

Department of the Air Force

Integrity - Service - Excellence

Military Health System Transition



**Col Michael Higgins
AFMRA/CV
17 February 2020**



Agenda

- **Military Health System Transition**
- **Air Force Operational Medicine**
- **Air Force Medical Reform Model**
- **Defense Health Agency (DHA) Clinical Communities**
- **Market Overview**
- **Direct Support Transition**



Air Force Medical Service (AFMS)

AFMS Mission

Ensure medically fit forces,
provide expeditionary
medics, and deliver Trusted
Care to all we serve

AFMS Vision

Air Force's warrior medics –
mission-focused,
excellence-driven



Trusted Care, Anywhere

Integrity - Service - Excellence



Major “Drivers of Change”



Medical Group Reform Model (OMRS)



MTF Transition to the DHA (NDAA ‘17, Sec 702)



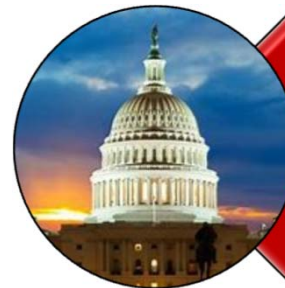
AF Medical Readiness Agency (AFMRA) Standup (NDAA ‘19 Sec 712)



Rescoping MTFs (NDAA ‘17, Sec 703)





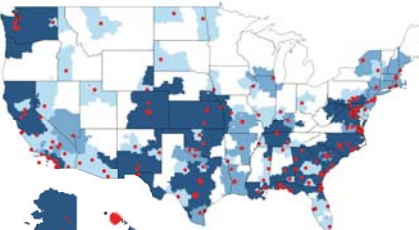
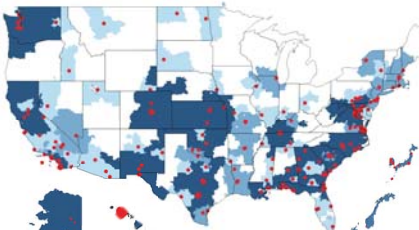
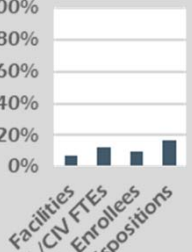
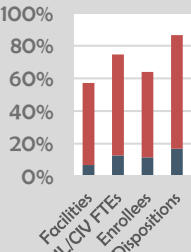
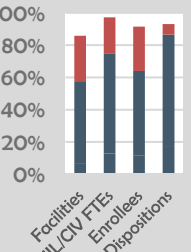
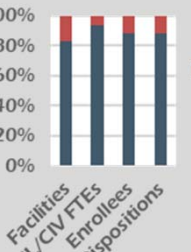
Mandates billet review before Uniformed Medic Reductions (NDAA ‘20, Sec 718)



MHS GENESIS



Implementation Timeline

Objective 1	Objective 2	Objective 3	Objective 4													
 <p data-bbox="226 685 495 717">Establish Capability</p>	 <p data-bbox="697 685 940 717">Stand-Up Markets</p>	 <p data-bbox="1213 685 1339 717">Form SSO</p>	 <p data-bbox="1663 685 1810 717">Form DHRs</p>													
 <table border="1" data-bbox="382 760 550 928"> <tr><td>7% Facilities</td></tr> <tr><td>13% MIL/CIV FTEs</td></tr> <tr><td>12% Enrollees</td></tr> <tr><td>17% Dispositions</td></tr> </table>	7% Facilities	13% MIL/CIV FTEs	12% Enrollees	17% Dispositions	 <table border="1" data-bbox="858 760 1026 928"> <tr><td>57% Facilities</td></tr> <tr><td>75% MIL/CIV FTEs</td></tr> <tr><td>64% Enrollees</td></tr> <tr><td>86% Dispositions</td></tr> </table>	57% Facilities	75% MIL/CIV FTEs	64% Enrollees	86% Dispositions	 <table border="1" data-bbox="1314 760 1482 928"> <tr><td>86% Facilities</td></tr> <tr><td>97% MIL/CIV FTEs</td></tr> <tr><td>91% Enrollees</td></tr> <tr><td>93% Dispositions</td></tr> </table>	86% Facilities	97% MIL/CIV FTEs	91% Enrollees	93% Dispositions	 <table border="1" data-bbox="1764 760 1932 928"> <tr><td>100% MHS Enterprise</td></tr> </table> <p data-bbox="1780 912 1927 961">Graph Key ■ Previously Transferred ■ Transferring in Phase</p>	100% MHS Enterprise
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93% Dispositions																
100% MHS Enterprise																
<ul data-bbox="147 1036 575 1380" style="list-style-type: none"> • DHA ADC of CONUS MTFs • ADC executed through relationship with Direct Support elements • tIMO certifies 4 markets from 5+3 • Build DHA capability and capacity to support 4 initial markets • Strategic pause in Market standup to allow DHA HQ to mature • OCONUS support continues 	<ul data-bbox="602 1036 1031 1312" style="list-style-type: none"> • DHA assumes responsibility of tIMO Markets and certifies 17 additional Markets • Build DHA capability and capacity • Service IMOs divest CONUS Markets • SSOs remain with Service IMOs • Overseas support continues 	<ul data-bbox="1058 1036 1486 1237" style="list-style-type: none"> • DHA certifies SSO and assumes responsibility of SSO • Service IMOs divest CONUS SSOs and realign personnel to SSO • RHC-A/C end Direct Support • Overseas support continues 	<ul data-bbox="1514 1036 1942 1269" style="list-style-type: none"> • Service IMOs divest OCONUS MTFs and realign personnel to DHRs • DHA certifies DHR-E and DHR-IP • Service IMOs end Direct Support • DHA HQ and FCs reach full operational capability and capacity 													

