

The Defense Health Agency & Facilities Enterprise Support Activity (ESA)

John A. Becker
Director, Facilities Division

6 April 2107



“Medically Ready Force...Ready Medical Force”

Agenda



1. Defense Health Agency (DHA) Overview
2. What is the Facilities ESA?
3. Facility Portfolio Overview
4. 2017 NDAA

How We Got Here



DoD Task Force on MHS Governance

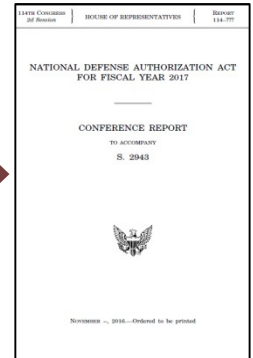
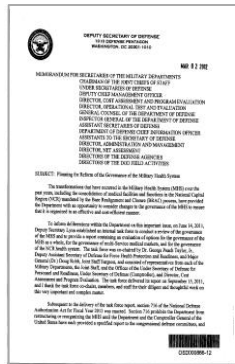
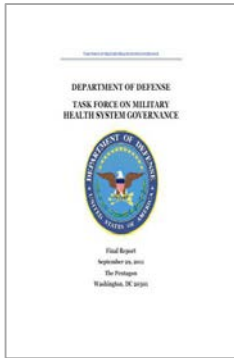
DEPSECDEF Planning Memo

DHA Planning WG Report

DEPSECDEF "Nine Commandments" Memo

DODD 5136.13

NDAA 2017



September 2011

March 2012

November 2012

March 2013

September 2013

Dec 2017

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

Directed implementation of NDAA

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DHA Vision and Mission



Vision

A joint, integrated, premier system of health, supporting those who serve in the defense of our country

Key Mission Aspects

- A Combat Support Agency supporting the military services
- Supports the delivery of integrated, affordable, and high quality health services to beneficiaries of the Military Health System (MHS)
- Executes responsibility for shared services, functions, and activities of the MHS
- Serves as the program manager for the TRICARE Health Plan, medical resources, and as the market manager for the National Capital Region (NCR) enhanced Multi-Service Market
- Manages the execution of policy as issued by the Assistant Secretary of Defense for Health Affairs
- Exercises authority, direction and control over the inpatient facilities and the subordinate clinics assigned to the DHA in the NCR Directorate

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Defense Health Agency

A Global Support Operation



Joint Base Lewis-McChord

San Diego

Aurora, CO

San Antonio

Great Lakes

Dover AFB

National Capital Region



Sembach AB, GE



Yokota AFB



Defense Health Agency



Defense Health Agency



★★★ RADM Colin Chinn
Acting Deputy Director



★★★★★ Vice Admiral Raquel Bono
Director



CSM Robert Luciano
Sr. Enlisted Advisor



Ms. Mary Justis
Director for J1/J8
Resources & Management



MG Jeffrey Clark
Director for J3 Operations



Mr. Barclay Butler
Director for J4, CAE

TBD
Director for Strat, Plans, & Func Integ (J5)



Dr. Paul Cordts
Director for Functional Champion



Col Richard Terry
Acting Director for Health IT (J6)



Brig Gen James Dienst
Director for Education & Training (J7)



Dr. Sean Biggerstaff
Acting Dir. for Research & Development (J9)



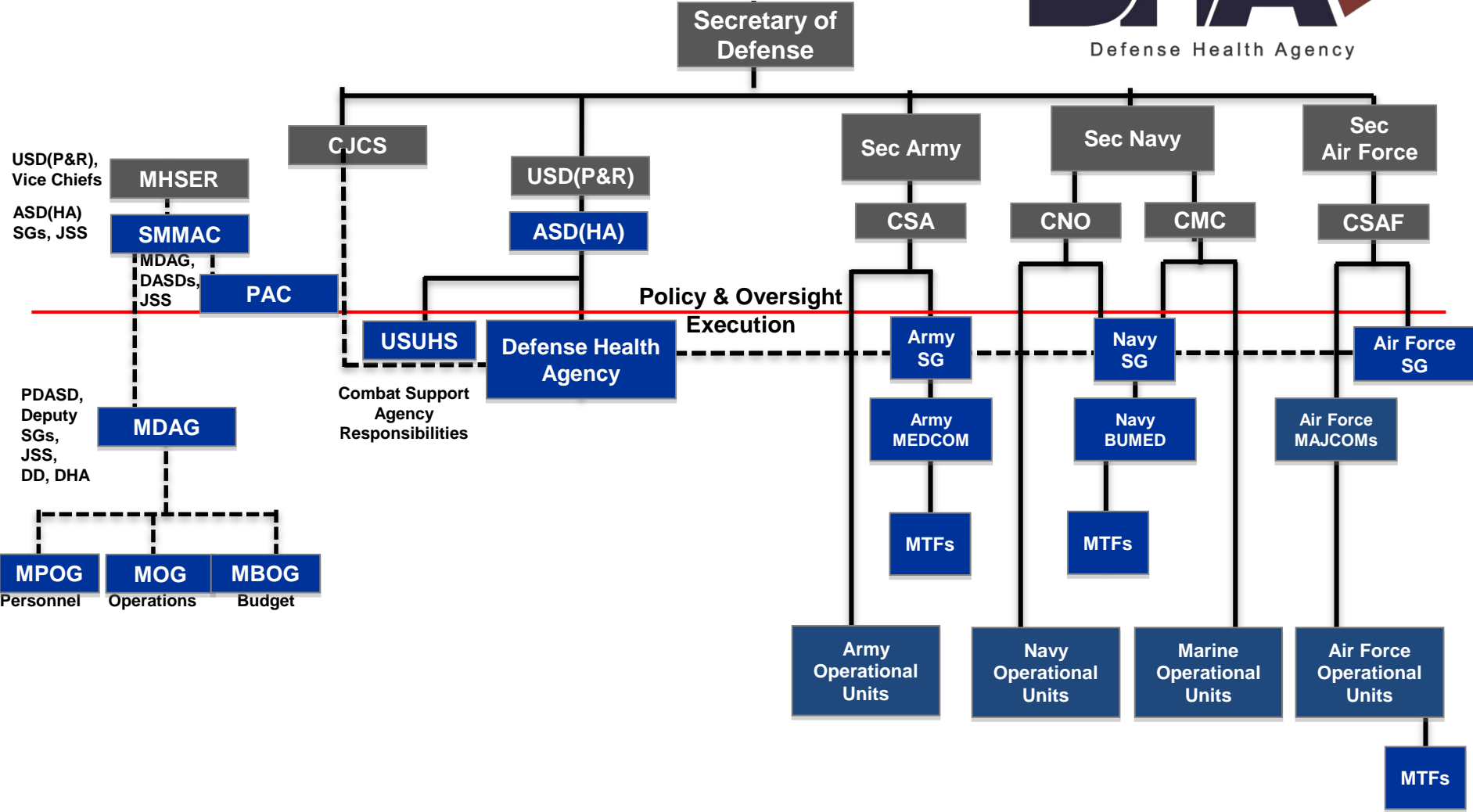
Mr. Michael O'Bar
Director for TRICARE Health Plan (J10)



