THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

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HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY FOR MANPOWER AND RESERVE AFFAIRS
ASSISTANT SECRETARY OF THE NAVY FOR MANPOWER AND RESERVE AFFAIRS
ASSISTANT SECRETARY OF THE AIR FORCE FOR MANPOWER AND RESERVE AFFAIRS
DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: Military Health System Staffing Transparency and Resourcing Impact Business Rules

References: (a) Deputy Secretary of Defense Memorandum, "Stabilization and Improvement of the Military Health System," December 6, 2023
(b) Directive-Type Memorandum 24-003, "Military Health System Manpower Requirements Determination, Resourcing, and Assignment," June 28, 2024
(c) Under Secretary of Defense for Personnel and Readiness Memorandum, "Transparency of Military Medical Personnel and Clinical Readiness Data," August 8, 2022

1. Purpose. The Military Health System (MHS) Staffing Transparency and Resourcing Impact Business Rules establish a collaborative process between the Military Services and the Defense Health Agency (DHA) for providing transparent information on the assignment and availability of uniformed medical and dental personnel, civilian employee, and contractor personnel to support health care delivery in military medical treatment facilities (MTFs) and dental treatment facilities (DTFs). These business rules implement references (a) through (c). This document details the goals, guiding principles, responsibilities, and opportunity costs for transparency and resourcing.

2. Goals.

a. Provide Department of Defense (DoD) leadership with a transparent view of manning levels across the MHS.

b. Inform MHS Governance process in recommending changes in manning levels, availability of military or civilian workforce working in an MTF/DTF, adjustments in MHS force structure, and if necessary, adjustments in resourcing, both in the year of execution or in the Planning, Programming, Budget, and Execution process.

3. Guiding Principles.

a. The Director, DHA requires a predictable level of staff to provide the military health benefit to eligible beneficiaries, while maximally generating a medically ready force, a ready medical force, and reattracting at least seven percent of available care from the private sector back to MTFs on average, and to DTFs where relevant, using a baseline of December 31, 2022, by December 31, 2026.

b. The Director, DHA, in coordination with the Secretaries of the Military Departments, determines MTF/DTF capability and capacity based on available staffing and resourcing.

c. The Secretaries of the Military Departments shall primarily assign Active Component (AC) uniformed medical and dental personnel to an MTF/DTF in a transparent and predictable manner for the DHA to effectively program and manage their civilian and contract workforce. Assigned AC uniformed medical and dental personnel are assumed available for duty at MTF/DTFs in accordance with estimates in Appendix A, Manpower Availability Factors.

d. Transparency metrics for military personnel assignment and availability, civilian hiring and vacancies, contracted staffing, MTF/DTF performance, and the medical education pipeline will provide total medical personnel asset visibility and MHS performance to the Office of the Secretary of Defense, Military Services, the Joint Staff, and the DHA.

e. Transparency informs DoD senior leadership assessment of the risks and opportunities of resourcing decisions.

f. Staffing levels directly correlate to direct care system capacity DHA may need to adjust capacity and capabilities of the MTF/DTFs in response to changes in distribution of resources, both financial and personnel. This should be done in coordination with the Secretaries of the Military Departments to mitigate risk to unique operational support missions and for transparent awareness of operational mission requirements.

4. Responsibilities.

a. Assistant Secretary of Defense for Health Affairs (ASD(HA))

(1) Conduct an MHS Staffing Transparency and Resourcing Impact analysis on a quarterly basis using metrics such as military personnel assignment levels and availability, civilian hiring and vacancies, and contracted staffing consistent with Appendix C, Preliminary MHS Stabilization and Improvement metrics.

(2) Report the results of the MHS Staffing Transparency and Resourcing Impact analysis on a quarterly basis through the MHS governance process.

(3) Determine appropriate resourcing priorities based on MHS Staffing and Resourcing Impact analysis.