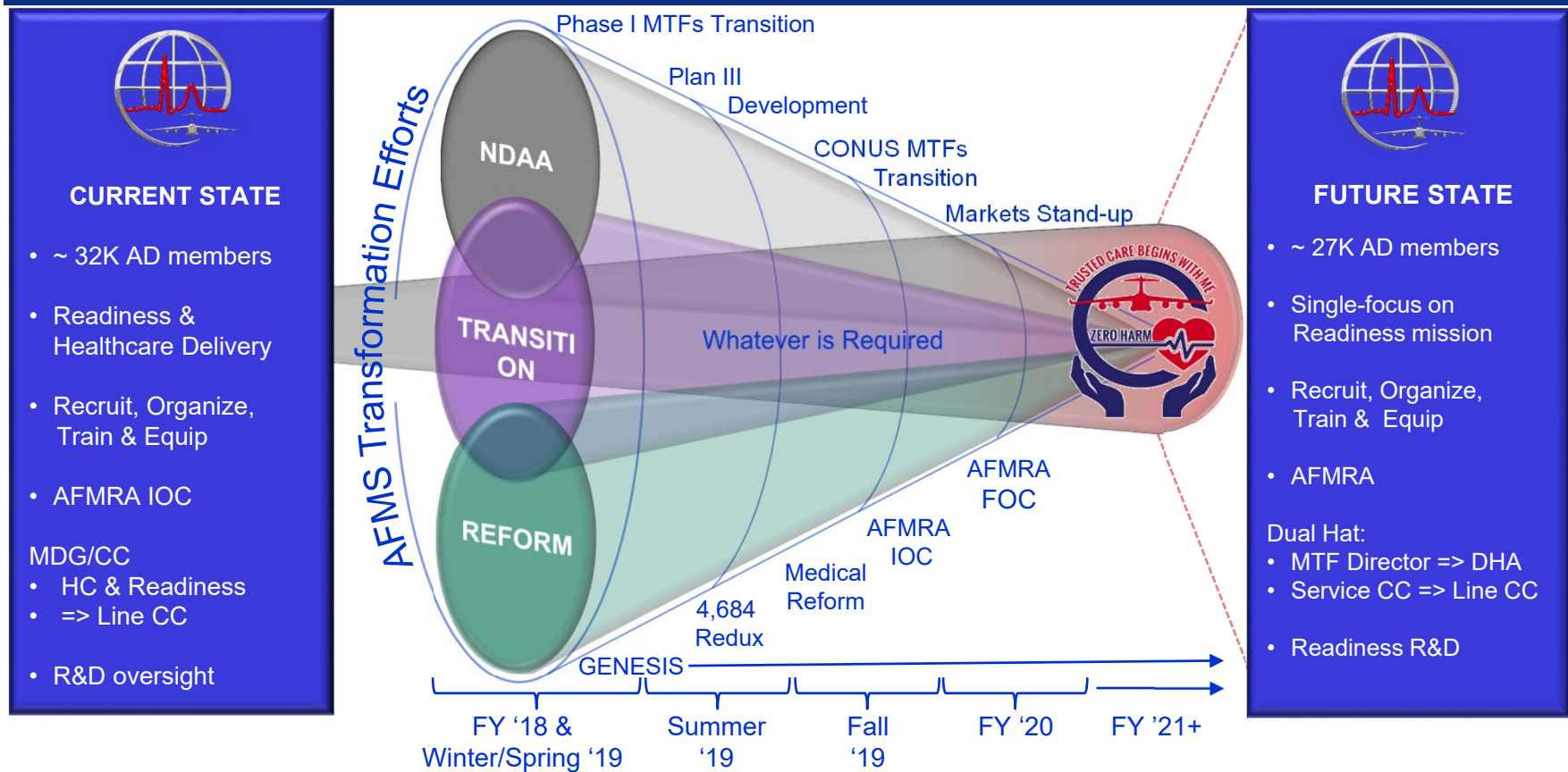
As of Jan 6, 2020

Note: Data is specific to transitioning facilities by objective, DHA HQ and Market overhead are not included.

■ Areas supported by Markets
 ■ Areas supported by Small Markets
 ■ Areas supported by Stand-Alone MTFs
 ■ Areas supported by Defense Health Regions



Air Force Medical Service Transition...Transformation