RDML David Lane
Director for NCR Medical (J11)

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Your Military Health System



MHS Governance

Defense Health Agency

Service Medical Organization

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DHA Shared Services

Also known as Enterprise Support Activities (ESA)



Pharmacy Programs



TRICARE Health Plan



Health Information Technology



Budget & Resource Management



Medical Logistics



Facilities



Procurement/Contracting



Research, Development & Acquisition



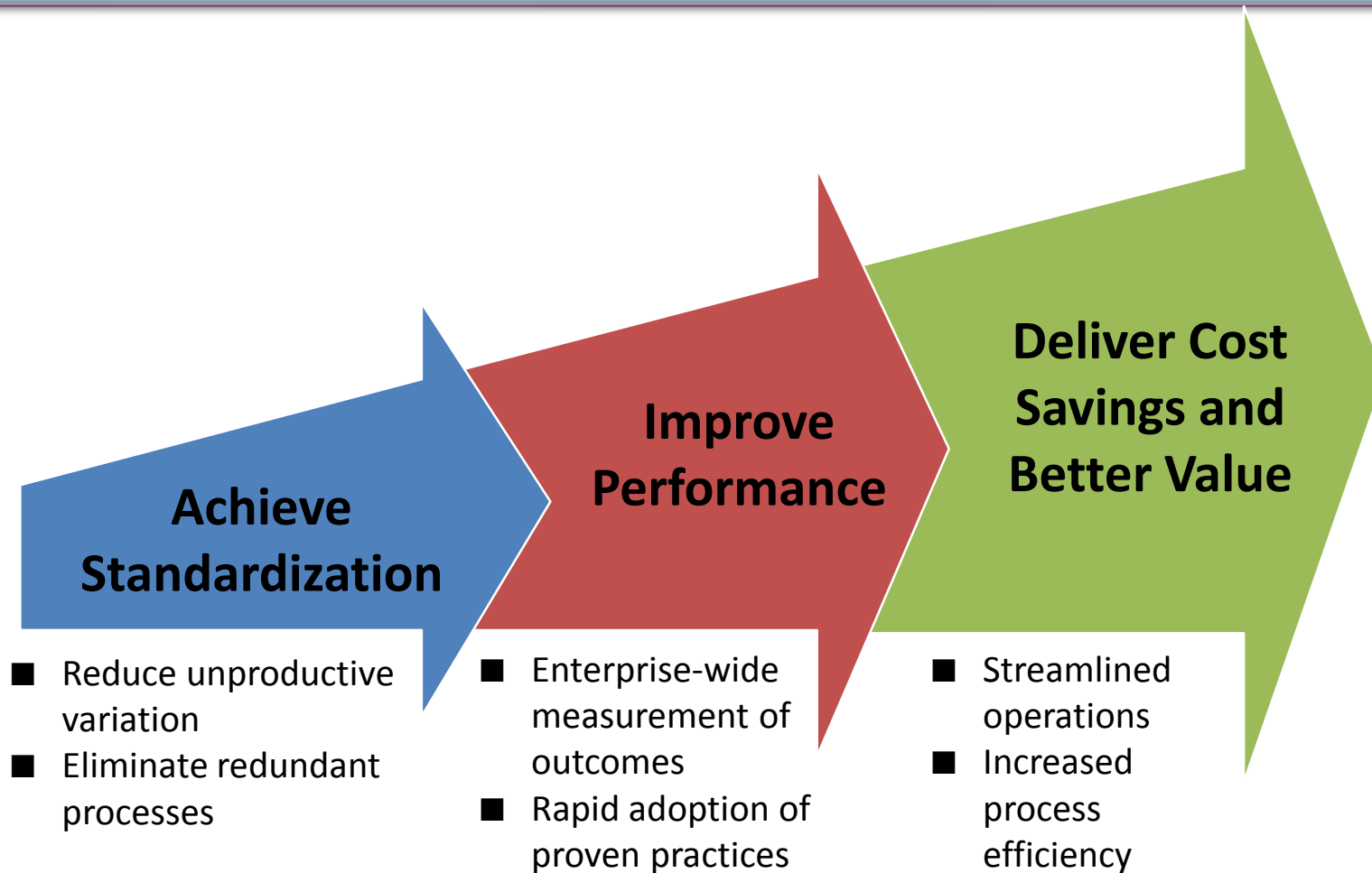
