DEPARTMENT OF THE NAVY
OFFICE OF THE ASSISTANT SECRETARY
(INSTALLATIONS AND ENVIRONMENT)
1000 NAVY PENTAGON
WASHINGTON, D.C. 20350-1000

26 February 2004

MEMORANDUM FOR DIRECTOR, BASE REALIGNMENT AND CLOSURE

SUBJECT: DON comments on the Medical Joint Cross-Service Group Military Value Report

We have conducted a detailed review of the draft Medical Joint Cross-Service Group Military Value Report, and provide the following recommendations to make the written report a more complete product.

Major Concern:

1. Military Value is currently being measured in the report by the following subgroups – Education and Training, Market, RD&A, and Infrastructure. These subgroups do not easily lend themselves to analysis in the BRAC process. As a specific example, Infrastructure is an input, not a product or a function, and might be more appropriately rolled into each of the other sub-group functions. For example, once combined with Infrastructure, Medical/Dental Market Requirements may be more appropriately entitled Medical/Dental Services. We understand the MJCSG is aware of this issue and is working on a solution. Related to this issue are the following:

- Medical and Dental Market Requirements should be evaluated in a consistent manner. Currently 100% of the weight for the Dental Market is placed within the mission criteria. In comparison, the Medical and Veterinary Market sections place 35% and 30% of the Military Value weights on the cost criteria, respectively. While dental care is provided specifically for the active duty population and is an element of readiness, it is not clear that civilian care is not a viable option for some in-garrison dental care, particularly because "civilian capacity" is one of the two dental market attributes described. Thus, it is not clear why the cost criteria is not weighted in the Dental Market.

- While the Military Value Report details the military value of the Veterinary Market, the only question (DoD #540) in the Capacity Data Call is a yes/no question about whether or not an activity provides veterinary support. From a modeling standpoint, this will make it difficult to define what veterinary services can be closed or realigned based on military value if no measures of capacity and requirements are available. If the Military Value of the Veterinary Market is to be defined, additional capacity/requirements concerning veterinary support appear appropriate.

Specific Recommendations:

1. In Appendix A, the Metric – Student Enrichment to MHS is associated with questions asking "Would the level of services offered at your treatment facility decrease if graduate education programs were eliminated from your facility?" It is reasonable to assume all activities will answer

yes to the question, which will not provide a significant level of differentiation in the model. Additionally, these questions could be criticized as subjective, particularly because the weight of the question is greater than the other questions in this metric. Rather than a yes/no answer, a scaled question allowing the responses to be calculated in a linear manner should be utilized to allow a measure of differentiation between the respondents.

2. In Appendix B, the Eligible Population metric questions should total to 100.

3. In Appendix D, the Infrastructure sub-group did not list the specific capacity data element to be used. While the report indicates that the information is contained in the Capacity Data Call, for purposes of documenting the scoring plan for military value, the specific question should be identified.

- Attribute – physical capacity and condition
  - Metric – equipment (Pages D-5, D-13, and D-21)
    - Probable Capacity Data Element – equipment condition?
- Attribute – throughput
  - Metric – exam rooms (Page D-10)
    - Probable Capacity Data Element – number of exams per provider?
- Attribute – operational/mission responsiveness
  - Metric – contingency beds (Page D-17)
    - Probable Capacity Data Element – number of contingency beds?

4. In Appendix D, Page D-24, the table appears to be labeled incorrectly. It should read *Formulas for Calculation of Medical/Dental Infrastructure Military Value Metrics*. Additionally, the Medical/Dental Infrastructure sub-group is the only sub-group that outlines the scoring of each activity based on the answers to the questions. For example, an installation with a FCI between 0-0.050 will be assigned a score of 1.0. It is unclear how the other sub-groups will assign scores. While it can be inferred that the answers to the questions and the actual points for that question will be calculated in a linear manner, it needs to be clear in the report to minimize confusion.

5. The report should be revised to make more clear that the sensitivity analysis performed in each subgroup was based on notional information derived from professional experience, in lieu of a combination of "in-house data sources" and "general knowledge regarding each activity." We understand the process used was a method to validate question/attribute scoring to ensure appropriate weighting and sufficient differentiation, rather than actual data analysis.

My office stands ready to further clarify these issues and assist in the implementation of the recommendations as necessary.

Anne R Davis

Anne Rathmell Davis
Deputy Assistant Secretary of the Navy
Infrastructure Strategy and Analysis