Defense Health Agency

PROCEDURES MANUAL

NUMBER 6430.01
November 30, 2022

DHA MEDLOG

SUBJECT: Operational Medical Materiel Analysis Program

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedures Manual (DHA-PM), based on the authority of References (a), (b) and (d), and in accordance with the guidance of References (e) through (p):

a. Establishes the Defense Health Agency's (DHA) procedures for providing analytical support to the Military Departments (MILDEP) in the management of operational assemblages in order to promote materiel commonality and improve the interoperability, interchangeability, and sustainability of medical capabilities in support of the Military Health System (MHS) and Combatant Commands (CCMD).

b. Outlines responsibilities and provides objectives, structure, and scope of the Operational Medical Materiel Analysis Program (OMMAP).

c. Identifies performance measures and reporting venues.

2. APPLICABILITY. This DHA-PM applies to the DHA, DHA Components (under the authority, direction, and control of DHA), the MILDEPs and Defense Logistics Agency (DLA).

3. POLICY IMPLEMENTATION. It is the DHA's instruction, pursuant to References (d) and (e), that DHA Medical Logistics (MEDLOG) is the designated authority to provide analytical support to MILDEPs to promote materiel commonality across the Services as designated by the Defense Medical Materiel Standardization Program (DMMSP).

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. PROPONENT AND WAIVERS. The proponent of this publication is the Director, DHA MEDLOG. When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, to include an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the Director, DHA MEDLOG to determine if the waiver may be granted by the Director, DHA or their designee.

7. RELEASABILITY. **Cleared for public release**. This DHA-PM is available on the Internet from the Health.mil site at: https://health.mil/Reference-Center/Policies and is also available to authorized users from the DHA SharePoint site at: https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx.

8. EFFECTIVE DATE. This DHA-PM:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or canceled before this date in accordance with Reference (c).

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ENCLOSURE 1

REFERENCES

(a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
(b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013, as amended
(c) DHA-Procedural Instruction 5025.01, "Publication System," August 24, 2018, as amended
(d) DoD Instruction 6430.02, "Defense Medical Logistics Program," August 23, 2017
(e) Defense Medical Logistics Proponent Committee Charter, January 28, 2015, as amended[1]
(f) 10 U.S.C. §1073c
(g) DHA-Procedural Instruction 6430.02, "Defense Medical Logistics (MEDLOG) Enterprise Activity (EA)," September 27, 2018
(h) DoD Directive 5101.09E, "Class VIIIA Medical Materiel Supply Management," September 29, 2015, as amended
(i) DoD Directive 6000.12E, "Health Services Support," January 6, 2011
(j) DoD Directive 7730.65, "Department of Defense Readiness Reporting System (DRRS)," May 11, 2015, as amended
(k) DoD Instruction 5101.15, "DoD Medical Materiel Executive Agent (MMEA) Implementation Guidance," November 14, 2017, as amended
(l) DoD Manual 4120.24, "Defense Standardization Program (DSP) Procedures," September 24, 2014, as amended
(m) Joint Publications, JP 4-0, "Joint Logistics," May 8, 2019, as amended
(n) Joint Publications, JP 4-02, "Joint Health Services," September 28, 2018, as amended
(o) Medical Materiel Contingency Requirements Group Charter, August 18, 2015[2]
(p) Commodities Purchased by the Defense Logistics Agency[3]
(q)

[1] This reference can be found at: https://info.health.mil/sites/MEDLOG/busops/Pages/Home.aspx
[2] This reference can be found at: https://info.health.mil/sites/MEDLOG/busops/Pages/Home.aspx
[3] This reference can be found at: https://www.dla.mil/Portals/104/Documents/SmallBusiness/DLA%20Commodities%20Name%20Table.pdf

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director of the DHA will establish the OMMAP which identifies commonly used medical items and develops Clinically Derived Standardized Product (CDSP) lists and common medical item lists that all Services will utilize during the development of their respective operational assemblages.