Public Health



Education & Training Directorate

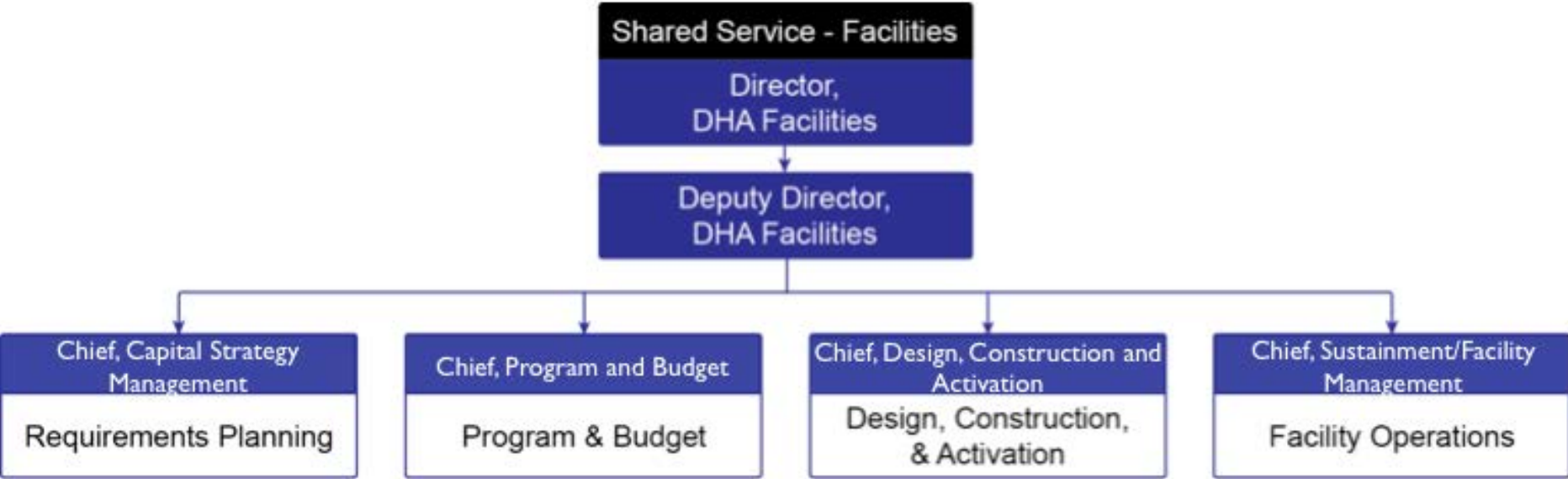
Facilities Shared Service is the collaborative team made up of the DHA Facilities Division (owner) and the three Service Surgeons General facilities staffs (users). In design and acquisition, the Agents are added.

Role of the ESA



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Organizational and Business Alignment







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Facilities ESA

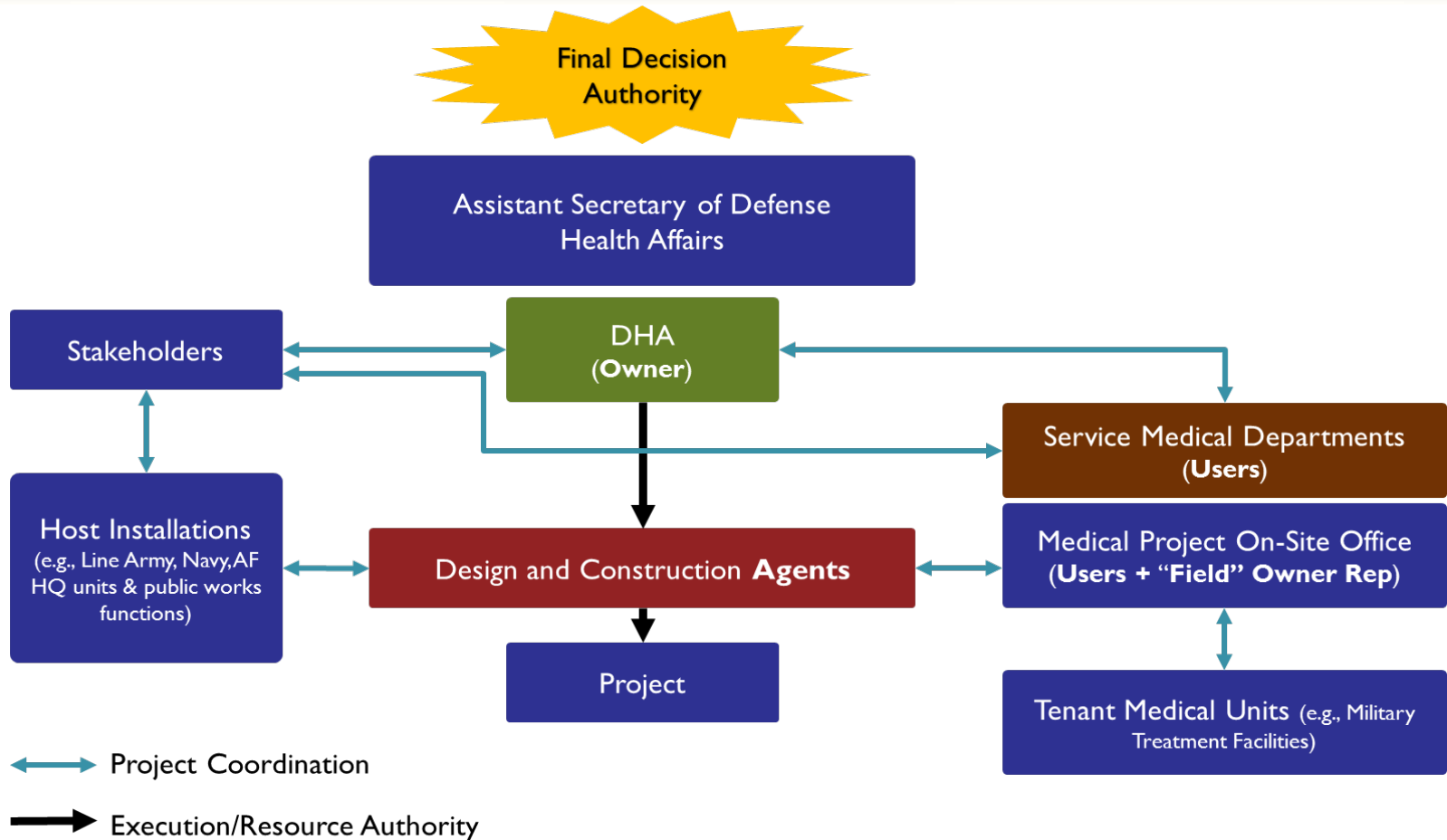
Functional Roles & Organizational Structure