NDA A
 Congressionally mandated changes to improve readiness, drive efficiencies, increase standardization, and enhance delivery of the health benefit .

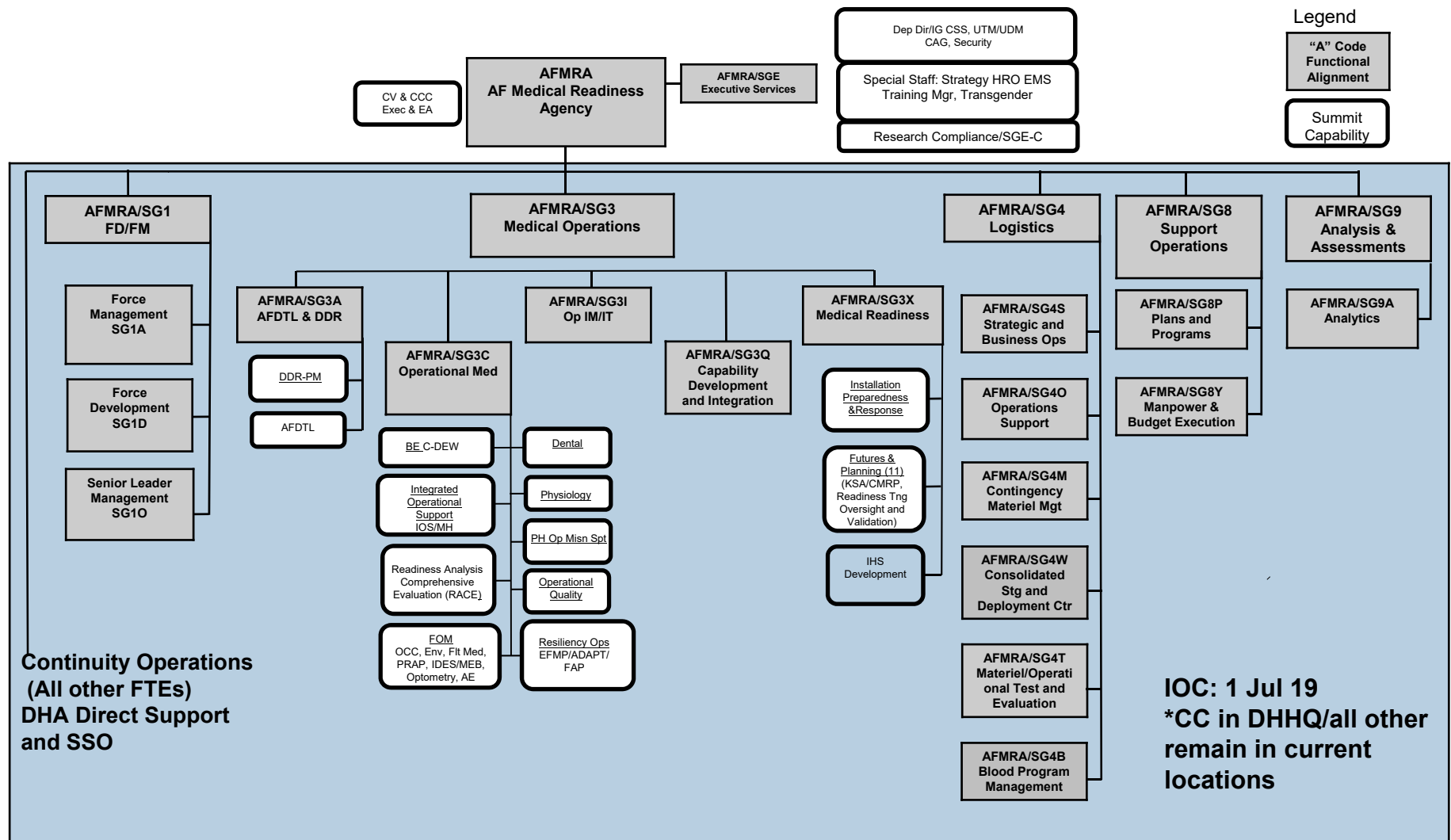
TRANSITION
 Efforts to transfer management and administration of healthcare benefit mission from the Air Force to the Defense Health Agency. .