2. SECRETARIES OF THE MILDEPs. The Secretaries of the MILDEPs will maximize the opportunity to collaborate with DHA MEDLOG in the development, maintenance, and utilization of CDSP and common medical item lists while managing their respective Service assemblages. Service Medical Logisticians, Combat/Capability and Materiel Developers, Assemblage Managers, System Administrators, and Senior Service Representatives will:

a. Communicate with OMMAP Program Manager (PM) when pre and post assemblage modernization and sustainment reviews are scheduled in accordance with Department of Defense (DoD) Instruction 6430.02 Defense Medical Logistics Program, Reference (d).

b. Provide applicable assemblage data and feedback to support OMMAP initiatives.

3. DIRECTOR, DLA. The Director of DLA will develop and refine, as necessary, system solutions required in the management of the OMMAP CDSPs and common medical items. DLA will collaborate with the DHA through the designated Functional Executive Agent Medical Support (FEAMS) program management office

4. DIRECTOR, DHA MEDLOG. The Director of DHA MEDLOG will exercise management responsibility for MEDLOG shared services, functions, and activities and develop management models to most effectively and efficiently deliver MEDLOG product lines and reduce the cost of DoD health care while supporting mission requirements to include safety and quality improvement outcomes in the operational environment.

5. CHIEF, READINESS, DHA MEDLOG. The Chief, Readiness, DHA MEDLOG, in coordination with DLA and the MILDEPs, will establish and monitor business processes that promote readiness by promoting materiel commonality and improve the interoperability, interchangeability, and sustainability of medical capabilities across the MHS and CCMDs.

6. PROGRAM MANAGER, OMMAP. The OMMAP PM will maintain program oversight and propose and monitor solutions that provide opportunities for increased use of CDSP and common medical items throughout the MHS.

ENCLOSURE 3

PROCEDURES

1. INTRODUCTION. OMMAP is an analytically-based, Joint-focused, DHA MEDLOG led program that promotes standardization opportunities for measurable improvements in process efficiency, cost avoidance, and materiel readiness.

2. PROGRAM DESCRIPTION. Provides analytical support to the MILDEPs in their management of medical assemblage allowance standards for their respective operational medical platforms in order to promote materiel commonality and improve the interoperability, interchangeability, and sustainability of medical capabilities provided to CCMDs. The OMMAP PM will set conditions to achieve effective and efficient enterprise capabilities, consistent with the goals and objectives of the Joint Concept for Health Services (as amended or superseded). Under the guidance of the Chief, Readiness, DHA MEDLOG and the OMMAP PM, the OMMAP will:

a. Conduct continuous analysis to determine assemblage commonality at the component level of detail, particularly across assemblages designed to provide similar clinical capabilities, for example, first responder, forward resuscitative surgery, theater hospitalization, etc.

b. Provide liaison and coordination with combat/capability and materiel developers to assist the MILDEPs in selecting medical materiel solutions that have been standardized, are already in use by one or more Services, or have significant demands in the Direct Care System.

c. In coordination with the DLA, the DHA will provide analysis on the sustainability of assemblages upon deployment based on the alignment of allowance standards with contingency contracts as well as stock records of organizations providing theater medical logistics support.

d. Complement and support the roles of the MILDEPs capability and materiel developers in the pursuit of their objectives outlined in Sections 5.2.b.(1) - (4) of Reference (d).

e. Drive leadership and quad-Service agreements on measurable outcomes in support of standardization objectives.

f. Develop business processes in further support of materiel standardization.

g. Support DHA MEDLOG's Clinical Standardization Champion objective of providing program advocacy for clinical leadership in standardization actions and accountability for standardization compliance.

h. Support the Theater Lead Agents for Medical Materiel (TLAMM) in the management of medical materiel assets. Assistance includes, but is not limited to, reviewing demand data and

recommending actions to improve sustainment, supportability, interchangeability, and interoperability of Services' assemblages.

i. Provide analysis on the sustainability of assemblages during deployment based on alignment with contingency contracts and stock records of organizations providing theater support.

j. Use established metrics to monitor material standardization and commonality in Service assemblages and provide the DHA, MILDEPs, and CCMDs with timely, precise, and actionable information for maximizing the use of standardized and common use materiel.

k. Review, validate, and provide performance metrics results for operational assets that are reported in the Defense Readiness Reporting System (DRRS).

l. Maintain a current list of all standardized, authorized, and recommended products from authoritative sources as described by the DMMSP in Reference (d). This will be the preferred list of products that the Services will use to select materiel requirements for their assemblages.