	PL 1: Portfolio Management 	PL 2: Req. Planning 	PL 3: Design, Construction, and Activation 	PL 4: Facility Operations 
DHA	Maintain / analyze data	MILCON requirements planning	Design and construction on-site oversight for ROB & WRNMMC	Program management for sustainment, RM, DMLSS, and asset performance
	Shape demand signal	MILCON Prioritization Process (CIDM)	Program Management for MILCON	
	Identify gaps	RM Coordination	Provide scope/cost direction and funding to Agents	
	Coordinate contracts, research, training		IO&T coordination	
	Develop standards and standardized process; track metrics			
	MHS Facilities Budget / POM authority			
Services	Participate in developing standards and tracking metrics			
	Keep accurate inventory data	RM req. planning	Design and construction for RM	Operate facilities
		Provide facilities demand signal for capital investment	Owner/User role on design and construction	Identify/execute operations & maint. programs and projects
			Execute IO&T	

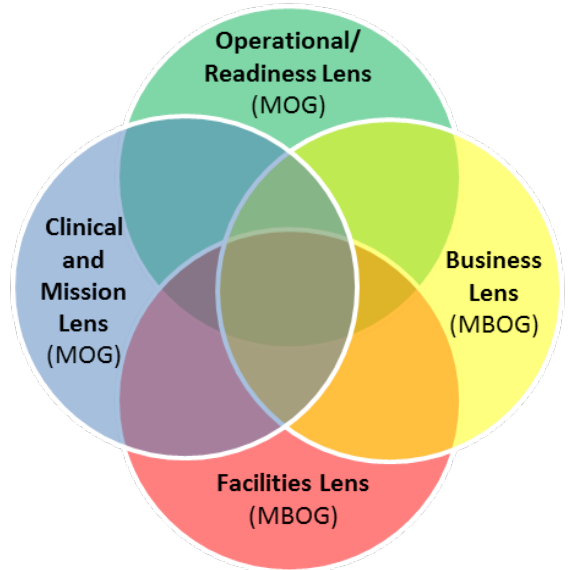
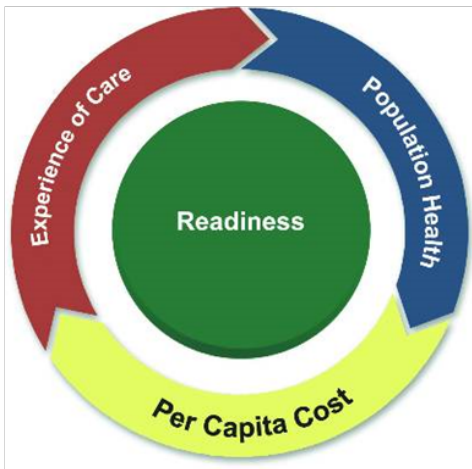
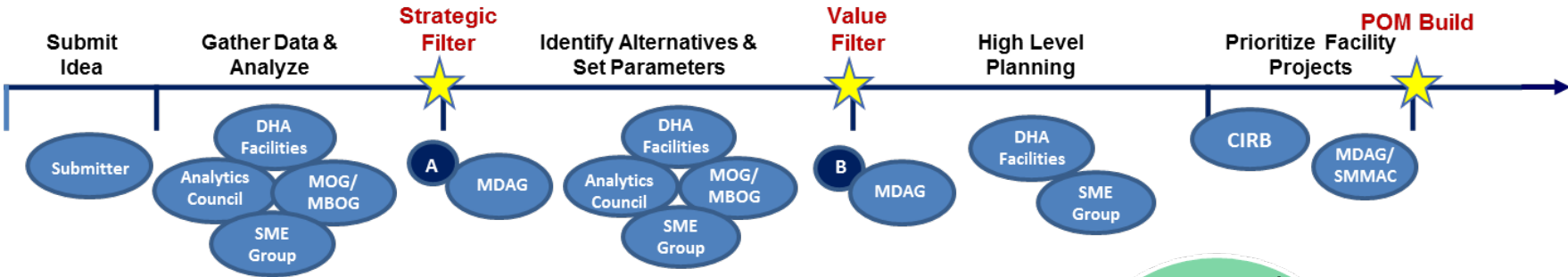
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Accountability