REFORM
 Focus on operational readiness, establish corresponding governance structure to drive innovation, modernize, and increase lethality of the Joint force.

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Air Force Medical Readiness Agency Organization Chart





Air Force Operational Medicine (AFOM) Flowchart

PEOPLE *DEVELOP LEADERS (AF)*

- RETENTION
- FORCE DEVELOPMENT
- RESILIENCE

AFMS TRANSFORMATION

- DHA TRANSITION
- AFMRA FOC
- 4684 *PERFORMANCE + AFFORDABILITY (DOD)*
- 703 *COST EFFECTIVE MODEL (AF)*
CONTROL COSTS (DHA)

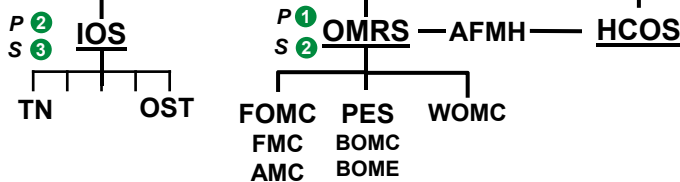
READINESS

LETHAL FORCE (DOD)
RESTORE READINESS (AF)
MRA + RMA (DHA)

DRIVE INNOVATION (DOD/AF)
DISRUPTIVE INNOVATION (AF/SG)

MEDICALLY READY AIRMEN

AF OH



READY MEDICAL AIRMEN



AMRO/STANDARDS

TC

P - Primary
S - Secondary

METRICS (ADDRESS THE WHY)

- 1 DEPLOYABILITY
- 2 AVAILABILITY
- 3 PERFORMANCE
- 4 COCOM REQUIREMENTS – CCAT, GST, IHS, HUMANITARIAN
- 5 DEPLOY FULLY CAPABLE MEDICS MAXIMIZE WARRIOR SURVIVABILITY

ATTRACT PARTNERS (DOD)
ALLIANCES (AF)