3. PROGRAM STRUCTURE. The OMMAP program structure operates on internal DHA domains, external DoD domains, and external to DoD. OMMAP supports the operational elements of the DMMSP.

a. The Internal domain consists primarily of the elements of the DHA MEDLOG, including Readiness, Healthcare Technology Management, and Supply Management and other operational elements of the DMMSP. Additionally, the OMMAP PM will interface and coordinate, across DHA Directorates, as needed.

b. The External DoD domain includes, but is not limited to, interface and coordination with the Office of the Joint Chiefs of Staff, the Office of the Joint Staff Surgeon (OJSS), the Services and their agencies and medical combat/capability and materiel developers, CCMD surgeons and their staffs, DLA Medical Directorate, DLA FEAMS program office, and governance entities within the MHS (e.g., the Defense Medical Logistics Supply Chain Council, and the Medical Materiel Contingency Requirements Group (MMCRG)).

c. As a participant in a "whole of Government" approach to MEDLOG, the OMMAP program will interface with elements of the Departments of Health and Human Services (including the Centers for Disease Control and Prevention), Homeland Security, State, Veterans Affairs, and others in initiatives and actions within the scope of OMMAP.

d. OMMAP Staff will:

(1) Collect and analyze data necessary to execute DHA MEDLOG programs and perform supply chain operations analysis in the areas of assemblage modernization, standardization, and sustainment. Additionally, OMMAP staff will participate in the MMCRG

and other Integrated Process Teams (IPT), and subject to the approval of DHA MEDLOG leadership, and respond to tasks from the MMCRG and other IPTs.

(2) Retrieve and present data, create models, reports, and briefings to support analysis/ findings determined by IPTs to be of significant value to the Defense Medical Logistics Enterprise (DMLEnt) and other consumers.

(3) Retrieve and present data, create models, reports, and briefings including automated reports to analyze materiel processes and supply chain operations.

(4) Collaborate with the Services to develop, monitor, and report measurable goals and objectives in order to improve commonality, interoperability, interchangeability, and supportability.

(5) Identify and pursue collaboration and consolidation opportunities that will improve the effectiveness of commonality, interoperability, interchangeability, and supportability.

(6) Identify, through Service collaboration, actionable programmatic approaches to address assemblage inefficiencies. OMMAP staff will develop, submit, and track prioritized recommendations for improvement.

(7) Develop sourcing analysis related to Service assemblages and assemblage modernization efforts that focus on increasing commonality and decreasing procurement, maintenance, and Medical Contingency File (MCF) costs.

(8) Provide detailed analyses to the Services that support interoperability, sustainment, and interchangeability of assemblage line items that could be used by the Services, the CCMDs and their Joint Force Command Surgeons, or other stakeholders.

(9) Convene and facilitate joint collaborative efforts to develop consolidated requirements for materiel and equipment.

(10) Monitor assemblage modernization and production schedules to improve synchronization that can result in enhanced predictability of requirements.

(11) Generate and produce briefings to the DMLEnt leadership on OMMAP-related analysis and findings.

(12) Support combat/capability and materiel developers as part of the DHA role as a Combat Support Agency.

(13) Coordinate and collaborate with elements within the DHA such as; Operations, Public Health, and Readiness, as needed, in furtherance of OMMAP efforts.

(14) Coordinate and collaborate with:

(a) TLAMM

(b) CCMDs

(c) DHA and Service Combat/Capability Developers

(d) Joint Staff (J-4)/OJSS

(e) DoD Joint Trauma System (JTS)

(f) DHA Patient Safety Program (PSP)

(g) United States Army Medical Materiel Agency

(h) Bureau of Medicine and Surgery

(i) Air Force Medical Readiness Agency

(j) Defense Logistics Agency-Troop Support (DLA-TS)

(k) Headquarters, United States Marine Corps (Installations and Logistics)

(l) DHA and Service Materiel Developers

(m) Enhanced Multi-Service Markets

(n) MMCRG

(o) Defense Medical Logistics Proponent Committee

(p) Defense Medical Logistics Proponent Committee Staff Action Group

(q) Naval Medical Logistics Readiness Command, Detachment Fort Detrick

(r) Army Medical Logistics Command

(15) Review and analyze operational assets to include but not limited to:

(a) Service medical assemblage or unit allowance standards

(b) MCF

(c) Population-based, force health protection requirements

(d) Deployment of health readiness capabilities, to include filling unit and assemblage shortages

(e) Sustainment of health readiness operations

(f) Large-scale health threats, such as pandemic disease or Consequence Management

(g) CCMDs specific requirements not otherwise captured

(h) MHS Medical Materiel Contingency assets, i.e., Pandemic Influenza and Chemical, Biological, Radiological, and Nuclear Medical Materiel

(i) Medical Countermeasures (i.e., decontamination kits)

(j) Personal Protective Equipment (PPE)

(k) Patient Movement Items (PMI)

(l) Lifesaving Materiel (LSM)

(m) Armed Forces Pest Management Board (AFPMB)

(16) Use a variety of information systems to facilitate analysis. This includes but is not limited to:

(a) Medical Contingency Requirements Workflow (MCRW)

(b) LogiCole Reporting & Analytics (formerly known as Joint Medical Asset Repository)

(c) Medical Product Database

(d) Medical Master Catalog

(e) Defense Medical Logistics Item Identification System

(f) Defense Medical Logistics Standard Support System

(g) Web Federal Logistics Information System

(h) Theater Enterprise-Wide Logistics Systems

4. PROCEDURES AND INSTRUCTIONS. A key component of OMMAP analytical support is a focus on supporting joint readiness by promoting combatant commanders' ability to rapidly integrate, synchronize, and sustain medical forces. Another essential consideration is promotion of safe, efficient, and effective worldwide medical support throughout the full spectrum of military operations.

a. The cooperation and support of the Services' MEDLOG agencies, their combat/capability and materiel developers, the DLA, and elements of the DHA are essential to OMMAP success. Coordinating, interacting, and collaborating with internal and external customers is project based. Some of that is characterized by:

(1) OMMAP PM interaction and liaison with the Services' MEDLOG agencies is a routine business process. It serves as a two-way communications conduit. Data and information needed for conduct of routine and special OMMAP analyses is requested by the OMMAP PM. Additionally, the OMMAP PM works through the Services' MEDLOG agencies to collaborate with combat/capability developers and other Service entities that are external to normal MEDLOG channels. The MEDLOG agencies request analyses to be performed by the OMMAP PM.

(2) OMMAP PM requests support from DLA for data sets needed to satisfy its analytical requirements.

(3) Other elements of the DHA may be called upon by the OMMAP PM to collaborate and cooperate in providing subject matter expertise or clinical information that is not available within the DHA MEDLOG. Likewise, the OMMAP PM is the focal point for collaboration and cooperation when needed by other elements of DHA for operational medical materiel data and analysis.

b. OMMAP has the ability to analyze line items of assemblages, the MCF, and other operational materiel requirements in all Federal Supply Classes (FSC). Primarily, OMMAP focuses on analyses of the following FSCs (see Reference (p) for more information):

Table 1. Operational Medical Material Analysis Program Analysis Focus

FSC	Description
6505	Drugs and Biologicals
6508	Medicated Cosmetics, Toiletries
6509	Drugs and Biologicals, Veterinary use
6510	Surgical Dressing Materials
6515	Medical, Surgical Instruments, Equipment, Supplies
6520	Dental Instruments, Equipment, and Supplies
6525	X-ray Equipment and Supplies; Medical, Dental, Veterinary
6530	Hospital Furniture, Equipment, Utensils, Supplies
6532	Hospital Surgical Clothing, related Special Purpose Items
6540	Ophthalmic Instruments, Equipment, and Supplies
6545	Medical Sets, Kits, and Outfits
6550	In-Vitro Diagnostic Substance, Reagents, Test Kits and Sets

c. Analyses may include additional FSCs. Typical additional FSCs include, but are not limited to, the following:

Table 2. Operational Medical Material Analysis Program Support Product Analysis Focus

FSC	Description
3740	Pest, Disease, and Frost Control Equipment
5920	Fuses, Arrestors, Absorbers, Protectors (Primarily for PMI)
6130	Converters, Electrical, Non-rotating (Primarily for PMI)
6140	Batteries, re-chargeable (Primarily for PMI)
6840	Pest Control Agents and Disinfectants
7210	Household Furnishings (Towels, Sheets, Pillows, Blankets, and other Bedding)

d. Routine OMMAP analyses will:

(1) Promote selection of CDSPs by evaluating the extent to which Services have incorporated into assemblages products "Selected for Standardization" through the Medical Materiel Enterprise Standardization Office's (MMESO) and Joint Deployment Formulary (JDF) standardization action process. Similarly, analyses will identify for Service action assemblage line items for which the MMESO process has "Recommended for Replacement," and those assemblage line items "Not Selected for Standardization."

