

DCN: 11374

MINUTES OF THE NOVEMBER 5, 2004 OF THE MJCSG PRINCIPALS

LOCATION: Pentagon Room, 2C554, 1430 -1630

Attending: Lt Gen Taylor - Chairperson; VADM Arthur - Navy SG; MGen Webb – Army Deputy SG; Mr. Chan - ASD(HA)/CP&P; CAPT Cullison – USMC SG; Col Hamilton - Secretary; Mr. Yaglom – USA/SG; CAPT Shimkus - BUMED; Mr. Curry – USA/OTSG; CAPT Hight – USN; Dr. Opsut - OSD/HA; Mr. O’Connell - IG/DoD; Col Jacob – USAF/SG; Lt Col Jones – USAF/SG; Maj Guerrero – AF/SG; Ms. Shifflett – SAF/IEBJ; Mr. Porth – OSD/BRAC; Ms. Sanftleben – TMA; Dr. Glenn – SMA; Maj Cook – HA Analyst; Maj Fristoe – HA/TMA; Maj Harper – USAF/SGSF; Mr. Christensen – CNA; CDR Turner – BUMED; COL Powers – OTSG Army; Maj Coltman - USAF/SG Recorder. Guests: Dr. Winkenwerder – Assist Secretary of Defense/HA; Mr. Steve Jones – Dep Assist Secretary of Defense/HA.

Action Items:

- Following items for deliberation were deferred pending follow up by 0-6 Leads:
 - Pre-brief/clarify SG concerns on GME Matrix/Results, E&T to re-brief next Principals meeting for decision
 - Hospital Definitions for Capacity report (HCA) deferred until next Principals meeting
- 0-6 Leads to Develop/Present Recommendation for Medical Center Joint Command/Base Center for excess resources (i.e. manpower, equipment) once COBRA applied to scenarios

Decision Items:

- Optimization Model: Demand/Capacity Constraint For Others (non-AD/ADFM) Recommendation: “Local constraints set with a 10% increase for “other” workload with excursions” (HCS) - **(MJCSG Approved with 5/0 vote)**
- Hawaii Scenario for Criteria 5-8 Analysis (HCS) - **(MJCSG Approved with 5/0 vote)**
- Enlisted and Aerospace Medical Training Scenarios for Criteria 5-8 Analysis (E&T) – **(MJCSG Approved with 5/0 vote)**
- USUHS Scenario Proposal for Scenario Registration/Criteria 5-8 Analysis (E&T) – **(MJCSG Approved with 5/0 vote)**
- AFIP Scenario Proposal for Scenario Registration/Criteria 5-8 Analysis (E&T) - **(MCJSG Approved with 5/0 vote)**
- Medical-Dental RDA Center for Excellence Scenarios Proposal for Criteria 5-8 Analysis (RDA) - **(MCJSG Approved with 5/0 vote)**
- The following items for deliberation were **deferred with a MJCSG vote of 5/0:**
 - Decision on GME Matrix/Results
 - Hospital Definitions for Capacity report

Meeting Overview:

- Voting Members: 5 Present, 1 Absent
- Chair opened the meeting by introducing/welcoming Dr. Winkenwerder and Mr. Jones as guests sitting to learn group’s strategy and progress (Note: Non-disclosure Agreements obtained). Chair reviewed meeting with IEC on BRAC progress; encouraged with strategy, direction, data feeds, and identified no due backs at this time. Today’s ISG meeting focused

on closing out sections (Finalize Capacity/MILVAL report). Provided guidance on COBRA questions, as scenarios are developed to go back to the facilities/Services. Chair stressed critical timeline with the end of Dec 04 final recommendations due. Groups need to be very aware and sensitive to Services' scenarios and input, bring back issues on conflicts.

