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APPENDIX 1. INTRODUCTION

Appendix 1.1

Secretary of Defense Memorandum and Signed Project Plan

Secretary of Defense Memorandum



THE SECRETARY OF DEFENSE
1000 DEFENSE PENTAGON
WASHINGTON, DC 20301-1000

MAY 28 2014

MEMORANDUM FOR DEPUTY SECRETARY OF DEFENSE
SECRETARIES OF THE MILITARY DEPARTMENTS
ACTING UNDER SECRETARY OF DEFENSE FOR PERSONNEL
AND READINESS

SUBJECT: Military Health System Review

Our Service members and their families deserve the highest quality health care possible wherever they are stationed or deployed. In recent years, the Department has made great improvements in our health care delivery system – nowhere more important than in improving trauma care, which has resulted in the highest ever survival rate from battlefield injuries.

It is our continuing obligation to those who serve, and all beneficiaries of the Military Health System (MHS), to continually review and improve our standards of care and the system that delivers that care. To ensure that we are meeting these standards, I am directing a 90-day comprehensive review (“Review”) of the MHS, effective immediately.

The Review will be led by Deputy Secretary of Defense Bob Work, with the assistance of the Acting Under Secretary of Defense for Personnel and Readiness and the Assistant Secretary of Defense for Health Affairs, and the direct participation of the Secretaries of the Military Departments and the Service Chiefs. In addition, I have asked Deputy Secretary Work to solicit the perspectives of outside experts in the areas of patient safety and quality care, and perform the Review in a fully transparent manner.

The Review will focus on the following core areas:

- **Access to Health Care:** The Department has issued clear guidance and standards for access to health care, based on the urgency of the care a patient requires. In addition, the Department has issued standards to ensure that patients will not have to travel excessive distances to receive required care. The Review will assess whether or not the MHS is meeting these standards on a facility-by-facility basis. If a particular standard is not being met, the Review will provide a recommendation on how to meet or exceed that standard along with an associated timeline.
- **Safety of Care:** The Review will recommend ways to improve patient safety across the MHS by: (1) examining existing patient safety data; and (2) identifying best practices for patient safety from across the health care provider spectrum.
- **Quality of Care:** The Review will assess whether the quality of care provided by MHS meets DoD and nationally accepted standards. If MHS is found to be falling short of these standards in any particular area of care, the Review will provide specific recommendations for improvement.



OSD005917-14

A Plan of Action and Milestones for conducting the Review shall be delivered to me by June 6, 2014. I want regular updates on the progress of this review. A final report, complete with specific recommendations to address standards of care and implementation timelines, will be delivered to me no later than August 29, 2014.

The Department must continue to provide the best available health care to our Service men and women, and their families, who have sacrificed so much on behalf of this Nation. They deserve nothing short of our highest level of effort. Accordingly, I fully expect the Review to lead to Departmental standards that exceed the national averages in access to, safety, and quality of health care.

Thank you.

A handwritten signature in blue ink that reads "Chuck Hagel". The signature is written in a cursive style and is underlined with a single horizontal line.

cc:
Chairman of the Joint Chiefs of Staff
Chiefs of the Military Services
Chief of the National Guard Bureau
General Counsel of the Department of Defense
Assistant to the Secretary of Defense for Public Affairs
Assistant Secretary of Defense for Legislative Affairs
Assistant Secretary of Defense for Health Affairs

Signed Project Plan 6 AUG 2014 (1)



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

AUG 6 2014

MEMORANDUM FOR SENIOR ACTION COUNCIL

SUBJECT: Military Health System Review Scope Limitation

I have reviewed your recommendation and the endorsement of the Assistant Secretary of Defense (Health Affairs) to limit the project scope of the Secretary of Defense directed Military Health System (MHS) Review to exclude targeted review of specific Diagnosis-Related Groups (DRGs) and the singling out of specific demographic groups as out of scope.

Given the limited time and resources available to execute the review, I approve your recommendation that DRGs and the singling out of specific demographic groups be considered out of scope for the MHS review.

A handwritten signature in blue ink that reads "Jessica L. Wright".

Jessica L. Wright

Attachment:
As stated

PROJECT TIMELINES AND MILESTONES

PROJECT TIMELINE

Date	Action
23 May – 7 Jul	Policy review and gap analysis
30 May – 9 Jul	Review and analysis of past findings
5 Jun – 3 Jul	Data pulls for working groups
23 Jun – 17 Jul	Working Groups analyze data
20 Jun – 11 Jul	Site visits
2 Jul – 17 Jul	Review of other health systems
10 Jul – 23 Jul	Consultants' review
25 Jul – 31 Jul	Final edits
28 Jul – 29 Jul	Preliminary Legal sufficiency review
31 Jul – 2 Aug	Internal Military Health System (MHS) Staffing
14 Aug – 28 Aug	Formal staffing

MILESTONES

The following represent key project milestones, with estimated completion dates:

Milestone	Estimated Completion Date
Plan of Action and Milestone (POA&M) and Time of Release (TOR) to Senior Executive Review Committee (SERC)	5 Jun, 2014
POA&M and TOR to Secretary of Defense (SECDEF)	6 Jun, 2014
Final report out to Military Health System Executive Review (MHSER)	31 Jul, 2014
MHS overview brief to the SERC	4 Aug, 2014
Final report out to Deputy's Management Action Group/DEXCOM/TANK	13 Aug, 2014
Final report to SECDEF	29 Aug, 2014

Signed Project Plan 6 AUG 2014 (2)



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

AUG 6 2014

MEMORANDUM FOR SENIOR ACTION COUNCIL

SUBJECT: Military Health System Review Scope Modification

I have reviewed your recommendations and the endorsement of the Assistant Secretary of Defense (Health Affairs) regarding the exclusion of Wounded Warrior Units and dental care reviews from the current Military Health System (MHS) review.

Given the limited time and resources available to execute the review, I approve your recommendation that Wounded Warrior Units and dental care be considered out of scope for the MHS Review.


Jessica L. Wright

Signed Project Plan 6 AUG 2014 (3)



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

AUG 6 2014

MEMORANDUM FOR SENIOR ACTION COUNCIL

SUBJECT: Military Health System Review Metric Modification

I have reviewed your recommendations and the endorsement of the Assistant Secretary of Defense (Health Affairs) regarding the recommendation to modify the proposed metrics to be utilized for the Secretary of Defense directed Military Health System Review

I approve your recommendation to measure routine appointment access standard compliance by using the "3rd available" metric and combining the routine and established appointment types.


Jessica L. Wright

Appendix 1.2

Terms of Reference - Military Health System Review

Purpose

These Terms of Reference establish the objectives and process for the Military Health System (MHS) Review. This review will assess health care access, patient safety, and health care quality across the MHS, as directed by the Secretary of Defense. Health care provided in support of the Combatant Commands and operational forces is excluded from this review.

Background

On May 28, 2014, the Secretary of Defense (SECDEF) ordered a review of the MHS. The review will focus on health care access, patient safety and quality of care, and be performed in a fully transparent manner consistent with law. Further, the review will include both the direct care component composed of Department of Defense (DoD) operated and staffed health care facilities, as well as the purchased care system operated through our TRICARE managed care support contracts. The review will incorporate the perspectives of outside experts in patient safety and health care quality. The report will include recommendations for Departmental standards that exceed national averages in access to, safety, and quality of health care. The final report will be delivered to the SECDEF not later than August 29, 2014.

The MHS is a comprehensive, global and integrated system of health support that includes combat medical services, peacetime health care delivery, public health, medical education and training, and medical research and development. The MHS is comprised of Army, Navy, Air Force and Defense Health Agency medical facilities, supported by a private sector network of civilian providers and hospitals. With an annual budget of approximately \$50 billion, the MHS is staffed with over 150,000 military and civilian personnel -- working in 56 hospitals, over 300 clinics, a fully accredited university, and a broad array of other research and educational institutions.

Goals and Objectives

This review has three goals:

- 1) To determine if the MHS provides ready access to medical care as defined by the access standards in OSD and Military Department policies and guidance, and TRICARE contract specifications.
- 2) To determine if the MHS has created a culture of safety with effective processes for safe and reliable care.
- 3) To determine if the MHS meets or exceeds the benchmarks for health care quality as defined in OSD and Military Department policies and guidance, and TRICARE contract specifications, with a particular focus on how the MHS performs relative to known national benchmarks.

To accomplish these three goals, we have defined eight objectives:

- Assess prior recommendations and findings from relevant internal and external reports, including the last ten years of Government Accountability Office (GAO) and DoD Inspector General (IG) reports. The assessment will include what problems were identified, what actions were taken to remedy the problems, and whether the remedy has been sustained.
- Review all relevant OSD, Service and TRICARE policy standards and assess the degree to which the policies have been implemented.
- Evaluate data to assess compliance with existing policy or national standards. Determine how the MHS can consistently exceed these standards. Determine if any variance from the standards is due to data inaccuracy or inconsistency.
- Review education and training documentation of health care professionals and staff regarding the execution of policies and assess knowledge of existing standards.
- Compare MHS performance to at least three civilian health systems, where standards are relevant and comparable.
- Assess the experiences and perceptions of the MHS patients' regarding access, quality and safety standards.
- Determine the effectiveness of governance in policy and system performance.
- Identify current resources for access, safety and quality efforts to the extent possible.

The final report will also include a senior level review of the current federated MHS governance structure and its effectiveness in supporting enterprise management. Governance will be reviewed within the context of existing roles and responsibilities. Recommendations to improve or enhance the decision making process with respect to the goals of this review will be provided to the Secretary of Defense.

Deliverables

Not later than August 29, 2014, the Deputy Secretary of Defense will deliver a full report on this review to include recommendations for improving access, safety, and quality to the Secretary of Defense. Where the MHS is falling short of meeting standards as defined in OSD or Military Department policies, or as defined in TRICARE contracts, specific recommendations will be provided to improve performance. The report will also include identified, proven practices from the MHS and from other health care systems that demonstrate higher levels of performance in access, patient safety, and quality.