(2) Evaluate commonality at the line-item level (National Stock Number (NSN) or item identification number). Commonality may be evaluated among assemblages with comparable capabilities, or by role of care, or at the aggregate level. An element of commonality analysis at the aggregate level will place emphasis on single service NSNs, i.e., NSNs which are found only in the assemblages of a single Service, and single Service single assemblage NSNs, i.e., NSNs which are found only in a single assemblage.

(3) Consider MCF commonality of Service submissions. As with assemblage commonality, MCF commonality may be evaluated by role of care or at the aggregate level, as described in paragraph 4.b. of this enclosure.

(4) Investigate assemblage supportability at each of the TLAMMs based upon each TLAMM's catalog data. The ability of the TLAMM to support a given assemblage or capability of care, e.g., forward resuscitative surgery or tactical en-route care, based on catalog sourcing data. Assemblage NSNs fall into three catalog sourcing categories: Preferred Sourcing, electronic commerce (eCommerce) Plus, and Non-preferred sourcing. Each category has one or more sub-categories. The sub-categories of Preferred are "Stocked" and "Stocks Sub" (substitute). eCommerce Plus subcategories include but are not limited to "Buys Prime Vendor," "Buys electronic catalog (ECAT)," "Buys Decentralized Blanket Purchase Agreement," and "Buys Government Purchase Card." "Buys Other" and "New Item Request Needed" are examples of non-preferred sourcing. It is critical to understand the demand for each assemblage NSN before assessing whether or not it is appropriately supported. NSNs without any demand

may very well be sourced correctly by the TLAMM, even if they fall into a non-preferred category. NSNs in a Non-preferred category with substantial demand by operational units need to shift to an eCommerce Plus or Preferred sourcing category.

(5) Prioritize comparison of NSNs in the MCF which are unique to only one Service to any associated NSNs. Associated NSNs are determined to be equivalent to a reference NSN using existing DLA-TS service contracts. A reference NSN may have multiple associated NSNs. The analysis will highlight associated NSNs that might be candidates to replace Service-unique NSNs and achieve improved MCF commonality.

(6) Response to the Services requests for assemblage reviews, normally to assist in preparation for Service assemblage reviews. Such requests may call for the OMMAP to develop additional types of analyses, as well as excursions in which alternative parameters are employed with types of analyses, described above in paragraphs 4.d.(1) through 4.d.(5) of this enclosure, to get at new information.

5. SERVICES WORKFLOW PROCESS. Medical materiel development, modernization and sustainment processes must consider standardization and/or commonality of medical materiel across the Services when developing medical assemblage allowance standards. There is a high level of variation in components of medical assemblages that are designed to provide similar clinical capabilities, which degrades the interoperability of operational medical forces provided to and sustained by CCDRs. To ensure operational assets are usable and sustainable and to minimize the variation across assemblages, the Services must:

a. Conduct modernization and sustainment reviews of operational assemblages on a recurring basis.

b. During the review process, Services must consider CDSP and other DHA standardized and interoperable products and systems.

c. Under circumstances where a CDSP or other DHA standardized or interoperable product or system does not meet Service unique requirements:

(1) Consult with OMMAP for coordination with other Services.

(2) Document non-concurrence with written justification, recorded in the assemblage documentation and disseminate to DMMSP.

(3) Review, develop and utilize specifications that promote joint interoperability and commonality across all operational medical assemblages, systems and processes.

6. OMMAP WORKFLOW PROCESS. The collaborative workflow process begins with identifying operational assemblage materiel, assessing and analyzing them for interoperability, sustainability, and availability and ends with recommended actions to mitigate gaps. This is best

illustrated by the Input-Process-Output model in Figure 1. Results will be communicated through feedback to the Services.

