

Defense Health Agency Transition

*Adaptation of DHA Town Hall Presentation
given on March 14, 2019*

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The Making of the Defense Health Agency: Task Force, Memos, DoD Directives, NDAA's

**DoD Task Force
on MHS
Governance**

**DEPSECDEF
Planning Memo**

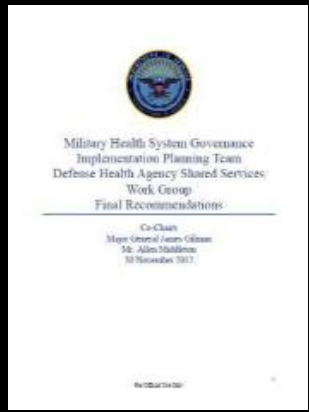
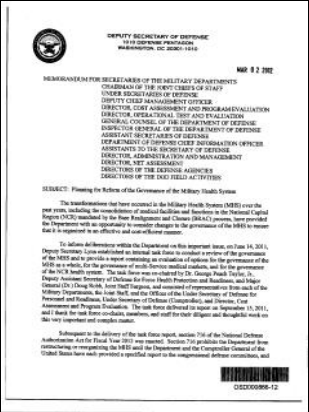
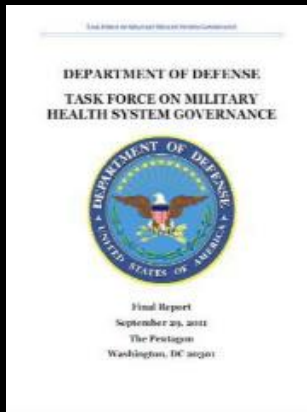
**DHA Planning
WG Report**

