

MINUTES OF THE MARCH 18, 2004 MEETING OF THE MEDICAL JOINT CROSS SERVICE GROUP (MJCSG)

LOCATION: Pentagon, 2C554, #3, 1500 -1630

Attending: LG Taylor – Chair, ADM Cowan – Navy Surgeon General, MG Porr - J-4 Medical; RADM Hufstader - USMC Surgeon General; Mr. Ford - ASD (HA)/CP&P; Mr. O'Connell - DoDIG, Mr. Yaglom - USA SG; CAPT Shimkas- BUMED, Col Hamilton – Secretary

Decisions:

- Principles determined final percentages between the three functions as: Healthcare Services = 60%; Education/Training = 20%; Research, Development & Acquisition = 20%.
- Next Principle meeting with be “on call.”

Action Items:

- None

Meeting Overview:

- The Secretary reviewed with the group the personnel the AF, Army and Navy has offered to assist with data analysis. Navy SG asked what the time commitments of the personnel that were given for this project. The Secretary stated that the analysts will start part-time until August then full-time from August to October.
- Army representative remarked that members of the 0-6 lead group visited the Rosslyn site and were pleased with the accommodations.
- The Secretary mentioned that delays are expected with return of Data 1. Delays have occurred due to considerable inconsistency in the data.
- The Secretary and Navy representatives discussed the results of the Monday meeting where MJCSG Composite Military Value Briefing was presented. Healthcare Services combined with infrastructure and applied weights. The 0-6 lead group presented three options for the principles to consider.
 - HCS = 33%; E&T = 33%; RDA = 33%
 - HCS = 75%; E&T = 10%; RDA = 15%
 - HCS = 55%; E&T = 15%; RDA = 30% **The 0-6 lead group recommended this option.
- Army SG representative stated the Army SG wanted Education to rank higher due to Title 10 responsibilities to Man, Equip & Train. USMC SG remarked those who were trained & on the battlefield are of higher value than those who were not yet trained. Army J-4 agreed with USMC SG. Navy SG felt RDA and E&T are of equal importance. He felt 50-25-25 was workable. The ASD(HA)/CP&P representative stated HCS needs to be number one and the others relatively even. MJCSG discussed outsourcing possibilities. The Chair proposed to the group that they consider HCS as three times as important as the other two therefore he proposed 60-20-20. The group agree to HCS = 60%; E&T = 20%; RDA = 20%.
- The Secretary asked for the group to comment on the MV Report Intro that he had sent out for review. Navy stated the report was about where it needed to be. Army offered a few changes, the group agreed to the USA changes. Navy SG asked the group to consider changing the name battleplan to something else. The Secretary will work this issue.

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- The Chair commented that once the Military Value report goes in we will move to the scenario phase. He asked the group if they had any questions or concerns. USMC SG raised an issue with the RVU/RWP data reliability. He was concerned about consistency. The Chair stated that is the best data we have at this time and that we will need to run a sensitivity analysis on the data to examine variability. He recommended the group do a RVU to visit ratio and suggested this may help in validation of the data. All members need to be aware of sensitivity of the data.
- AF rep discussed access issues to the Rosslyn site. If anyone needs assistance, please see him.
- The SAF/IEBJ rep remarked that there were no manpower questions asked. The Secretary stated, E& T captures most of these issues.
- Navy rep remarked that the group needs the service equities and imperatives because they will be helpful for the scenario phase. He asked the principles to define those imperatives for the group.
- Chair stated the next meeting would be on call. The Chair will attend the 2 April Chairs' meeting. The Chair thanked the members of the MJCSG and their personnel for all their hard work on this important BRAC process.
- NEXT MEETING: TBD



GEORGE P. TAYLOR, JR.
Lieutenant General, USAF, MC, CFS
Chair

Attachments:

1. Additional Attendees
2. Agenda
3. MJCSG Composite MV

MEETING OF MEDICAL JOINT CROSS SERVICE GROUP

ATTENDANCE LIST

RANK	NAME	ORGANIZATION	MBRS PRESENT
LtGen	Taylor	Chair	X
VADM	Cowan	Navy SG	X
Mr.	Ford	ASD(HA)/CP&P	X
MG	Porr	J-4 Medical	X
RADM	Hufstader	USMC SG	X
Dr.	Christensen, Eric	CNA	X
Contractor	Curry, Don	USA OTSG	X
COL	Davis	J4-MRD	X
Maj	Fristoe, Karrie	HA/TMA	X
Mr.	Gidwani, Pradeep G.	HA/TMA	X
Maj	Guerrero, Michele	AF/SG	X
Col	Hamilton	Secretary	X
Lt Col	Jones, Lei	USAF/SG	X
CDR	Morrison	USN	X
Mr.	O'Connell	DoD/IG	X
Dr.	Opsut, Bob	OSD/HA	X
MG	Porr	J4-MRD	X
Col	Sager, Marc	AFMSA/SGS	X
CAPT	Shimkus, A.	BUMED	X
Lt Col	Stultz-Lalk, Maggie	USAF/SG	X
Mr.	Yaglom, Maurice	USA SG	X
Ms.	Zamora, Roxanna	SAF/IEBJ	X