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Linking Planning to Mission and Goals



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Key Successes



- Standardized demand signal and prioritization process for MilCon requirements
- Standardized Sustainment, Restoration, and Modernization programming models
- Standardized IO&T programming model
- Facilities support to e-MSMs for future capital requirements
- BUILDER implementation (Enterprise Facility Condition Assessment)

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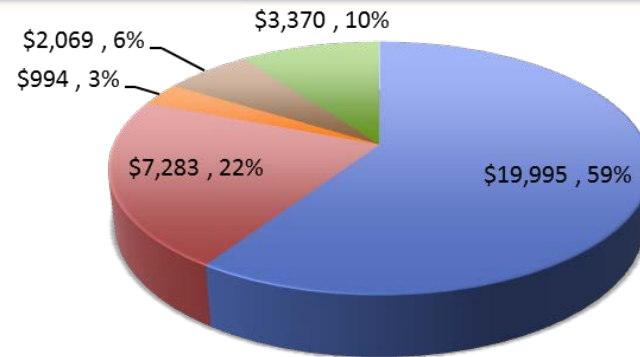
The MHS Facility Inventory



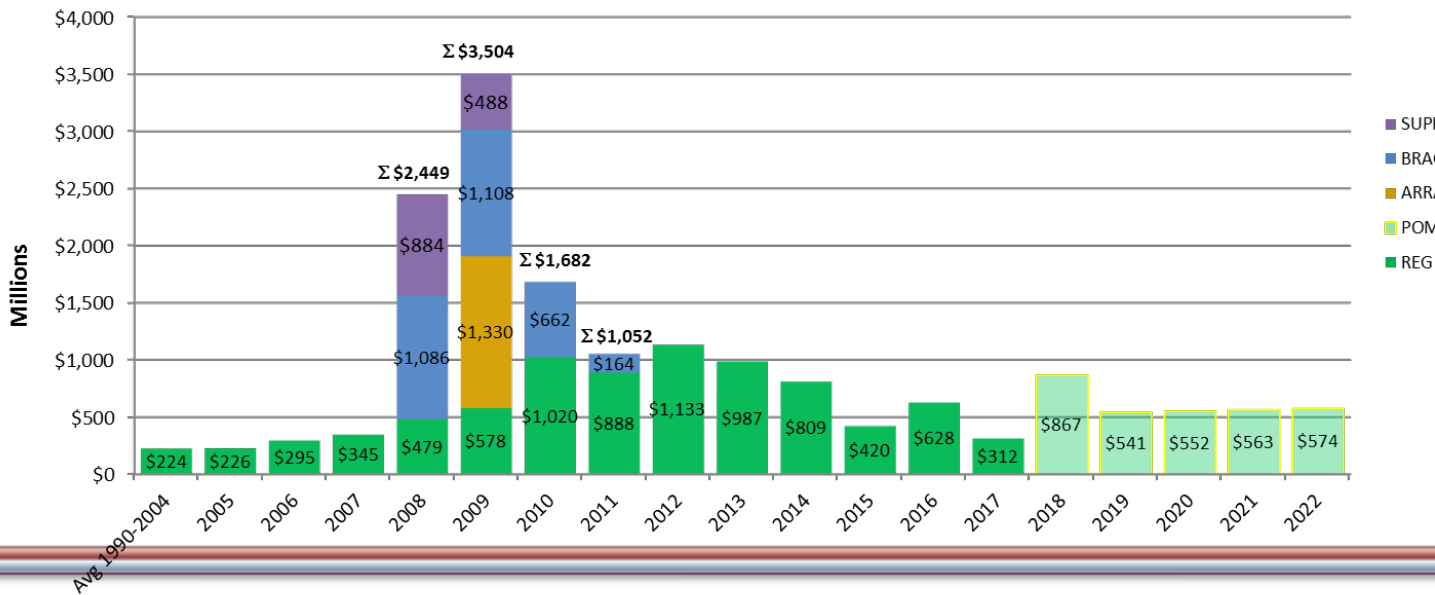
Share of Asset Type by Plant Replacement Value (\$M)

A large, diverse, and global portfolio

- Plant Replacement Value = \$37B
- 74M square feet
 - ✓ 51 Hospitals
 - ✓ 381 Medical Clinics
 - ✓ 248 Dental Clinics
 - ✓ 251 Vet Clinics



■ Hospitals ■ Health Clinics ■ Dental Clinics ■ Labs ■ Other



Over \$13 billion in major construction 2007-2016!