**DEPSECDEF
"Nine
Commandments"
Memo**

**DODD
5136.13**

**NDA
2017**

**NDA
2019**



Sep 2011

Mar 2012

Nov 2012

Mar 2013

Sep 2013

Dec 2017

Aug 2018

**Recommended DHA
model for MHS
Governance**

**Directed planning
for DHA
implementation**

**Provided DHA and
Shared Services
implementation plan
for DEPSECDEF
approval**

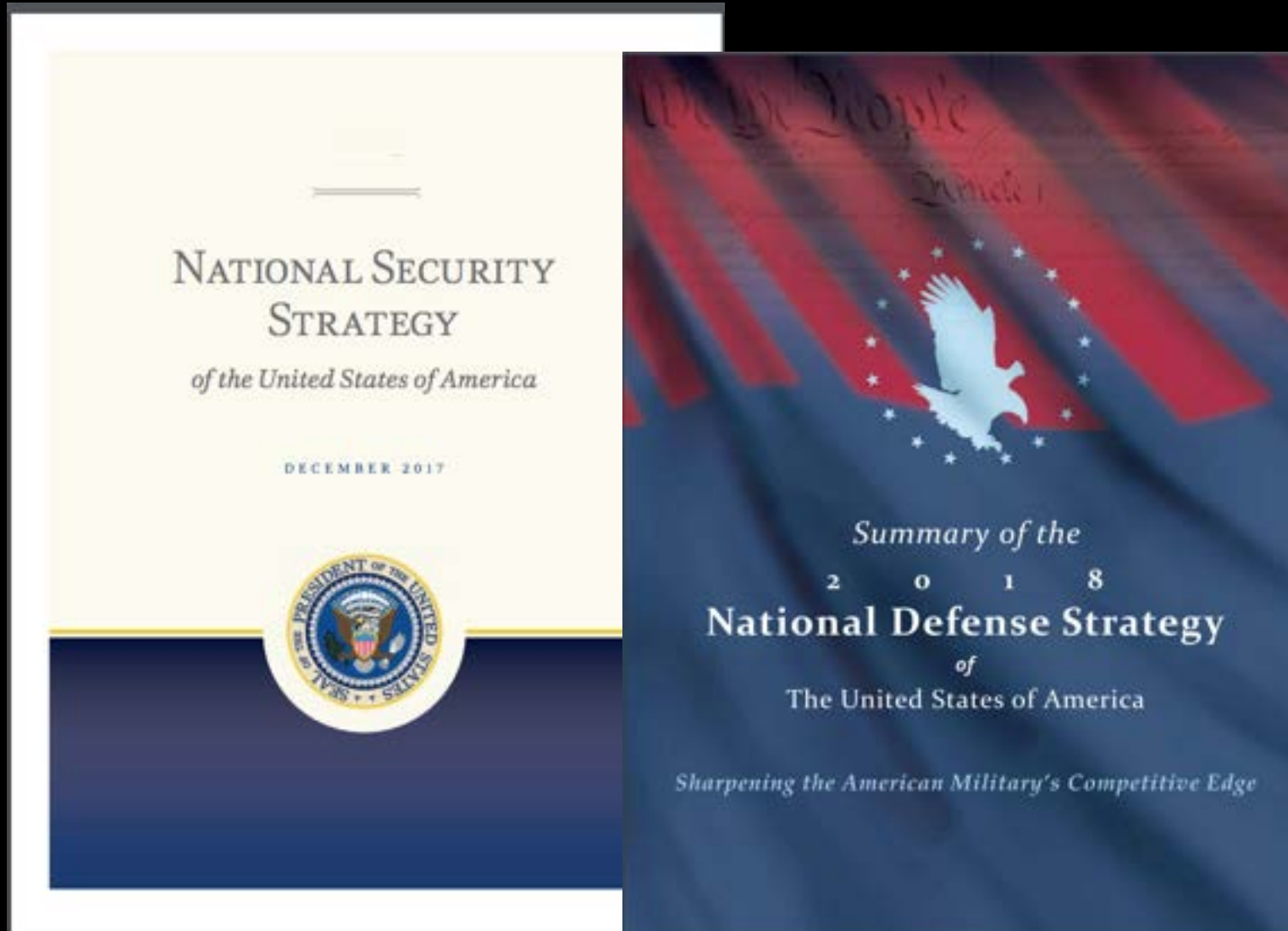
**Directed
implementation of
DHA**

**Establishes
the DHA**

**Directs DHA to
assume Authority,
Direction and
Control of MTFs**

**Strengthens
DHA's Role in
MHS**

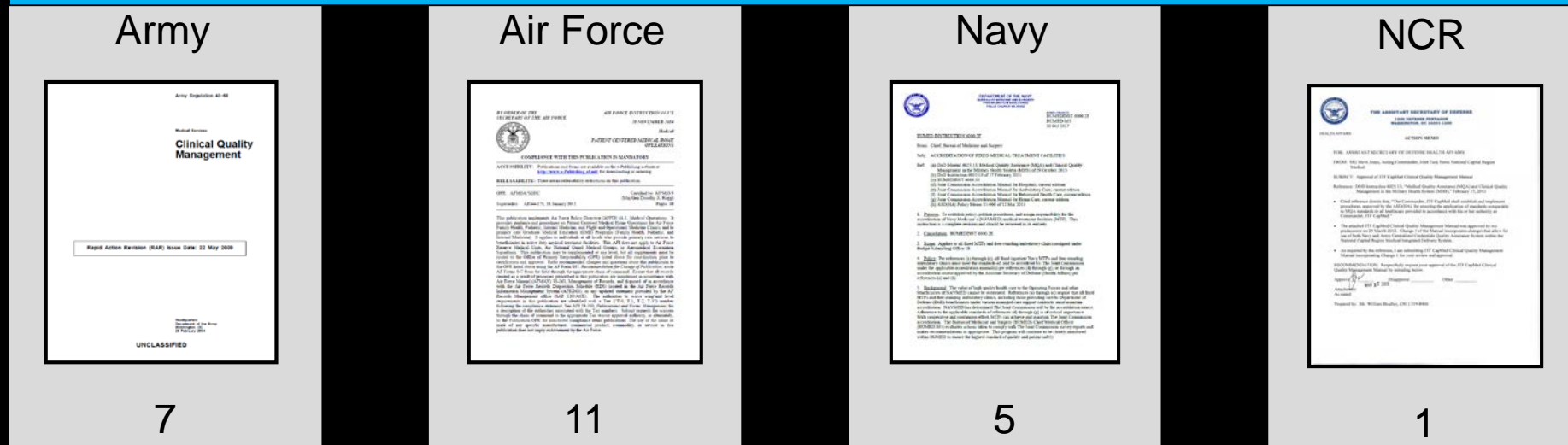
An Approach Aligned with Strategy



- The Department's management structure and processes are not written in stone, they are a means to an end...Department leaders will adapt their organizational structures to best support the Joint Force.
- We will reduce or eliminate duplicative organizations and systems for managing human resources, finance, health services, travel, and supplies.