Input **Materiel Data**	**Process** **Performance Metrics**	**Output** **Actions to Mitigate Gaps**
✓ Service assemblage allowance list ✓ MCF ✓ TLAMM ✓ CDSP from authoritative sources ✓ Commonly used medical materiel ✓ Operational sales ✓ Contracts ✓ Direct care demands ✓ (eCommerce)/depot coverage of medical materiel	✓ CDSP utilization rate ✓ Commonality utilization rate ✓ eCommerce/depot availability rate ✓ TLAMM assemblage supportability ✓ DoD Sales of medical materiel ✓ Contract Coverage ✓ Other performance metrics as required	✓ List of non-CDSP items that can be replaced with equivalent CDSP items ✓ List of non-CDSP items used by 2/3/4 Services ✓ List of Service-unique items ✓ List of products with no eCommerce/depot coverage ✓ List of materiel recommended for replacement with procurable and sustainable items

Figure 1. Operational Medical Materiel Analysis Program Workflow
Input-Process-Output Process

7. OMMAP PERFORMANCE METRICS. Performance metrics are used to determine the effectiveness of current interventions in the management of operational assemblages. The metrics listed below will be generated by the OMMAP team.

a. CDSP Opportunity Index by Service and Roles of Care (ROC)

(1) Goal. Promote standardization of operational assemblages across the DMLEnt.

(2) Actionable Output. The CDSP usage rate provides Services visibility of actionable gaps.

b. Combined CDSP/Commonality Usage Rate by Service and ROC

(1) Goal. Promote commonality among Services and feed items into DHA OMMAP Standardization Process.

(2) Actionable Output. Provides Services the option to use an item that is already being used by two or more Services.

c. Electronic Commerce and Depot Availability Rate of CDSP NSNs

(1) Goal. Maintain supply chain sustainability of CDSPs.

(2) Actionable Output. The list of CDSP NSNs not available via eCommerce Plus is submitted to DLA-TS for resolution.

d. Electronic Commerce and Depot Availability Rate of MCF NSNs

(1) Goal. Maintain supply chain sustainability of the MCF.

(2) Actionable Output. The list of MCF NSN's not available via eCommerce Plus is submitted to DLA-TS for resolution.

e. MCF Commonality Rate by Service

(1) Goal. Promote commonality among Services and feed items into DHA OMMAP Standardization Process.

(2) Actionable Output. Provides Services the option to use an item that is already being used by two or more Services.

f. TLAMM Assemblage Supportability Rate

(1) Goal. Maintain supply chain sustainability of the TLAMM to support the CCMD.

(2) Actionable Output. The list of TLAMM NSN's not available via eCommerce Plus is submitted to DLA-TS for resolution.

g. Review of DoD Sales of non-Standardized Medical Materiel

(1) Goal. Capture NSNs to feed items into DHA OMMAP Standardization Process.

(2) Actionable Output. List of non-standardized items that will be processed for standardization.

8. SERVICE PERFORMANCE METRICS. The preferred metrics captured by the Services' Combat/Capability Developer, Assemblage Manager, or Materiel Developer during assemblage modernization and review, may include but are not limited to:

a. CDSP Opportunity Index (%)

b. eCommerce Plus Opportunity Index (%)

c. Standardization and Commonality Index (%)
d. Assemblage Cost (before and after) in dollars

e. Assemblage Weight (before and after) in pounds

f. Assemblage Line-Item Total (before and after)

g. Assemblage Sustainment Cost (hours)

9. DHA OMMAP STANDARDIZATION PROCESS

a. Per DoD Instruction 6430.02 Defense Medical Logistics Program, Reference (d), DHA is responsible for the management and administration of the DMMSP. OMMAP supports the operational elements of the DMMSP. In collaboration with the MILDEPs, DLA, and CCMDs, DHA will provide MHS-wide management and compliance oversight for the business process and initiatives that improve materiel standardization, product sourcing, and materiel cost across the MHS.

b. Entities involved in the selection of medical materiel processed for standardization include the MMESO, the JDF, OMMAP's Common Service Assemblage NSN Standardization, and standardized materiel from other authoritative sources with accepted joint clinically driven standardization processes.

c. Processes for OMMAP Standardization

(1) Common Service Assemblage NSN Standardization

(a) Obtain reference list of Common Service Assemblage NSNs for standardization generated by MCRW. This list of medical materiel, excluding pharmaceuticals, are non-CDSP NSNs used by three (3) or more Services in their respective assemblages and have undergone their respective clinical review/approval process.