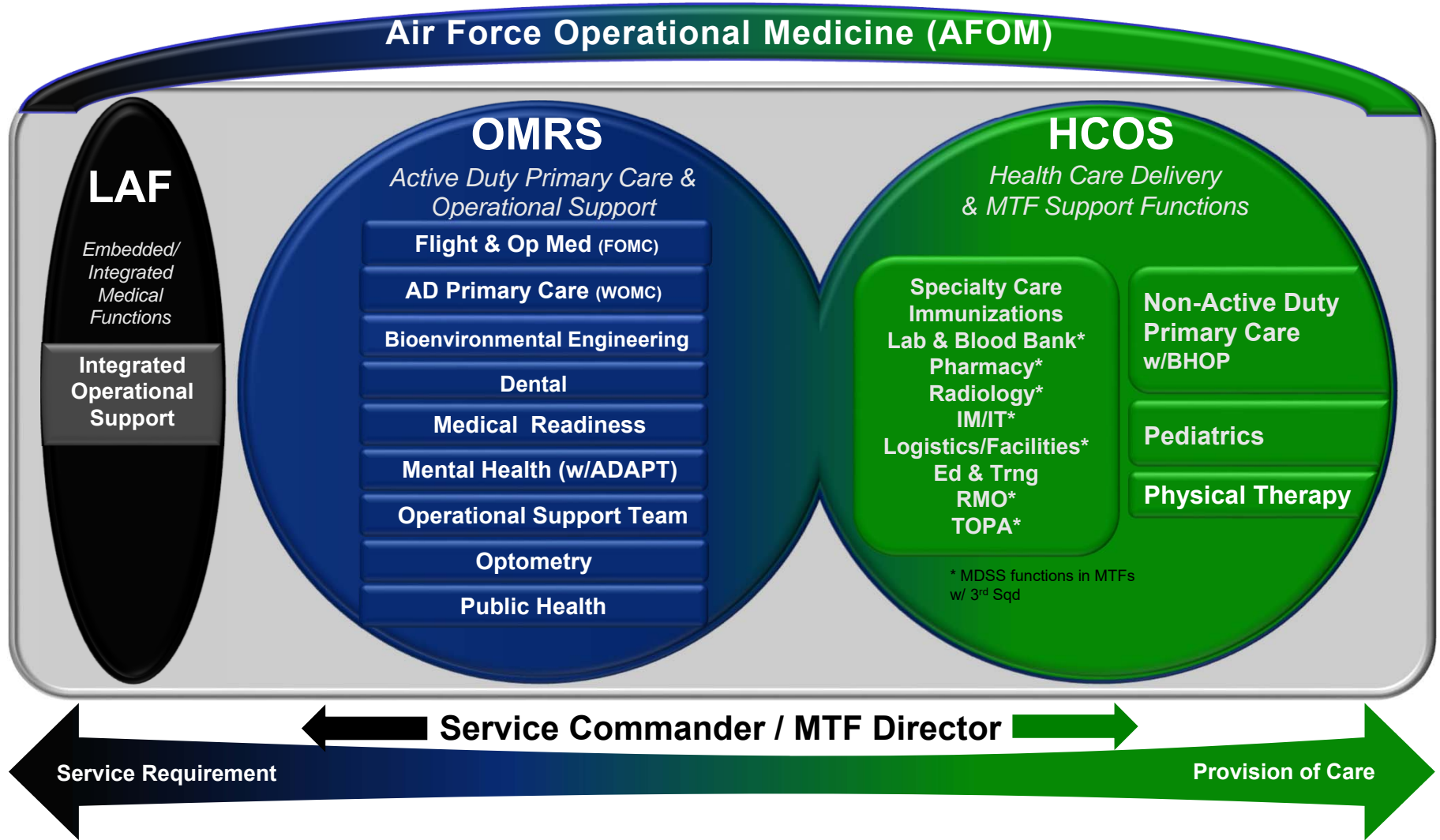
STRATEGY OFFICE
FUTURES CELL

TECH PUSH - WANT TO HAVE
RIGHT PULL - WHAT WE NEED

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Medical Reform Model Functional Alignment





Will this change how we do business at the MTF?

- In short, YES and NO
- AFMS Reform (OMRS) will realign military personnel and readiness functions, but day-to-day processes should be similar
- USD(P&R) memo re: NDAA '17, Sec 702 addresses oversight and management of readiness functions (a/o 27 Mar 19)
 - MTF Service Commander oversees and has “C2”
 - OMRS Squadron CC role centralizes operational medicine and readiness functions (CONPLAN to be released by EOM Dec)
 - MTFs where OMRS isn't implemented will operate as normal
- QPP management adds new processes (RDS, metrics, etc.)
- DHA Market offices to stand-up, centralize MTF support functions



What are the changes to MTFs after Transition?

This will not change ...