DCN: 11365

Medical Joint Cross Service Group Meeting

03/18/2004
3:00 PM to 5:00 PM
2C554, Pentagon

Meeting called by: Chair Type of meeting: Routine
Note taker: Lt Col Stultz-Lalk

Please read:

Agenda

Chair Comments	Chair	5
Discussion		
- MICSG Composite Mil Value Briefing	Col Hamilton	30
- Infrastructure Resolution	CDR Hight	20
- Comments on Report Intro	All	10
Questions/Concerns	All	25
Closing Remarks	Chair	5

Additional Information

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Medical JCSG Composite Military Value

15 Mar 04

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Overview

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- Review of Integration of Health Care Services (formally Med/Dental Market) and E&T w/ Infrastructure
- Recommendations for Composite Military Value Score

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Health Care Services

(combined w/Infrastructure)

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Criteria		Attributes		Metrics		
Name	Weight	Name	Weight	Name	Weight	Points
C1: Mission	45	A1: Demand	60%	M1: Eligible Population	70%	18.90
				M2: Enrolled Population	30%	8.10
		A2: Civilian Capacity	40%	M3: Civilian/VA Beds	50%	9.00
				M4: Civilian/VA Providers	50%	9.00
C2: Facilities	25	A3: Physical capacity and facility condition	100%	M5: Facilities	75%	18.75
				M6: Equipment	25%	6.25
C3: Contingency	10	A4: Operations/mission responsiveness	100%	M7: Blood	40%	4.00
				M8: Class VIIIA - War	20%	2.00
				M9: Contingency beds	40%	4.00
C4: Cost	20	A5: Cost/Efficiency	40%	M10: Inpatient Costs	35%	2.80
				M11: Outpatient Costs	50%	4.00
				M12: Dental Costs	15%	1.20
		A6: Throughput	60%	M13: Inpatient Care	30%	3.60
				M14: Outpatient Care	40%	4.80
				M15: Dental Care	10%	1.20
				M16: Pharmacy	10%	1.20
		M17: Ancillary	10%	1.20		

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Health Care Services

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Metrics		Questions		
Name	Weight	Name	Weight	Points
M1: Eligible Population	70%	Active Duty Eligibles	85.7%	16.20
		AD Family Members Eligibles	7.1%	1.35
		Other Eligibles	7.1%	1.35
M2: Enrolled Population	30%	AD Family Members Enrolled	66.7%	5.40
		Other non-AD Enrolled	33.3%	2.70
M3 Civilian/VA Beds	50%	# of Civilian/VA Hospitals	20%	1.80
		# of Civilian/VA Beds per population	80%	7.20
M4: Civilian/VA Providers	50%	# Primary Care providers per population	60%	5.40
		# Specialty Care providers per population	25%	2.25
		# Dentists per population	15%	1.35
M5: Facilities	75%	FCI	50%	9.38
		Weighted Age	50%	9.38
M6: Equipment	25%	Equipment average age	100%	6.25
M7: Blood	40%	Population	50%	2.00
		On-Site FDA testing	50%	2.00
M8: Class VIIIA	20%	Proximity of Storage to Staging Area	100%	2.00
M9: Contingency beds	40%	Contingency beds	100%	4.00
M10: Inpatient Costs	35%	Cost per RWP	100%	2.80
M11: Outpatient Costs	50%	Cost per RVU	100%	4.00
M12: Dental Costs	15%	Cost per DWV	100%	1.20
M13: Inpatient Care	30%	Total RWP	100%	3.60
M14: Outpatient Care	40%	Total RVU	100%	4.80
M15: Dental Care	10%	Total DWV	100%	1.20
M16: Pharmacy	10%	Total Scripts	100%	1.20
M17: Ancillary	10%	Total weighted Rad Procedures	77%	0.92
		Total weighted Lab Procedures	23%	0.28

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Education & Training

(combined w/Infrastructure)