(b) OMMAP reviews list and validates to ensure that the NSN items are:

1. Healthy NSNs, i.e., procurable and not on terminal status

2. DLA Medically Managed NSNs

(c) OMMAP notifies the Services about the non-CDSP NSNs being considered for standardization.

(d) OMMAP submits the list of recommended common assemblage NSNs to the DHA MEDLOG Chief Medical Officer (CMO) for coordination with appropriate subject matter experts for approval to be added as CDSPs.

(e) Upon receipt of the approved list from DHA MEDLOG CMO, OMMAP will review and submit the list to DLA. For items that are not approved for standardization, OMMAP will notify the Services and work with them to find a replacement.

(f) DLA codifies the approved NSNs as CDSPs in MCRW.

(g) OMMAP publishes this list of CDSP NSNs in DHA MEDLOG Share Point and share this information among the other DMMSP entities.

(h) OMMAP will provide life cycle management for these CDSP NSNs.

(2) Standardized Materiel from Authoritative Sources (Medical Materiel)

(a) OMMAP will obtain a list of standardized materiel from authoritative sources. The list in Table 3, while not all inclusive, shows authoritative sources that produce and publish specialized standardized lists.

Table 3. List of Standardized Materiel from Authoritative Sources

Authoritative Source	Standardized Materiel
U.S. Transportation Command	PMIs
Assistant Secretary of Defense, Health Affairs through DHA	PPEs
DoD JTS, Committee on Tactical Combat Casualty Care, Assistant Secretary of Defense, Health Affairs	JTS LSM
AFPMB	Pest Control Agents and Disinfectants
JDF	Pharmaceuticals
OMMAP	Common Assemblage Items and CDSP
MMESO	Medical/Surgical CDSP

(b) OMMAP, the authoritative source, and DLA work collaboratively to develop a repeatable workflow process to ensure that the standardized materiel is logistically healthy and codified as CDSP in MCRW.

(c) OMMAP publishes the list of CDSP NSNs.

(d) OMMAP will support life cycle management for these CDSP-designated NSNs and share this information among the other DMMSP entities.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

CCDR	Combatant Commanders
CCMD	Combatant Command
CDSP	Clinically Derived Standardized Product
CMO	Chief Medical Officer
CSA	Combat Support Agency
DHA	Defense Health Agency
DHA MEDLOG	Defense Health Agency Medical Logistics
DHA-PM	Defense Health Agency-Procedures Manual
DLA	Defense Logistics Agency
DLA-TS	Defense Logistics Agency-Troop Support
DMLEnt	Defense Medical Logistics Enterprise
DMMSP	Defense Medical Materiel Standardization Program
DoD	Department of Defense
DRRS	Defense Readiness Reporting System
ECAT	electronic catalog
eCommerce	electronic commerce
FEAMS	Functional Executive Agent Medical Support
FSC	Federal Supply Class
IPT	Integrated Process Team
JDF	Joint Deployment Formulary
JTS	Joint Trauma System
LSM	Lifesaving Materiel
MCF	Medical Contingency File
MCRW	Medical Contingency Requirements Workflow
MEDLOG	Medical Logistics
MHS	Military Health System
MILDEP	Military Department
MMCRG	Medical Materiel Contingency Requirements Group
MMESO	Medical Materiel Enterprise Standardization Office
NSN	National Stock Number
OMMAP	Operational Medical Materiel Analysis Program

PM	Program Manager
PMI	Patient Movement Item
PPE	Personal Protective Equipment
ROC	Role of Care
TLAMM	Theater Lead Agent for Medical Materiel

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purpose of this directive.

Authoritative source. A source whose products have undergone producer verification, validation, and certification activities.

CDSP. Medical materiel items that have been standardized for MHS use through the DMMSP or other accepted joint clinically driven standardization process, including the JDF.

Commonality. Defined in DoD Dictionary of Military and Associated Terms as a quality that applies to materiel or systems: a. possessing like and interchangeable characteristics enabling each to be utilized, or operated and maintained, by personnel trained on the others without additional specialized training; b. having interchangeable repair parts and/or components; and c. applying to consumable items interchangeably equivalent without adjustment.