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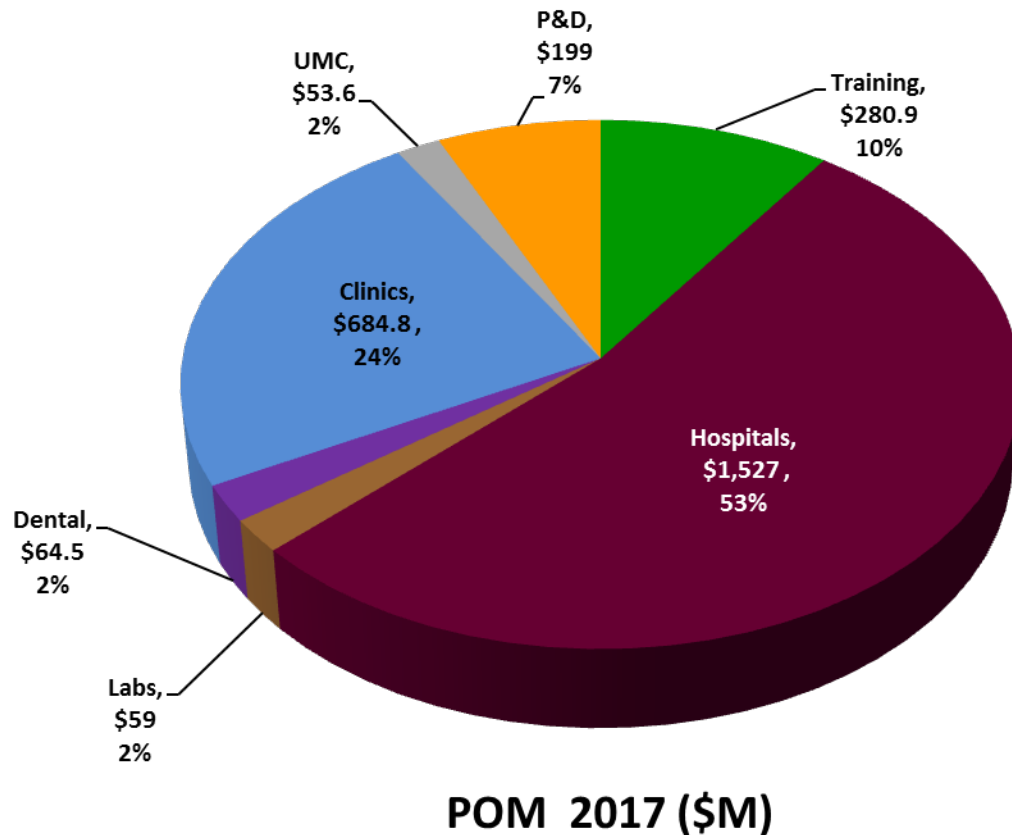
FY 2017 Defense-Wide PB, DHA



Service	State	Location	Project	Authorization (\$000)	Appropriation (\$000)
DHA	MD	WRNMMC Bethesda	MEDCEN Addition/Alteration, Inc 1 of 4	\$ 510,000	\$ 50,000
HA Total:				\$ 510,000	\$ 50,000
Army	GA	Ft. Gordon	Medical Clinic Replacement	25,000	\$ 25,000
Army	GY	Rhine Ordinance Barracks	Medical Center Rpl, Incr 6 of 7	-	\$ 58,063
Army Total:				\$ 25,000	\$ 83,063
Navy	ME	Portsmouth Naval Shipyard	Medical/Dental Clinic Replacement	27,100	\$ 27,100
Navy	NC	MCB Camp Lejeune	Dental Clinic Replacement	\$ 31,000	\$ 31,000
Navy Total:				\$ 58,100	\$ 58,100
Air Force	TX	Sheppard Air Force Base	Medical/Dental Clinic Replacement	\$91,910	\$ 91,910
Air Force	JA	Kadena, Air Base	Medical Materiel Warehouse	\$20,881	\$ 20,881
Air Force Total:				\$ 112,791	\$ 112,791
Major Construction Projects				\$ 705,891	\$ 303,954
Unspecified Minor Construction					\$ 8,500
Total Medical MILCON				\$ 705,891	\$ 312,454

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MilCon POM FY 2017-2021 Defense-Wide, DHA



Themes

- Program priorities based on MHS Demand Signal and Strategic Priorities
- Significant future investment in clinics (17 projects in POM)
- 6 Hospital replacements

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FY 2017 PB Defense-Wide, DHA Medical MilCon Projects

(Approps in \$000)



<i>PB 2017 FYDP</i>								
Service	State Cntry	Installation	Project Title	FY 2017	FY 2018	FY 2019 (\$000)	FY 2020	FY 2021
Total MilCon TOA, Projects, UMC, and P&D				312,454	867,363	540,982	551,734	562,768
All Major MILCON Projects				303,954	824,272	477,294	486,000	498,500
Unspecified Minor Construction				8,500	10,000	10,000	10,000	10,000
Design (P&D)				-	33,091	53,688	55,734	54,268
DHA	MD	Naval Support Activity Bethesda	WRNMMC Add/Alt, Incr 1 of 4	50,000	210,000	200,000	50,000	-
Army	zGY	Rhine Ordnance Barracks	Medical Center Replacement, Incr 6 of 7	58,063	394,872	-	-	-
Air Force	TX	Sheppard AFB	Medical/Dental Clinic Replacement	91,910	-	-	-	-
Army	GA	Fort Gordon	Medical Clinic Replacement	25,000	-	-	-	-
Navy	NC	MCB Camp Lejeune	Dental Clinic Replacement	31,000	-	-	-	-
Air Force	zJP	Kadena AB	Medical Material Warehouse	20,881	-	-	-	-
Navy	ME	NSY Portsmouth	Medical/Dental Clinic Replacement	27,100	-	-	-	-
Army	HI	Schofield Barracks	Medical Clinic Alteration & Parking Garage	-	134,000	-	-	-
Navy	WA	NAS Whidbey Island	Hospital Replacement (Oak Harbor)	-	-	197,000	-	-
Navy	CA	MCB Camp Pendleton	Med/Dent Replacement (Area 13)	-	28,500	-	-	-
Navy	NC	MCB Camp Lejeune	Medical Clinic Add/Alt (French Creek)	-	10,300	-	-	-
Navy	NC	MCB Camp Lejeune	Medical/Dental Clinic (Wallace Creek)	-	14,800	-	-	-
Navy	NC	MCB Camp Lejeune	Medical/Dental Clinic (Hadnot Point)	-	14,800	-	-	-
Army	TX	Fort Bliss	Blood Donor Center Replacement	-	10,300	-	-	-
Navy	SC	NAVHOSP Beaufort	Hospital Replacement	-	-	-	158,000	-
Air Force	zGY	Geilenkirchen AB	Medical Clinic Replacement	-	-	20,094	-	-
Navy	MD	NAS Patuxent River	Medical/Dental Clinic Replacement	-	-	52,000	-	-
Air Force	CO	Schriever AFB	Medical/Dental Clinic Addition/Alteration	-	6,700	-	-	-
Army	GA	Fort Gordon	Blood Donor Center	-	-	8,200	-	-
HA	MD	Naval Support Activity Bethesda	Education & Research Building & Alt (USUHS)	-	-	-	278,000	-
Army	MO	Fort Leonard Wood	Hospital Replacement	-	-	-	-	100,000
Army	AZ	Fort Huachuca	Medical Clinic Replacement	-	-	-	-	13,000
Navy	CA	Naval Base Point Loma	Naval Health Reasearch Center Replacement	-	-	-	-	49,000
Navy	CA	MCRD San Diego	Dental Clinic Replacement	-	-	-	-	33,000
Air Force	AZ	Davis-Monthan	Medical/Dental Clinic Replacement	-	-	-	-	65,000
Army	CO	Fort Carson	Medical Clinic, Butts Field	-	-	-	-	17,000
Army	MO	Fort Leonard Wood	Blood Donor Center Replacement	-	-	-	-	14,000
Army	WA	Joint Base Lewis-McChord	Hospital Add/Alt (Maternal & Infant)	-	-	-	-	100,000
Army	OK	Fort Sill	Behavioral Health Clinic Add/Alt	-	-	-	-	7,500
Army	WA	Joint Base Lewis-McChord	Behavioral Health Clinic Add/Alt	-	-	-	-	100,000
All projects				303,954	824,272	477,294	486,000	498,500