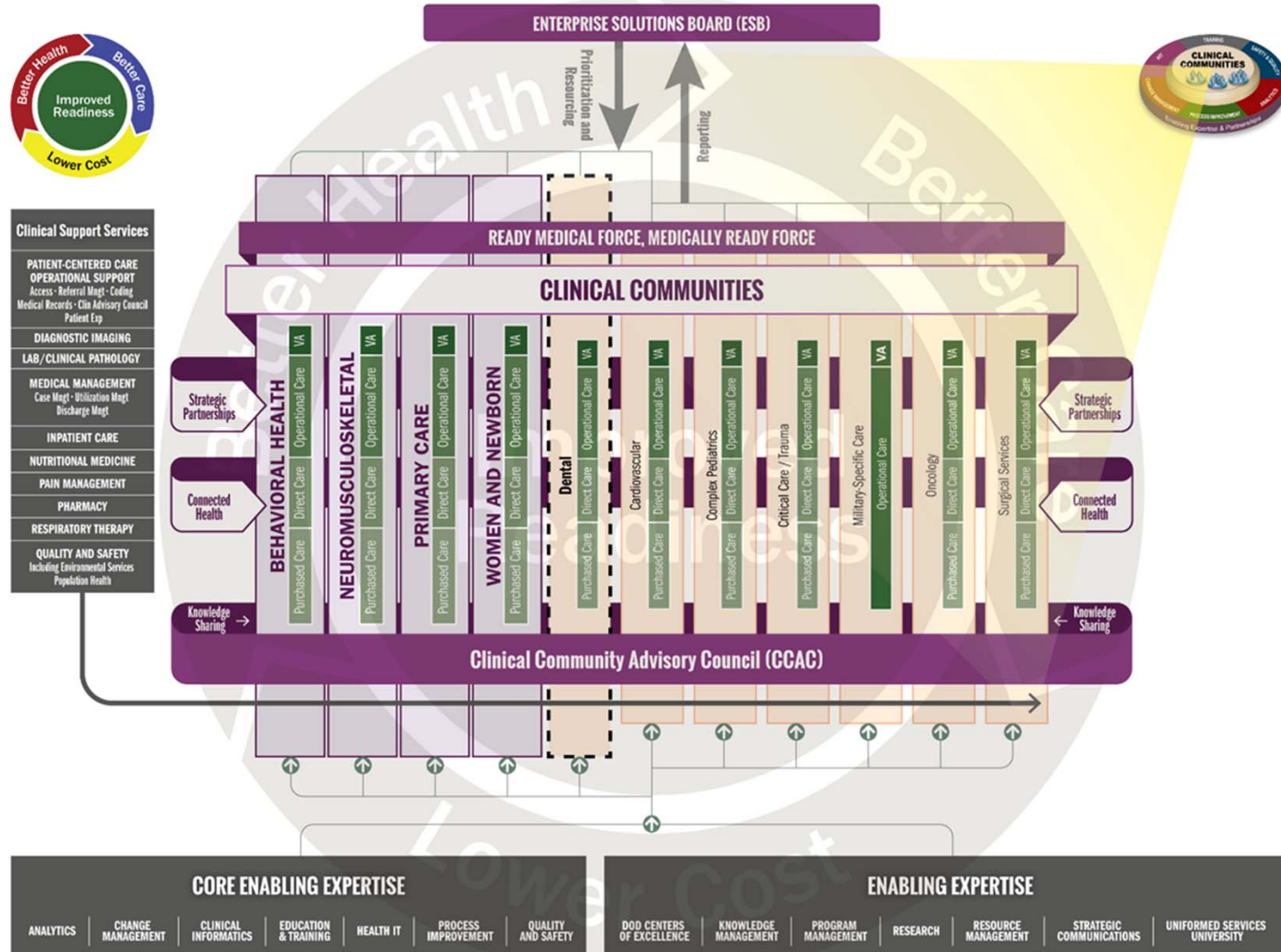
- Personnel deploying
- Providers seeing patients
- Ensuring readiness and support to installation operations
- Supporting families
- Assuring health, safety, morale and welfare of personnel
- DHA's reception, reporting & support for information technology (already provided)
- MTF Commanders oversee and have C2
- Executing an MTF budget
- Personnel performance evaluations
- Administrative functions (ex., fitness, leave, duty status, DDR, pay inquiries, etc.)
- Recruiting, organizing, training and equipping medical personnel
- UCMJ/discipline of uniformed personnel

This will change ...

- DHA will issue standardized policy, procedures and processes
- DHA will approve, monitor and implement new performance plans (QPP)
- DHA will distribute funding to MTFs
- DHA will direct military medical construction
- DHA Market offices to stand-up and centralize MTF support functions
- OMRS will centralize operational medicine, readiness functions



DHA Clinical Communities





What is a Market?