To the extent that the MHS Review report's recommendations identify areas requiring additional study, the Secretary may direct follow-on action through the MHS Review processes and structures.

Periodic updates will be provided to the Secretary of Defense through the Deputy Secretary of Defense.

Process

This review will begin immediately and will be led by the Deputy Secretary of Defense, assisted by the Acting Under Secretary of Defense for Personnel and Readiness and the Assistant Secretary of Defense for Health Affairs (ASD(HA)), with the direct participation of the Secretaries of the Military Departments, the Service Chiefs, and the Joint Staff. The review will also include the individual perspectives of outside experts in the areas of patient safety and quality of care, along with their individual assessment of the MHS's performance in safety and quality.

The Deputy Secretary of Defense has established a Senior Executive Review Committee (SERC) to guide the review process, remove any barriers to successful completion of the review, and achieve concurrence regarding the plan, milestones, timeline and final report. Chaired by the Deputy Secretary of Defense, membership on the SERC includes the Acting Under Secretary of Defense for Personnel and Readiness, the Under Secretaries of the Military Departments, the Assistant Secretary of Defense for Health Affairs, the Director of the Joint Staff, the Military Departments' Surgeons General, and the Director of the Defense Health Agency.

The SERC will also review the existing MHS governance process and make recommendations to the Secretary of Defense to improve or enhance its performance. In addition to the SERC, the Deputy Secretary of Defense will call upon the Deputy's Executive Committee (DEXCOM), the TANK, or the Deputy's Management Action Group (DMAG) as appropriate over the period of the review. The DEXCOM membership includes the Secretaries of the Military Departments, the Under Secretaries of Defense, and General Counsel. The TANK consists of the Chairman and Vice Chairman of the Joint Chiefs of Staff, along with the Service Chiefs and Chief of the National Guard Bureau. The DMAG includes the Secretaries of the Military Departments, Under Secretaries of Defense, Deputy Chief Management Officer, Chiefs of the Military Services, Chief of the National Guard Bureau, Commander of United States Special Operations Command, and Director of Cost Assessment and Program Evaluation.

Prior to the SERC review, the Military Health System Executive Review group (MHSER) will review deliverables to ensure alignment with other ongoing MHS initiatives. The MHSER membership includes the Under Secretary of Defense for Personnel and Readiness, Under Secretary of Defense (Comptroller), Assistant Secretary of Defense for Health Affairs, Director of the Cost Assessment and Program Evaluation Office, Service Vice Chiefs, Assistant Commandant of the Marine Corps, the Surgeons General, and the Military Department Assistant Secretaries for Manpower and Reserve Affairs.

The review will be supported by an Action Group composed of action officers from each of the Military Departments' medical programs, the Defense Health Agency, and the Joint Staff, Service Senior Enlisted personnel, and a representative from the National Guard Bureau, chaired by an OSD Health Affairs action officer. This group will be responsible for reviewing the identified internal and external studies and reports regarding access, safety and quality. They will identify recommendations and findings from those studies and reports, determine the extent to which they have been acted upon by the MHS and assess whether the remedy has been sustained. They will also be responsible for the coordination and structure of selected military treatment facilities site reviews, to include town hall meetings, as well as collecting and analyzing all data relevant to this review. During the site visits, they will conduct in-person interviews with staff and patients. The Action Group will conduct a review and analysis of relevant health care professional and staff educational and training programs regarding access, quality and safety. It will assess the MHS performance in all three areas compared to stated OSD and Military Department and Service policy standards and benchmarks, along with national standards and benchmarks.

The Action Group will be supported by a Senior Action Council (SAC), chaired by the Principal Deputy Assistant Secretary of Defense for Health Affairs, composed of the Deputy Assistant Secretaries of Defense in the Office of the Assistant Secretary of Defense for Health Affairs, the Deputy Director of the Defense Health Agency, the Deputy Surgeons General, and the Joint Staff Surgeon. The SAC will provide support to and supervision of the Action Group. The SAC will ensure that resources are available to the effort and that action and activities are coordinated to ensure success. The SAC will provide progress reports to the Acting Under Secretary of Defense for Personnel and Readiness through the Assistant Secretary of Defense for Health Affairs. The SAC will review all deliverables to ensure that goals and objectives are met.

The MHS Review directed by the Secretary of Defense does not encumber the authority of the Secretaries of the Military Departments with respect to any necessary administrative actions or investigations required for their respective Departments. The Secretaries of the Military Departments shall coordinate with the Under Secretary of Defense for Personnel and Readiness with regard to any implementing actions as a result of investigation findings or recommendations during the period of the MHS Review.

Strategic Communication

This review is intended to be transparent for all stakeholders. All strategic communications will be coordinated through the Deputy Secretary of Defense and supported by the Office of the Assistant to the Secretary of Defense for Public Affairs and Office of the Assistant Secretary of Defense for Legislative Affairs. In addition to our stakeholders, it is important to communicate the intent, scope and results of the review to our MHS workforce.