed for inclusion in the next edition of Joint Publication 1-02 (Reference (h)).

PCOF. PCOF data are probabilities that a certain diagnosis will occur. In a planning tool, casualty rates determine the number of casualties. PCOF data determines the diagnosis that will be applied to each of the casualties.

rules of allocation. Formulas used by the Military Services for operational and force structure planning. For example, the Army assigns one forward surgical team to every committed brigade combat team, and the Air Force deploys one behavioral health team for every 2,000 deployed Air Force personnel.