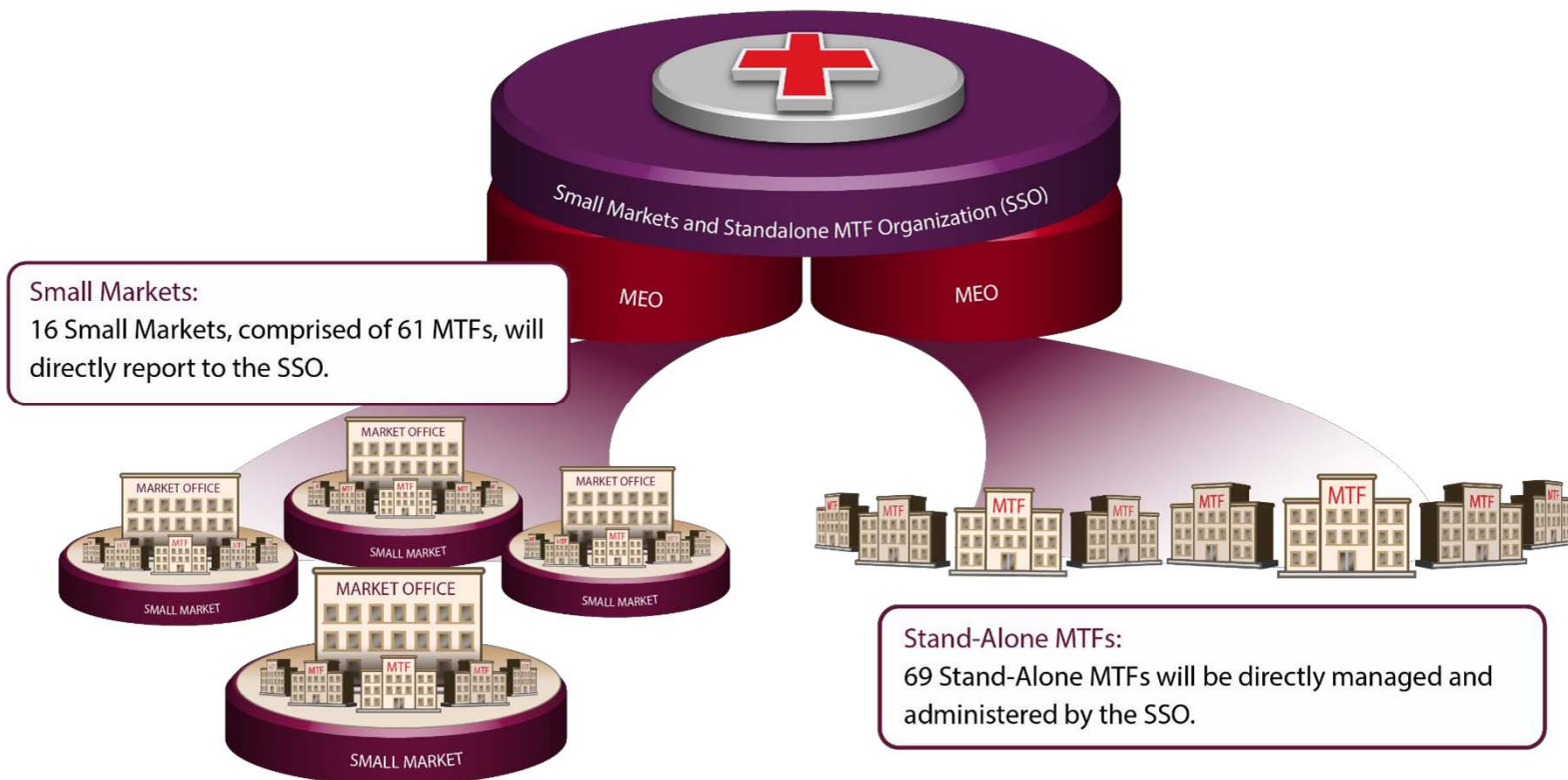
A Market is a group of MTFs working together in one geographic area. Markets operate as a system lead by a Market Office to support the sharing of patients, staff, budget, and many other functions across facilities to optimize readiness and the delivery and coordination of health services.