- **Optimization Model Capacity/MILVAL Analysis:** CNA rep briefed “Capacity as a Function of Remaining Activity MILVAL” (see slide) results from running the model on the available data. Model calculates capacity as it moves through the system based on excess capacity, MIL VAL, and built-in constraint system. Discussion focused on the need to examine break points and application to GME scenarios and requirements. Primary and Specialty Care had no break points, indicating that small reductions in capacity caused disproportionately large reductions in military value. Inpatient services showed more opportunities for reductions. This appeared to include the closure of large inpatient facilities, which could affect GME. The Chair charged the E&T Subgroup to ensure that adequate GME remains in the system as inpatient services are closed. **(Action Item; Follow up by E&T)**
- **Optimization Model: Demand/Capacity Constraint for Others (non-AD/ADFMs):** HSC briefed issue and corrective recommendation. The current model consolidates excess capacity and workload in large multiservice markets, resulting in many facilities being proposed for closure. The model assumes the ability to fully recapture additional local beneficiaries to meet production targets for the system. Past experience indicated that this is not reasonable for a variety of reasons and that a level of 10% recapture is more appropriate. Three options were reviewed and discussed; final recommendation, based on SME input, would allow model to keep more sites open by limiting additional enrollment. **Recommendation for local constraints set with a 10% increase for “other” workload with some excursions above that. (MJCSG Approved with 5/0 vote)**
- **Hawaii Scenario Proposal** presented by HSC rep for Criteria 5-8 (COBRA) analysis approval and for developing questions for resulting data calls. HSC rep reviewed scenario proposal and pointed out that some of the data for Hickam is uncertified but will ask specific data questions as part of the COBRA data call. Hickam would retain Flight Medicine but Primary Care would be realigned with Pearl Harbor Clinic and Specialty Care with Tripler Army Medical Center, which would be the best cost advantage. Pearl Harbor has the excess capacity but has a low MILVAL due to facility age/condition and may need to identify a need for a MILCON project recommendation as part of COBRA analysis. By reducing the cost of using the Hickam facilities/system, this could be considered for Pearl Harbor clinic renovations. Also we may have to convert some of Pearl Harbor’s SC to PC capacity. Additional data questions would need to address cost of maintaining Flight Medicine and possibly medical command at Hickam. Optimization model will act as filter to provide reasonable subsets for consideration.

 - Issue of what to do with excess resources (manpower, equipment, etc.) discussed and members agreed the need to develop arbitrary holding area, such as a Medical Center Joint Command/Base Center, for later redistribution once the model run on a larger scale. Requested 0-6 leads to make recommendation. **(Action Item; 0-6 Leads Follow up)**
- Secretary stressed ISG wants scenario data calls to be out next week. Chair asked for clarification on ISG guidance for data requests related to Criteria 5-8. OSD/BRAC rep stated once questions are developed/approved, there is a 48-hour turn-around time from the base and then additional 2-weeks to certify data. Secretary stated Service recommendations are due Jan

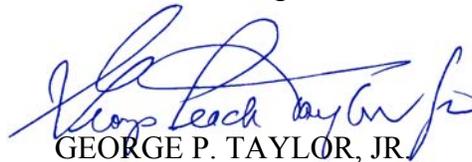
05, and the need to anticipate major deconflitions and plan to load up GME model. Per the discussion at the ISG, Scenario Data calls would be approved by the MJCSG Secretary without deliberation by the MJCSG. (Info)