Common Item. Defined in DoD Dictionary of Military and Associated Terms as: Any item of materiel that is required for use by more than one activity; Sometimes loosely used to denote any consumable item except repair parts or other technical items; Any item of materiel that is procured for, owned by (Service stock), or used by any Military Department of the Department of Defense and is also required to be furnished to a recipient country under the grant-aid Military Assistance Program; Readily available commercial items; Items used by two or more Military Services of similar manufacture or fabrication that may vary between the Services as to color or shape (as vehicles or clothing); or Any part or component that is required in the assembly of two or more complete end-items.

DMLEnt. The coalition of MEDLOG organizations and activities of the MILDEPs and the Defense Agencies that provides focus, collaboration, teamwork, and a shared sense of purpose and vision for meeting the needs of the military health care across the full range of military operations.

DRRS. The means to monitor the readiness of the DoD Components to provide capabilities to support the National Military Strategy as directed by Presidential and Secretary of Defense guidance. DRRS encompasses the automated, near real-time readiness reporting systems that provide current readiness status for operational forces and defense support organizations in terms of their ability to perform their Mission Essential Task Lists.

eCommerce Plus. The use of electronic data interchange standards to exchange transactions with commercial supplier networks, plus depot stocked materiel. The DLA medical prime vendor program and the electronic catalog use eCommerce.

FEAMS. An Acquisition Category III (ACAT III) program executed by DLA, in collaboration with DHA to improve supply chain outcomes and support Medical Materiel Executive Agent initiatives. FEAMS is the program management office developing MCRW.

Interoperability. Defined in DoD Dictionary of Military and Associated Terms as, the ability to operate in synergy in the execution of assigned tasks; or the condition achieved among communications-electronics systems or items of communications-electronics equipment when information or services can be exchanged directly and satisfactorily between them and/or their users.

JDF. A reference list of pharmaceutical items for support during the first 30 days of contingency operations. The JDF is intended to promote the standardization and sustainability of pharmaceutical items as components of medical assemblages and planning and preparation for early sustainment of deployed forces.

LSM. The MILDEPs will issue JTS identified LSM kits, and ensure items are included as the standard solution for providing initial lifesaving measures at the point of injury (i.e. Individual First Aid Kit, First-Responder / Combat Lifesaver Kit, and Medic/Corpsman Kit).

MCF. A detailed representation of DoD medical contingency requirements used by the Services and the DLA to conduct strategic assessments of materiel availability in order to assess risk, plan sourcing, and program for readiness programs. The MCF contains time phased requirements at the line item (NSNs or part number) level of detail.

Medical Master Catalog. The authoritative source for all Pricing Agreements, Products, and associated Pricing available to Medical Customers through Customer Direct Programs (Prime Vendor, Peacetime ECAT, Readiness ECAT) and DLA Troop Support-supported traditional ordering programs (Depot, DVD, Fleet Prime Vendor).

PMI. Medical equipment and durable items required to conduct a patient movement. Medical equipment is certified for joint air worthiness on Army, Navy, and Air Force mobility, fixed- and rotary-wing aircraft.

PPE. A variety of barriers used alone or in combination to protect mucous membranes, skin, and clothing from contact with infectious agents. PPE includes gloves, masks, respirators, goggles, face shields, and gowns.

Standardization. Defined in DoD Dictionary of Military and Associated Terms as the process by which the Department of Defense achieves the closest practicable cooperation among the Services and Department of Defense agencies for the most efficient use of research, development, and production resources, and agrees to adopt on the broadest possible basis the use of: a. common or compatible operational, administrative, and logistic procedures; b.

common or compatible technical procedures and criteria; c. common, compatible, or interchangeable supplies, components, weapons, or equipment; and d. common or compatible tactical doctrine with corresponding organizational compatibility.

Sustainability. The ability to maintain the necessary level and duration of operational activity to achieve military objectives. Sustainability is a function of proving for and maintaining those levels of ready forces, materiel, and consumables necessary to support military effort.

TLAMM. An organization or unit designated to serve as a major theater medical distribution node and to provide the customer-facing support interface for MEDLOG and supply chain management.