(4) Review these business rules and transparency metrics at least annually and provide appropriate updates.

b. Director, DHA

(1) Report MTF/DTF and TRICARE measures of performance (e.g., reattraction of care from network, access to care) through ASD(HA) and MHS Governance to supplement the MHS Staffing and Resourcing Impact analysis.

(2) Provide requested datasets identified in Appendix B to the Health Resources Management Council (HRMC) to support the metrics outlined in Appendix C and others, as requested through HRMC.

(3) Provide subject matter experts, as needed, to support the analysis of the data conducted by the HRMC.

c. Secretaries of the Military Departments

(1) Provide requested datasets identified in Appendix B to the HRMC, to support the metrics outlined in Appendix C and others as requested through HRMC.

(2) Provide subject matter experts, as needed, to support the analysis of the data conducted by the HRMC.

5. Process

a. MHS Staffing Transparency and Resourcing Impact analysis will be conducted quarterly. Analysis will include, but is not limited to, the metrics identified in Appendix C, Preliminary MHS Stabilization and Improvement Metrics. Metrics will help inform the Human Capital Distribution Planning process.

b. The results of the analysis will be reported on a quarterly basis through the MHS governance process.

c. Stakeholders will assess the risks and opportunity costs associated with prior resourcing decisions using the results of the analysis.

d. Stakeholders will identify strategies to mitigate risks and optimize the direct care system to maximally generate a medically ready force, a ready medical force, and reattract care from the private sector back to MTF/DTFs.

6. Resourcing Risk and Opportunity Cost. Opportunity cost is a measure meant to provide the impact of resourcing decisions on the direct care system (i.e., that may or may not be realized as private sector care) and the operational mission impact.

a. DHA requirements opportunity cost is the difference between DHA's requirements determinations for a specific MTF/DTF and what the DHA and the Military Departments can currently support.

b. MTF/DTF assignment opportunity cost is composed of:

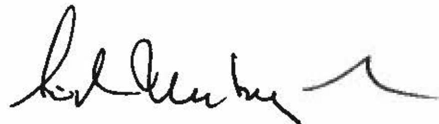
(1) Uniformed medical and dental personnel – the difference between authorized billets and assigned personnel;

(2) Civilian employees – the difference between budgeted and employed civilian employee labor; and

(3) Military Department staffing opportunity cost – the difference between percentage of AC uniformed medical and dental personnel at each MTF/DTF and the percentage of civilian employee and contractor medical personnel at the same MTF/DTF.

c. MTF/DTF availability opportunity cost is the difference between actual and expected availability to fill the assignment, including uniformed medical and dental personnel, civilians employees, and contractor personnel, as established in Appendix A.

d. Operational opportunity cost is the difference between validated Joint Force, Combatant Command, or other Request for Forces requirements and actual execution or sourcing of capability for that request.



Lester Martínez-López, M.D., M.P.H.

Attachments:
As stated

cc:
Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight
Deputy Assistant Secretary of Defense for Health Services Policy and Oversight
Deputy Assistant Secretary of Defense for Health Resources Management and Policy
President, Uniformed Services University of the Health Sciences
Joint Staff Surgeon

Appendix A

Manpower Availability Factors

	Civilian	Category 2* Military Officer	Category 2* Military Enlisted	Contractor
Average calendar days per year*	365.25	365.25	365.25	365.25
Less weekends	(104.38)	(104.38)	(104.38)	(104.38)
Workdays available per year	260.87	260.87	260.87	260.87
Mandated work hours per year	2087	2087	2087	2087
Less Federal holidays	(88)	(88)	(88)	(88)
Work hours less Federal Holidays	1999	1999	1999	1999
Less non-available hours per year (leave, training, special duty)	267	459	649	119
Hours available for duty per year	1732	1540	1350	1880

**See Human Capital Distribution Plan Business Rules for category definition*

Appendix B

Data Sources

1. Military Manpower Data

    a. This data will be compiled in the Medical Information Portal (MIP).

