



Joint Task Force National Capital Region Medical **DIRECTIVE**

NUMBER 5103.04
JUN 24 2013

J-3B

SUBJECT: Health Optimization Work Group (HWG) Charter

References: See Enclosure 1

1. PURPOSE. This Directive, based on the authority of References (a) through (d), establishes a HWG in order to optimize, standardize, and facilitate total force fitness, health promotion, and wellbeing programs in the National Capital Region (NCR). These programs for direct healthcare beneficiaries and employees of the Joint Task Force National Capital Region Medical (JTF CapMed) Headquarters (HQ), Walter Reed National Military Medical Center (WRNMMC), and Fort Belvoir Community Hospital (FBCH) are administered in accordance with the requirements and recommendations of References (e) through (l), and in accordance with the JTF CapMed decision-making process (Reference (m)).

2. APPLICABILITY. This Directive applies to the JTF CapMed HQ, FBCH, WRNMMC, and the Joint Pathology Center. Hereafter, FBCH and WRNMMC are referred to as Joint Medical Treatment Facilities (MTFs).

3. MISSION. The HWG is established to oversee total force fitness, health promotion, and wellbeing programs in support of JTF CapMed's goal to achieve recognition as an organization delivering "world class," patient-centered healthcare in an integrated healthcare delivery system. The HWG is the command's executive oversight committee and point of contact for all matters related to these programs. Specifically, the HWG will focus on the following:

- a. Identify current and emerging challenges in population health and wellbeing.
- b. Seek and promulgate best practices for motivating healthy behaviors.
- c. Coordinate and implement innovative health promotion and wellbeing programs to improve the health of beneficiaries and staff.

d. Integrate health promotion and wellbeing programs across all total force fitness domains.

4. ORGANIZATION AND MANAGEMENT. The HWG establishes its own operating procedures, meeting schedule, and interim work products to complete its mission. The group is composed of subject matter expert representatives from the Joint MTFs and from JTF CapMed Clinical and Healthcare Business Operations (J-3B). The composition of the work group is as follows:

a. Chairperson. As nominated by the JTF CapMed Chief, Public Health and Preventive Medicine and appointed by CJTF.

b. Recorder. Executive Assistant, J-3B.

c. Voting Members. Voting members will delegate an alternate if unable to attend with prior approval by the Chairperson.

(1) J-3B, Chief Public Health and Preventive Medicine

(2) J-3B, Behavioral Health Officer

(3) Chiefs, Health Promotion, WRNMMC/FBCH

(4) Chief, Resiliency and Psychological Health Service, WRNMMC

(5) Chief, Preventive Medicine, WRNMMC/Chief, Public Health, FBCH

(6) Chief, General Internal Medicine Service, WRNMMC

(7) Chief, Primary Care, FBCH

(8) Health Promotion Manager, 79 MDW

(9) Chief, Health Care Integration, 79 MDW

(10) Disease Manager, 79 MDW

(11) Head, Health Care Business Operations, Naval Health Clinic, Quantico

(12) Chief, Preventive Medicine, Kimbrough Ambulatory Care Center

d. Appointed Liaisons:

(1) Chief Clinical Nutrition, WRNMMC/Chief Nutritional Medicine, FBCH

(2) Chief, Occupational Medicine, WRNMMC/FBCH

JUN 24 2013

(3) Chiefs of Pastoral Care, WRNMMC/FBCH

e. Advisors to the Work Group

(1) Director, Human Performance Laboratory, Uniformed Services University of the Health Sciences

(2) Director, Fleet and Family Support Center, Naval Support Activity Bethesda

(3) Director, Airman and Family Readiness Center, Joint Base Andrews

(4) Director, Army Community Services, Fort Belvoir

(5) Directors, Morale, Welfare, and Recreation, Naval Support Activity Bethesda/Joint Base Andrews/Fort Belvoir

f. All members are expected to attend meetings established by the chairperson, be prepared for discussions, and contribute accordingly. Members are expected to keep their respective Component Leaders apprised of their progress, workings, and recommendations and will be responsible for any Service-specific issues.

5. RESPONSIBILITIES. See Enclosure 2

6. RELATIONSHIPS. The HWG shall be accountable to and route required written products and briefings to the Commander's Meeting, through the IDS Leadership meeting and the Clinical Care and Quality Management Board (CCQMB) (Reference (n)). The CCQMB may require the work group to render periodic accounts of its progress and shall:

a. Review briefs prepared for presentation to the IDS Leadership meeting.

b. Monitor initiatives of the HWG to assure submitted work products:

(1) Are delivered on time.

(2) Meet the quality expectations set through the IDS Leadership meeting.

(3) Promptly address any problematic Service-specific issues.

(4) Recognize the viewpoint of all constituencies.

7. AUTHORITIES

a. Tasking. As specified in the Enclosure, each voting member shall provide one alternate

member. This requires that the voting member identify decision-makers who can act on behalf of the functional area or organization they represent.

b. Budgeting. None.

c. Policy. The HWG is authorized to approve subject matter content and develop issuances through the Director, J-3B as proponent for the issuance. If consensus cannot be reached or if there is great public or congressional interest, the HWG shall ensure approval from the IDS Leadership meeting, and codification of approved decisions via an issuance.