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Criteria		Attributes		Metrics		
Name	Weight	Name	Weight	Name	Weight	Points
C1: Mission	45	A1: Operational Readiness	45%	M1: Throughput/sucessful completion	100%	20.25
		A3: Military Unique Training	20%	M5: Prog w/o Civ Counterpart	70%	6.30
				M6: Military Trg Time Efficient	30%	2.70
		A4: Joint/Integrated Training	35%	M7: Divilian Joint Ventures	50%	7.88
				M8: Integrated/Insterservice Trg	50%	7.88
C2: Facilities	20	A2: Physical capacity and facility condition	100%	M2: Facilities	75%	15.00
				M3: Information technology	25%	5.00
C3: Contingency	25	A3: Military Unique Training	100%	M5: Prog w/o Civ Counterpart	70%	17.50
				M6: Military Trg Time Efficient	30%	7.50
C4: Cost	10	A2: Physical Capacity and facility condition	70%	M4: Ability to Trainin Onsite	100%	7.00
		A3: Military Unique Training	30%	M6: Military Trg Time Efficient	100%	3.00

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Education & Training

(combined w/Infrastructure)

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Metrics		Questions		
Name	Weight	Name	Weight	Points
M1: Throughput as a % of total	100%	Throughput Completed/Starts - Graduate	50%	10.13
		Throughput Completed/Starts - Initial	50%	10.13
M5: Prog w/o Civ Counterpart	70%	% of Prog w/o civilian counterpart - CE	50%	3.15
		% of Prog w/o civilian counterpart - Initial	50%	3.15
M6: Military Trg Time Efficient	30%	% of Equivalent Prgms in shorter time than civilian - initial	100%	2.70
M7: Divilian Joint Ventures	50%	% Prgms joint sponsored w/civilian institutions - Graduate	50%	3.94
		% Prgms joint sponsored w/civilian institutions - Initial	50%	3.94
M8: Integrated/Insterservice Trg	50%	% Prgms integrated/interservice - Graduate	50%	3.94
		% Prgms integrated/interservice - Initial	50%	3.94
M2: Facilities	75%	Q15: FCI	50%	7.50
		Q16: Weighted Age	50%	7.50
M3: Information technology	25%	Q20: Cable plant	100%	5.00
M5: Prog w/o Civ Counterpart	70%	% of Prog w/o civilian counterpart - CE	50%	8.75
		% of Prog w/o civilian counterpart - Initial	50%	8.75
M6: Military Trg Time Efficient	30%	% of Equivalent Prgms in shorter time than civilian - initial	100%	7.50
M4: Ability to Trainin Onsite	100%	% Complete training in area - Graduate	40%	2.80
		% Complete training in area - Initial	60%	4.20
M6: Military Trg Time Efficient	100%	% of Equivalent Prgms in shorter time than civilian - initial	100%	3.00

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Composite Medical Mil Value Score

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■ Considerations

- Exercised Specific Effort to focus on Infrastructure vs Function
- Focus on Closure portion of Process vs Optimization
- Weighting of Functions Accentuates Value of Metrics – caused a relook at Metrics

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Options

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- *Goal: Provide recommended methodology/formula for composite Medical Military Value score*
 - Option 1: 33/33/33
 - ❑ Health Care Services (previously Med/Dental Market) – 33%
 - ❑ Education and Training – 33%
 - ❑ Research, Development and Acquisition – 33%
 - Option 2: 75/10/15
 - ❑ Health Care Services (previously Med/Dental Market) – 75%
 - ❑ Education and Training – 10%
 - ❑ Research, Development and Acquisition – 15%
 - **Option 3: 55/15/30 – Recommendation**
 - ❑ Health Care Services (previously Med/Dental Market) – 55%
 - ❑ Education and Training – 15%
 - ❑ Research, Development and Acquisition – 30%

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Options

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- Option 1: 33/33/33 – Baseline Approach
 - All Functions Equal
 - Differentiation will Occur in Scenarios

- Option 2: 75/10/15
 - Alternative Extreme to Baseline
 - Heavy Focus on Health Care Services
 - Potential Importance of RD &A to Military Community Lost

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Option 3: 55/15/35

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■ Health Care Services – 55%

- Primary Mission

- Peacetime
- Contingency

← Primary Driver of Facility Differentiation

■ Education and Training – 15%

- Secondary Mission
- Enabled by building upon an existing Health Care Services Foundation

■ Research, Development and Acquisition – 35%

- Can also be a primary mission
- Weighting is a Balance between ensuring differentiation and maintaining RD & A as vital to overall military mission
- Identifies RD &A Niche

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