2. Manpower Reporting Data

    a. Defense Medical Human Resources System – Internet (DMHRSi)

    b. Medical Expense and Performance Reporting System

3. Productivity Data

    a. MHS GENESIS Productivity

    b. MHS Management Analysis and Reporting Tool (M2)

    c. ROVER

    d. Corporate Dental System (CDS) through Dentrix

4. Fourth Estate Manpower Tracking System

5. Civilian Personnel Data

    Defense Civilian Personnel Data System

6. Financial Data

    a. General Fund Enterprise Business System

    b. Defense Enterprise Accounting and Management System

    c. Financial Management Information System

7. Programming and Budgeting Data

    a. MHS Planning, Programming, Budget, and Execution Tool

Appendix C

Preliminary MHS Stabilization and Improvement Metrics

The following metrics will be reported through MHS Governance quarterly and will be calculated using the OSD Comptroller composite rate.

a. Active Component Military Medical and Dental Personnel (MILPERS) vacancies.

(1) Equation: assigned personnel (numerator) / authorized positions (denominator).

(2) No more than one individual will be assigned to each authorization on the DHA unified manning documents.

(3) Sub-group analysis by medical occupational specialty.

(4) Sub-group analysis by Military Service.

b. Civilian employee personnel vacancies.

(1) Equation: assigned personnel (numerator) / authorized positions (denominator).

(2) The baseline for this metric will be the funded authorizations on the applicable manpower documents.

(3) Sub-group analysis by medical occupational specialty in the civilian line.

c. Contractor (personal services) personnel vacancies.

(1) Equation: assigned personnel (numerator) / authorized positions (denominator).

(2) Sub-group analysis by medical occupational specialty.

d. Availability of MTF/DTF assigned personnel.

(1) Definition: Hours present for work at the direction of the MTF/DTF.

(a) Expected available hours for MTF/DTF duties is 100 percent of the hours outlined in Appendix A.

(b) Standardized readiness and training deductions are considered in the calculations.

(c) Includes active component MILPERS.

(2) Equation: Self-reported hours in Defense Medical Human Resources System – Internet (DMHRSi) / expected available hours by personnel type. See Appendix A, Manpower Availability Factors.

(a) Military officers – 1540 hours per full time equivalent (FTE).

(b) Military enlisted – 1350 hours per FTE.

(c) Federal Civilian – 1732 hours per FTE.

(3) Sub-group analysis by medical occupational specialty.

(4) Sub-group analysis by Military Service.

(5) Sub-group analysis by location, to include medical personnel performing clinical duties at MTF/DTFs on installations managed by other Military Services; to include fiscal and clinical productivity credit to the host MTF/DTF as well as the parent Military Department of the AD uniformed medical and dental personnel working at MTF/DTFs located on installations managed by other Military Services.

(6) Metrics will also include changes in authorizations for all workforce categories.

e. Availability of MTF/DTF assigned personnel aligned to operational mission.

(1) Definition: Availability of personnel on orders to the MTF/DTF but aligned to an operational mission during Phase 0 (peacetime) operations (e.g., Army Modified Table of Organization and Equipment (MTOE) Assigned Personnel; Navy Expeditionary Medicine System; Air Force Expeditionary Medical Support, Critical Care Air Transport Team).

(2) Equation: Self-reported hours in DMHRSi (numerator) / Expected Available hours by personnel type (denominator).

(a) Expected available hours for MTF/DTF duties is 88 percent (as set by Program Decision Memorandum 1, Oct 2023)

(b) Military (officers) 1355 hours per FTE

(c) Military (enlisted) 1188 hours per FTE

f. Availability of Borrowed Military Manpower (BMM).

(1) Definition: Hours reported in DHMRSi for work in an MTF/DTF by uniformed medical and dental personnel who are not on orders to the MTF/DTF.

(2) Equation: Reported hours in DMHRSi.

(3) The baseline for this metric is March 1st, 2024, and the data will be monitored over time. The minimum standard is an increase of 10 percent over baseline, and any additional clinical productivity in the MTF/DTF above the 10 percent over baseline is accordingly captured and credited to the respective MILDEP.