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Joint Explanatory Statement (S.2943) NDAA 2017 (Sec. 702)



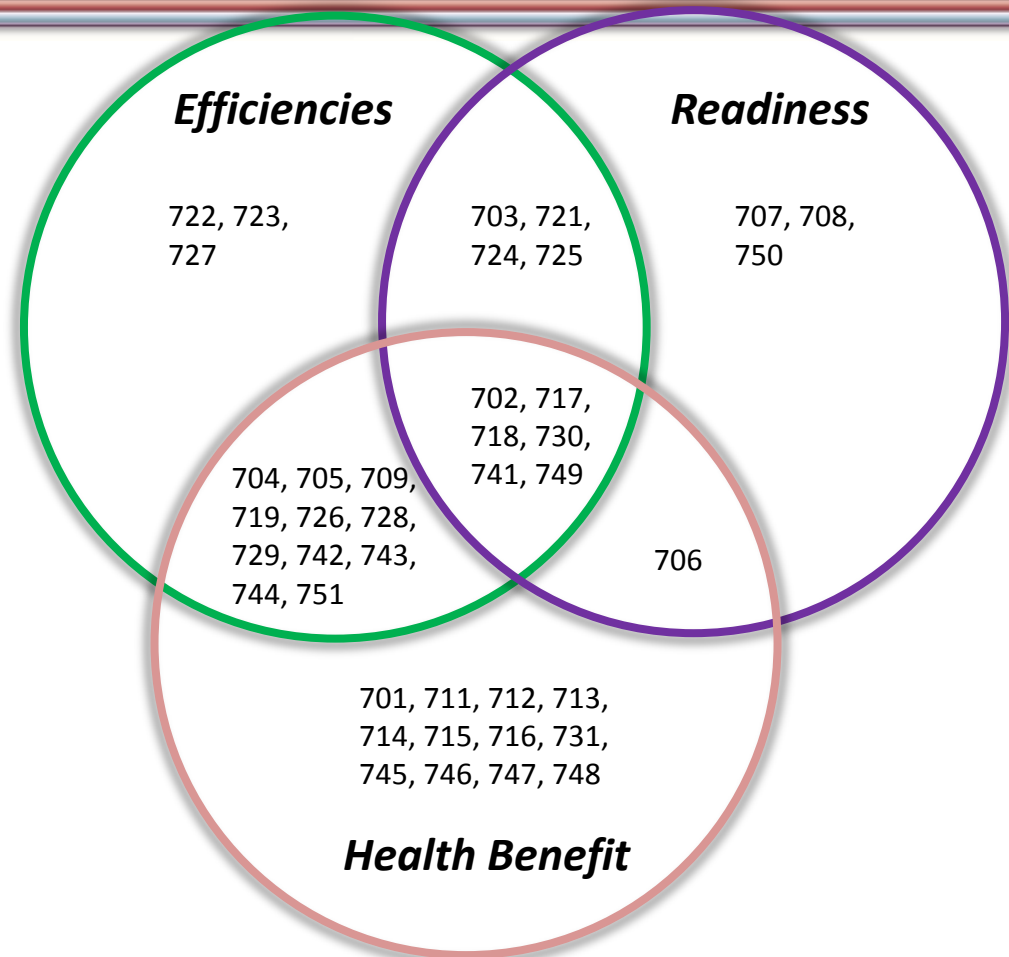
*“the conferees conclude that a **single agency responsible for the administration of all MTFs** would best improve and sustain operational medical force readiness and the medical readiness of the Armed Forces, improve beneficiaries’ access to care and the experience of care, improve health outcomes, and lower the total management cost of the military health system. The conferees believe that the **current organizational structure of the military health system – essentially three separate health systems each managed by one of the three Services – paralyzes rapid decision-making and stifles innovation in producing a modern health care delivery system that would better serve all beneficiaries.** A streamlined military health system management structure would eliminate redundancy and generate greater efficiency, yielding monetary savings to the Department while leading to true reform of the military health system and improving the experience of care for beneficiaries.”*