Business Case for an Enterprise Approach

Current State: 24 Separate Quality of Care Policies



Future State: 1 Overarching Policy Instruction for Quality of Care across MHS

Vision for DoD Healthcare Reform

Why Change is Needed

- Four disjointed healthcare systems with 24 overlapping headquarters/regional/intermediate commands
- Duplicative overhead and staff functions across and within each system
- Prolonged and uncoordinated decision making
- Unnecessary variation in processes, policies, and procedures across and within each system
- Duplicative and disjointed healthcare IT systems

IMPACT

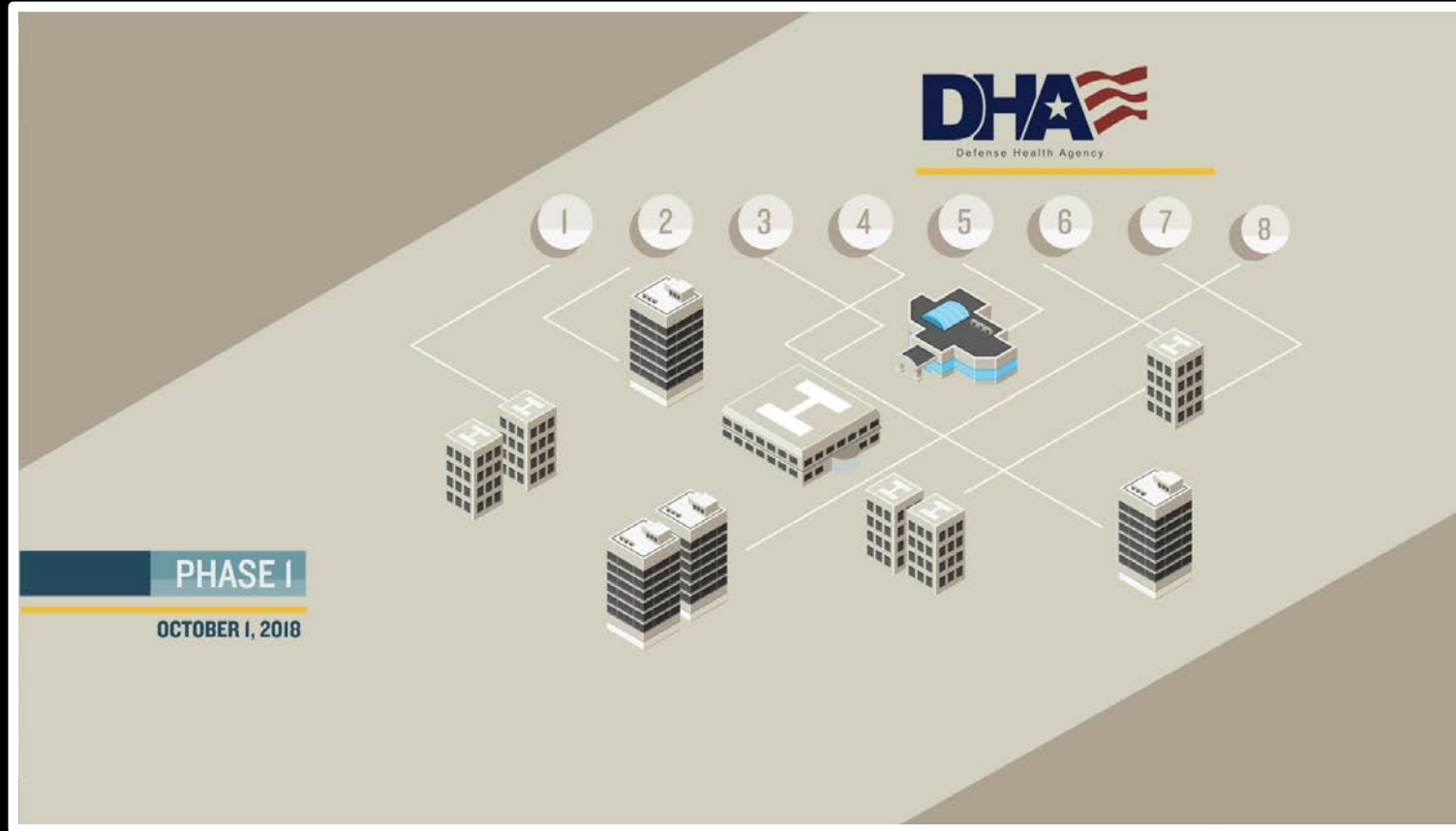
Higher costs and suboptimal outcomes for readiness, health, access to care, quality, and safety