8. ADMINISTRATION

a. Meeting Frequency. The HWG shall meet at least quarterly, and more often if needed, to ensure that all matters related to health promotion and wellness are addressed. Subgroups may be established by the chairperson as needed.

b. Decision-Making Methodology. A simple quorum majority of sitting members will be required to move an issue or briefing forward (no fewer than 10 of the voting members in any combination). The chairperson is a voting member for the purposes of quorum determination and in case of tie votes.

c. Status Reporting. Status reports shall be routed to the Director, J-3B, JTF CapMed for presentation to the Executive Director, Healthcare Operations, JTF CapMed.

d. Problem/Issue Escalation and Resolution Processes. In the event the HWG encounters issues that it cannot resolve, it shall seek the advice and counsel of the Director, J-3B.

e. Closure and Work Group Self-Assessment. The HWG is a standing committee and will continue to meet and deliberate until the internal organizational structure of the JTF CapMed is revised.

f. Quorum. The HWG will achieve a quorum when 51% of the voting membership is present. Alternates sent "on behalf of" will be considered the same as the voting member.


9. RELEASABILITY. UNLIMITED. This Directive is approved for public release and is available on the JTF CapMed Issuances Website at: www.capmed.mil.

10. EFFECTIVE DATE. This Directive:

a. Is effective upon its publication to the JTF CapMed Website; and

JUN 24 2013

b. Must be reissued, cancelled, or certified current within 5 years of its publication in accordance with JTF CapMed Instruction 5025.01 (Reference (o)). If not, it will expire 10 years from the publication date and be removed from the JTF CapMed Website.


STEPHEN L. JONES
Major General, U.S. Army
Acting Commander

Enclosures

1. References
2. Responsibilities

Glossary

JUN 24 2013

ENCLOSURE 1REFERENCES

- (a) Deputy Secretary of Defense Memorandum, "Authorities for Joint Task Force National Capital Region Medical (JTF CapMed)," February 7, 2012
- (b) Deputy Secretary of Defense Action Memorandum, "Civilian and Military Personnel Management Structures for the Joint Task Force National Capital Region Medical," January 15, 2009
- (c) Comprehensive Master Plan for the National Capital Region Medical, April 23, 2010
- (d) Supplement to the Comprehensive Master Plan for the National Capital Region Medical, August 31, 2010
- (e) JTF CapMed CONOPS, "Establishment of the National Capital Region Medical Integrated Delivery System," July 3, 2012
- (f) U.S. Department of Health and Human Services. National Prevention, Health Promotion and Public Health Council. "National Prevention Strategy," June 16, 2011
- (g) U.S. Preventive Services Task Force. *Recommendations*. Rockville, MD. Available at <http://www.uspreventiveservicestaskforce.org/recommendations.htm> Accessed March 19, 2013
- (h) US Department of Health and Human Services. Office of Disease Prevention and Health Promotion. *Healthy People 2020*. Washington, DC. Available at <http://www.healthypeople.gov/2020/default.aspx> Accessed March 19, 2013
- (i) VA/DoD Clinical Practice Guidelines. Washington, DC. Available at <http://www.healthquality.va.gov/> Accessed March 19, 2013
- (j) DOD. *Tricare Management Activity. Medical Management Guide*. Falls Church, VA. Available at http://www.tricare.mil/tma/ocmo/download/MMG_v3_2009.pdf Accessed March 19, 2013
- (k) Chairman of the Joint Chiefs of Staff Instruction 3405.01, "Chairman's Total Force Fitness Framework," September 1, 2011
- (l) JTF CapMed Directive 1010.03, "Health Promotion and Disease/Injury Prevention," May 11, 2012
- (m) JTF CapMed Instruction 5025.02, "National Capital Region (NCR) Medical Integrated Delivery System (IDS) Governance Structure," July 27, 2012
- (n) JTF CapMed Directive 5003. 01, "National Capital Region (NCR) Medical Clinical Care and Quality Management Board (CCQMB) Charter," July 3, 2012 as amended
- (o) JTF CapMed Instruction 5025.01, "Formats and Procedures for the Development and Publication of Issuances," March 5, 2012

JUN 24 2013

ENCLOSURE 2

RESPONSIBILITIES

1. CHAIRPERSON. The Chairperson will:

a. Forward an agenda to each voting member no later than 3 working days prior to each scheduled meeting. The agenda shall be incorporated into the meeting minutes format.

b. Forward a clearly written summary of the proceedings of the previous meeting to each voting member no later than 3 working days prior to each scheduled meeting. The written summary must:

(1) Endorse information/decision briefs deemed ready for consideration by the IDS Leadership meeting.

(2) Specify the way ahead for information/decision briefs deemed not ready for consideration by the IDS Leadership meeting.

c. Appoint individuals and form *ad hoc* work groups to accomplish tasks consistent with the Health Optimization Work Group's mission.

d. Appoint an alternate recorder in the absence of the recorder.

2. RECORDER. The Recorder will:

a. Prepare an agenda at the chairperson's direction in time for the chairperson to meet the deadline of paragraph 1.a.

b. Prepare a clearly written summary of the proceedings of the previous meeting at the chairperson's direction in time for the chairperson to meet the deadline of paragraph 1.b.

3. VOTING MEMBERS. Voting members (or designated alternate) will:

a. Keep their respective leadership engaged and aware of the issues being addressed by the work group.

b. Apprise their respective leadership of the HWG's progress, workings, and recommendations.

c. Prepare their respective Component or Organization leader for participation in the IDS Leadership meeting by discussing salient issues contained in the briefs.

JUN 24 2013

d. Act as subject matter experts without any bias to organizational loyalty, but based on technical capabilities.

JUN 24 2013

GLOSSARY

ABBREVIATIONS AND ACRONYMS

CCQMB	National Capital Region Clinical Care and Quality Management Board
FBCH	Fort Belvoir Community Hospital
HWG	Health Optimization Work Group
JTF CapMed	Joint Task Force National Capital Region Medical
MTF(s)	Medical Treatment Facility/Facilities
NCR	National Capital Region
WRNMMC	Walter Reed National Military Medical Center