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NDAA 2017: Improves access to quality care for warfighters, retirees, and their families, while enhancing medical readiness



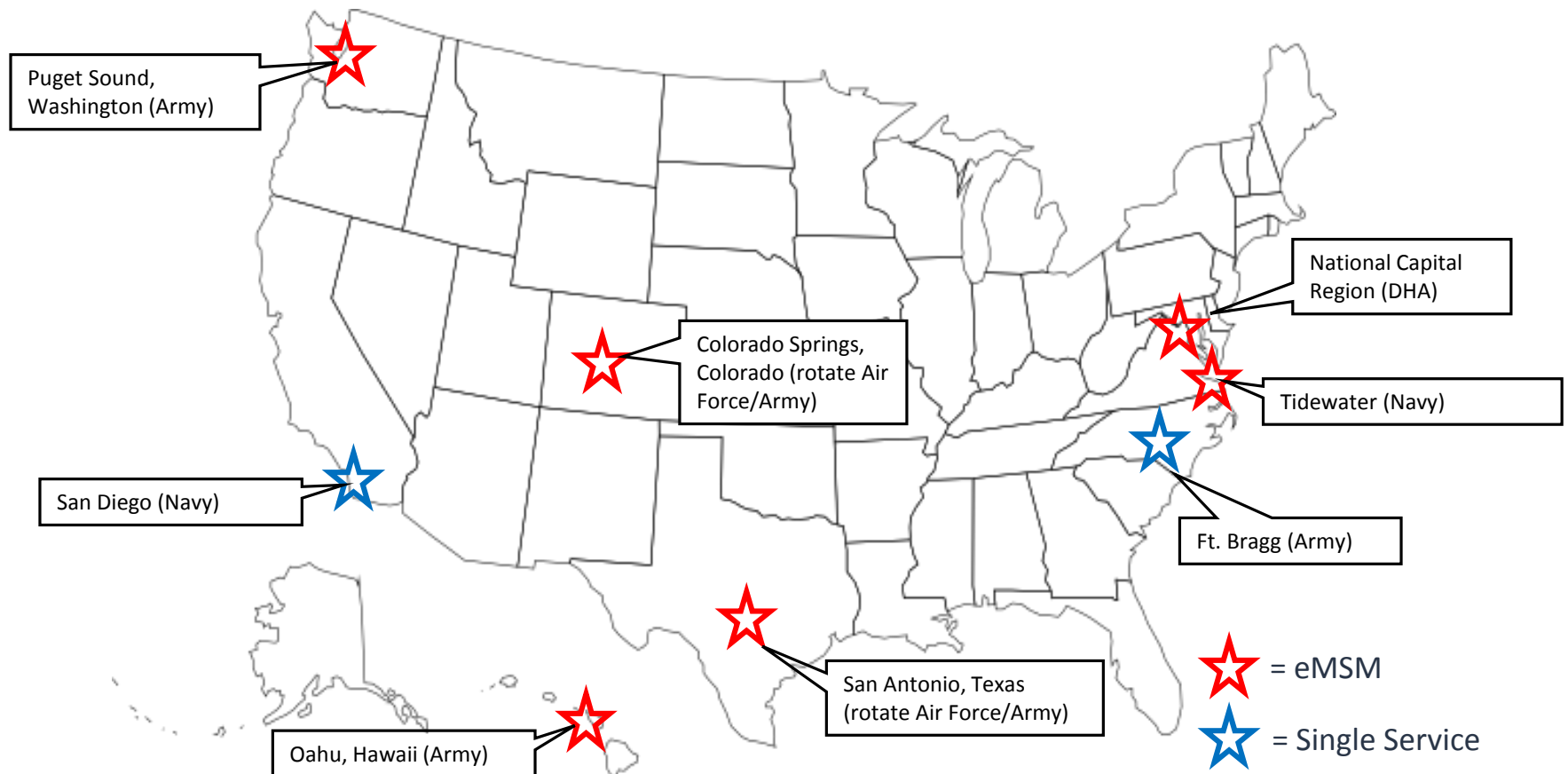
- Improving and Maintaining Operational Medical Force Readiness
- Creating Health Value
- Enhancing Access to High Quality Healthcare
- Improving Beneficiaries' Health Outcomes
- Demanding Performance Accountability
- Driving Efficiencies and Eliminating Waste
- Modernizing TRICARE Support Contracts



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Multi-Service Markets:

*2 or more Services, large beneficiary population,
45% direct care dollars, large GME & readiness platforms*



The Eight Largest Markets (and Service/Department Leads)

Multi-Service Markets

Concept of Operations



- **Principal readiness platforms** to train deployable medical force
- Critical test of our **ability to successfully function in joint manner** without command and control authorities
- **Laboratories** for testing/evaluation of new approaches to healthcare delivery
- **Primary targets for recapturing care** that has moved to civilian sector over last 15 years increasing clinical complexity in our MTFs

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Potential Legislative Impacts to the MHS Facility Portfolio



- Modernization Study Update
 - SecDef to submit an update of 2015 MHS Mod Study by Sep 2017
- Implementation Plan
 - SecDef to submit a plan to restructure or realign MTFs by Dec 2018
- NDAA 2017 may affect
 - Prioritization of medical MilCon program
 - Scope and capabilities of future MilCon projects
 - Existing MHS facility infrastructure

The MHS must be cognizant of Congressional intent when requesting future MilCon funding

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Great People Are Counting On Us



Coming Together is a Beginning, Keeping Together is Progress, Working Together is Success

Henry Ford

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