Small and Stand-Alone MTF Organization

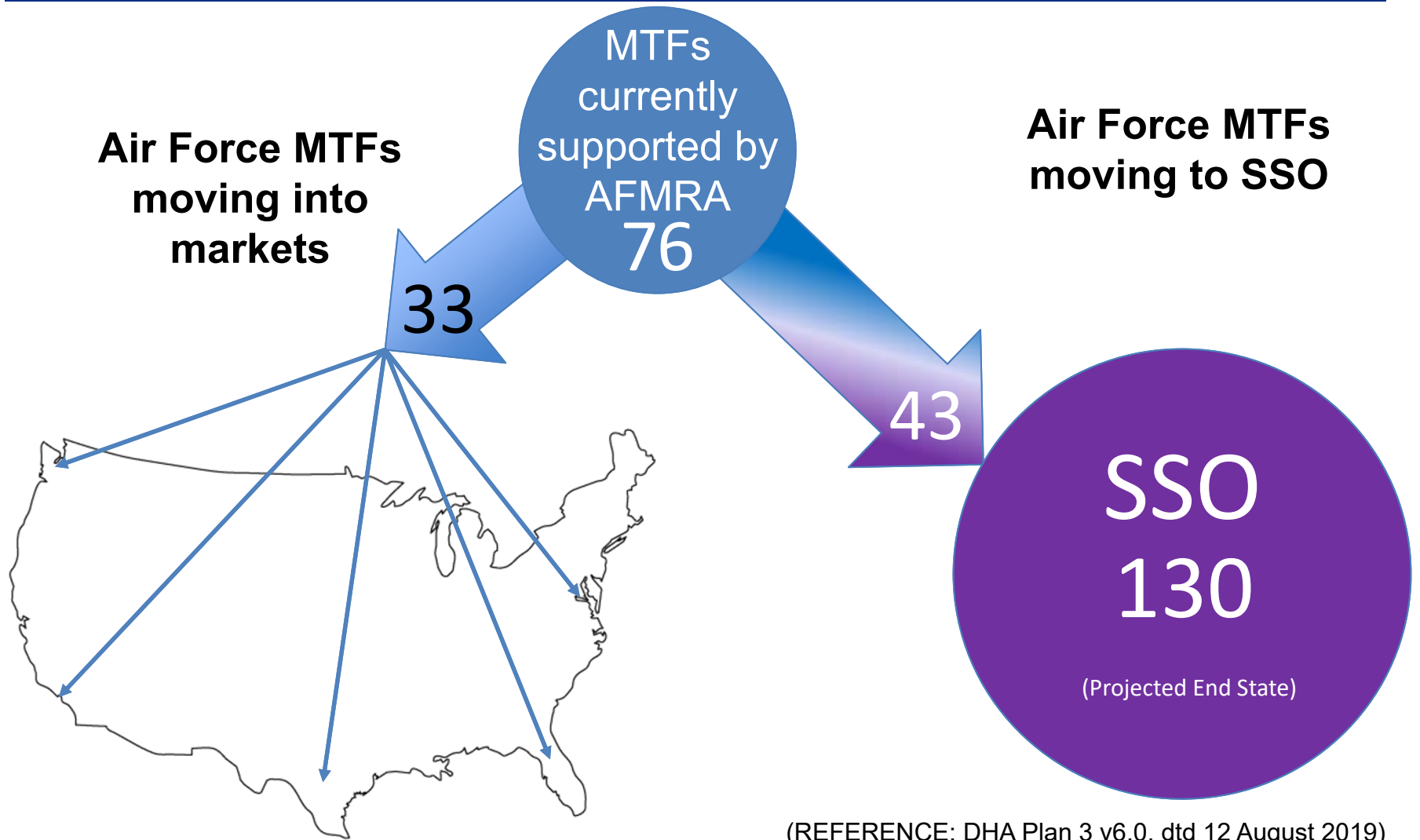
SSO Overview:

The SSO is an organization that will be responsible for supporting the Defense Health Agency in managing and administering all Small Markets and Stand-Alone MTFs that are not aligned to a Market. As MTFs are aligned under the SSO as Small Markets or Stand-Alone MTFs, they will report to and communicate with the DHA through the SSO. The SSO will communicate with and report directly to the DHA. Facility types include Community Hospitals and Ambulatory Clinics.





Transition of Direct Support



(REFERENCE: DHA Plan 3 v6.0, dtd 12 August 2019)



Readiness is Our #1 Priority

Medically Ready Force ... Ready Medical Force

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QUESTIONS?