What We Are Doing

- Consolidating healthcare management functions under one system (NDAA §702)
- Defining overall medical force size requirements and structure (NDAA §721)
- Optimizing military medical treatment facility footprint (NDAA §703)
- Deploying a more modern, secure, and connected electronic health system (MHS GENESIS)
- Implementing 11 enterprise-wide initiatives projected to save \$2.6B/year at full implementation (RMG)

IMPACT

An effectively organized medical system that strategically supports readiness and health



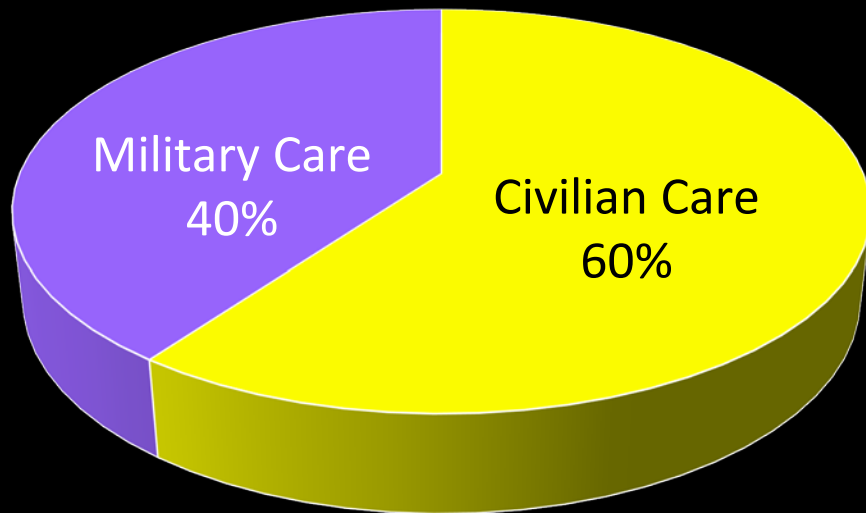
MTF Transition Video

<https://www.youtube.com/watch?v=qL84s8aUmJQ&t=2s&pbjreload=10>

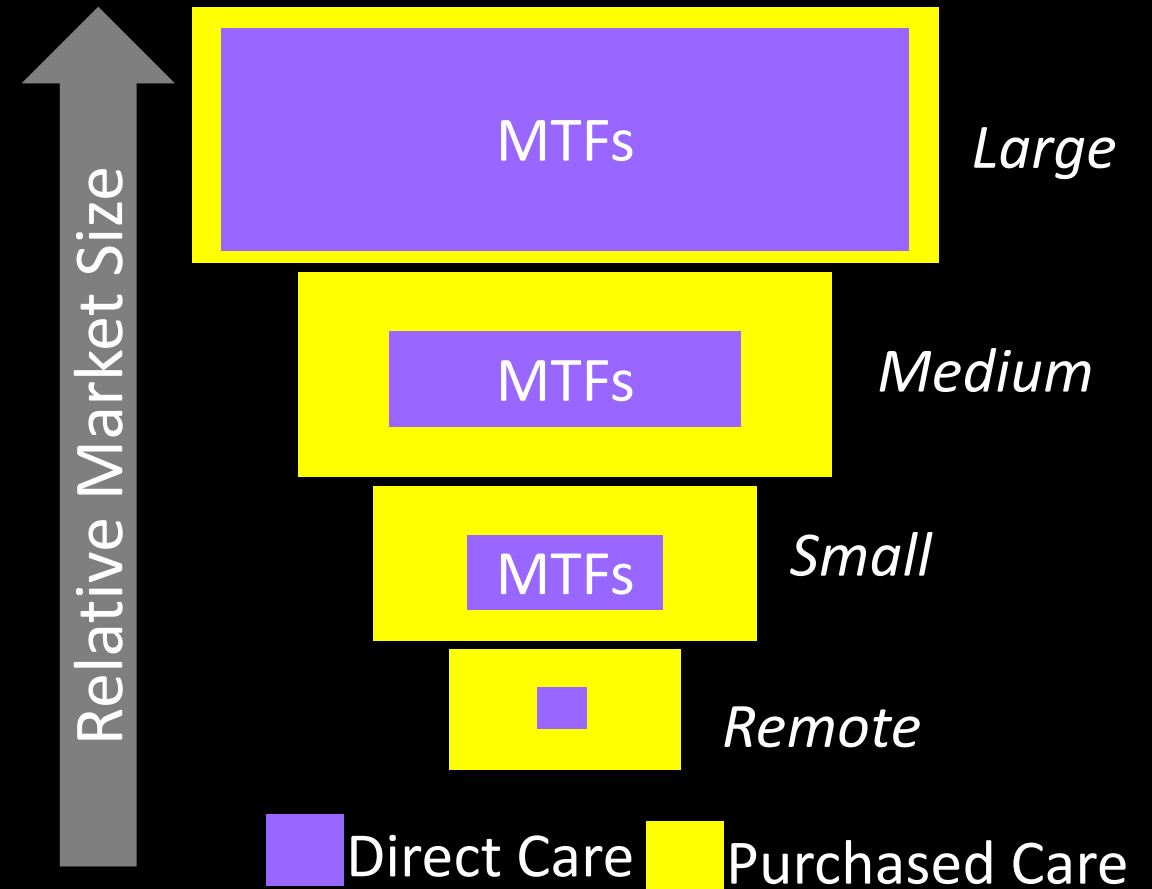


Integrating Military and Civilian Health Care

Approximate Distribution DoD Health Care Costs

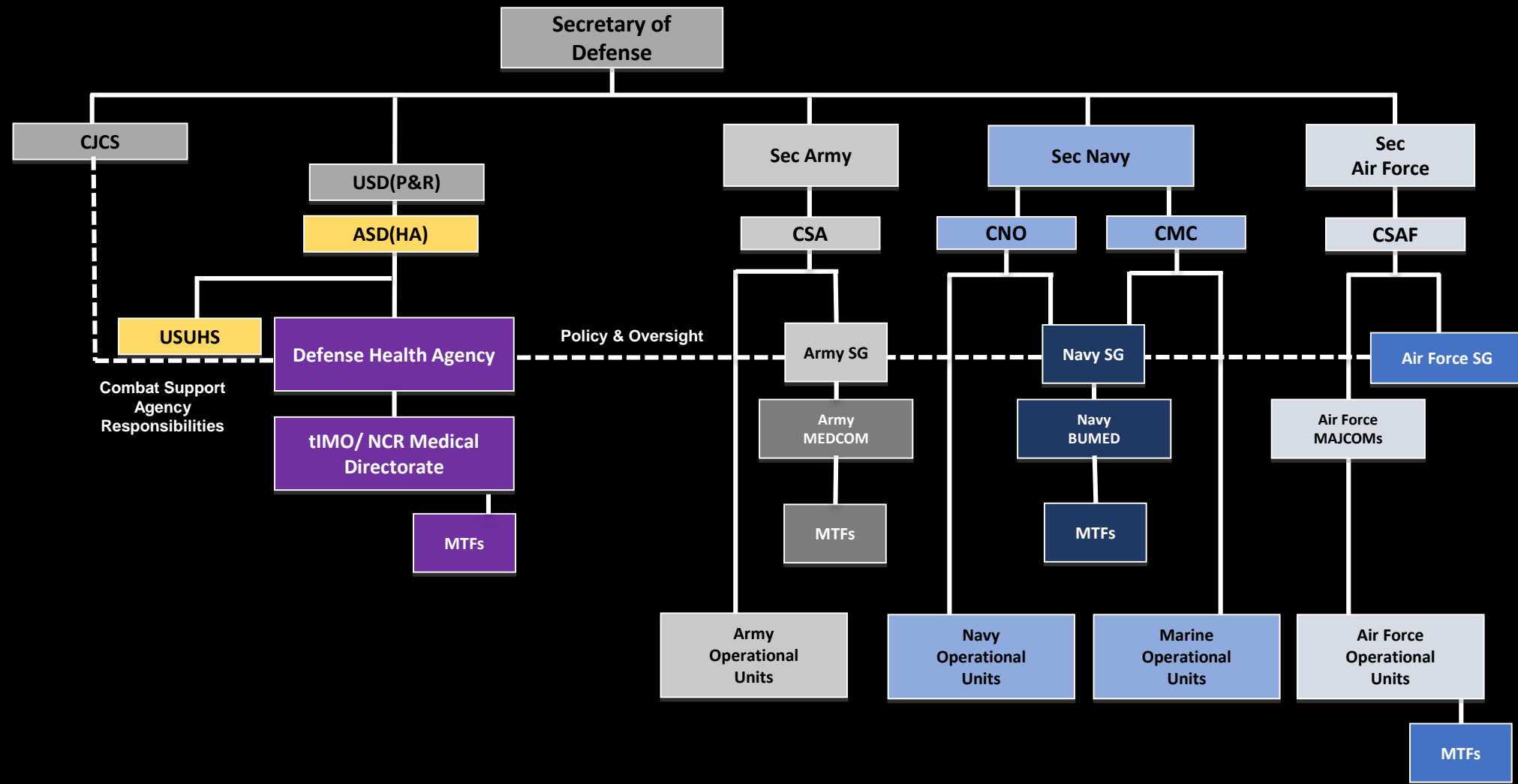


A Notional Market Construct

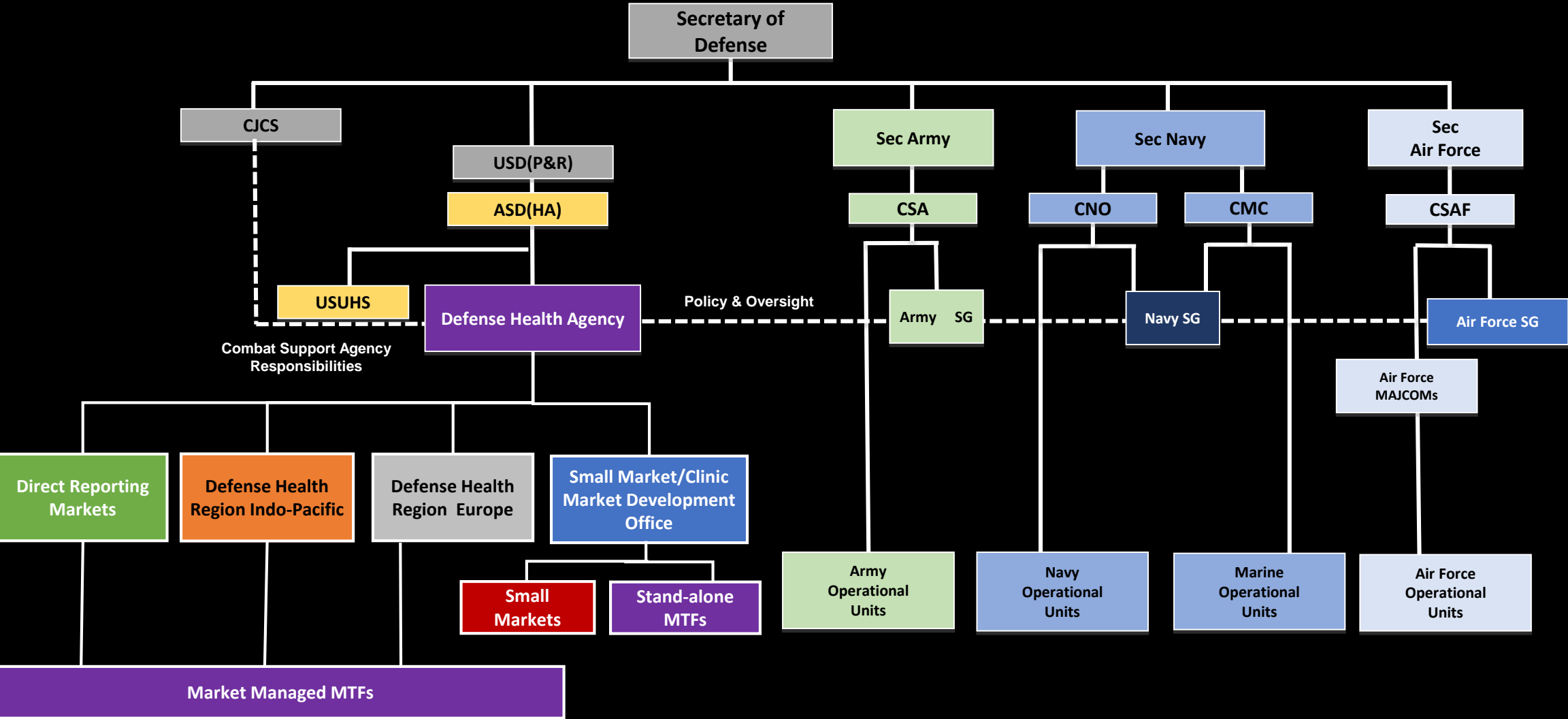


Military Treatment Facility (MTF)

Reporting Relationships – Current



Military Treatment Facility (MTF) Reporting Relationships – Future



USACE Impacts From DHA Transition

Medical MILCON Program

Sustainment, Restoration and Modernization Program (SRM)

USACE Medical Support Teams

- Mobile
- Huntsville
- Little Rock

Operations and Maintenance Program (OMEE)

Restoration and Modernization Program (MRR)

Initial Outfitting and Transition Program (IO&T)

Questions