- **GME Matrix/Results Deliberation** (E&T); Service SGs non-concurred initially on which GME programs should remain military. Secretary requested 0-6s pre-brief and provide read aheads for next Principals meeting for deliberative decision. (MJCSG deferred deliberation)
- **Definitions of Hospital for Capacity report** (HCA): Review and approval of revised definitions deferred until next Principals meeting. (MJCSG deferred Deliberation)
- E&T rep briefed two additional scenario ideas/proposals as background information to determine whether to proceed with scenario development and COBRA analysis as requested previously by MJCSG.
 - **Armed Forces Institute of Pathology (AFIP) Scenario Idea/Proposal** was presented with focused discussion on identified possible obstacles: nationally unique, tri-service activity with functions located at various sites and provides services to more than just DoD. A recent TMA Health Budget and Financial Planning study recommended that AFIP remain open but found that services were being provided at greatly discounted rates with DoD effectively subsidizing the customer base. Cost accounting review was done and since then prices have been set more at current market value. Relocation would necessitate parsing the different functions into different locations that could provide for enhanced synergies and efficiencies. For example, the medical examiner's offices could be relocated to the DoD mortuary at Dover AFB. E&T rep stated that there is some certified data and with approval could use historical data previously obtained during other studies. Chair requested further work to determine options for AFIP: whether to keep open, maintain, and/or move. Also to separate out civilian from DoD functions and consider plan for phasing out civilian over tasks. (MJCSG Approved with 5/0 vote to Register Scenario and Perform Criteria 5-8 Analysis)
 - **Uniform Services University of Health Sciences (USHUS) Scenario**. Idea/Proposal was discussed at length. USUHS has 10 programs accredited in North Central Region. Current site in close proximity to NIH and large military and civilian medical centers. No clear place to move. If moved out of the region, programs would be unaccredited for 2-3 years, requiring 4+ years to transfer. Cost of re-accreditation vs cost of square footage in NCR discussed. MILCON funding maybe available through BRAC process. Recommendation was presented that the MJCSG consider complete closure of the USHUS facility instead of relocation. The Navy member described a recent CNA study that highlighted the costs of \$750K per student at USUHUS verses \$250K per student costs through DoD civilian scholarship programs. This cost differential could indicate a significant savings from a closure of USHUS. The MJCSG noted that previous recommendations to close USUHS have not been adopted. USA/OTSG rep stressed that moving forward gives it visibility to the Departments/Services outside MJCSG and credibility to BRAC commission. (MJCSG voted 5/0 to Approve Registering USHUS Closure Scenario and Perform Criteria 5-8 Analysis)
- Assistant Secretary of Defense/HA member suggested a general approach to GME programs. Each Service should identify programs they find valuable to the mission, identify which should remain military or could be civilianized, and what could be absorbed/expanded based on requirements for a strong long-term military health system. Also discussed Tri-Service

- programs especially since the core sciences remain the same. Chair concurred ~~with the~~ ^{DCNW 11374} group is doing. **(Info)**
- E&T rep briefed three training scenarios for approval to proceed with data gathering for COBRA analysis; plan is to request/collect data on all three locations to verify data. BRAC rep instructed to have the data to verify COBRA analysis. Also instructed to include impact on support function as part of downsizing. Check on numbers/cost and change in resources (people/equipment).
 - **Consolidate Basic Medical Enlisted Training** at Sheppard AFB or Brooke AMC and close Hospital Corps School at Great Lakes; realign all Services to one training location. Fort Sam Houston appears to be the strongest candidate because of excess capacity and availability of field and clinical sites. **(MJCSG Approved with 5/0 vote to continue analysis)**
 - **Consolidate Aerospace Flight Medicine Training** at either Pensacola NAS or Wright-Patterson AFB and close the other site. Co-locate/align with Aerospace Medicine Research. Pensacola NAS appears to be the strongest candidate with higher MILVAL and excess capacity to support. **(MJCSG Approved with 5/0 vote to continue analysis)**
 - **Consolidate Enlisted Medical Specialty Training**. All sites identified have the excess capacity and clinical support required.
 - Pharmacy Technician Program at NSHS Portsmouth.
 - Consolidate Radiographer Technician Program and Nuclear Medicine Program at Sheppard AFB.
 - Consolidate Diet Therapy and Hospital Food Service Technician Training at Fort Sam Houston. **(MJCSG Approved with 5/0 vote to continue analysis)**
 - RDA rep briefed/answered questions on their revised proposed scenarios.
 - **“RDA Centers of Excellence”** decreased from nine to five; three were withdrawn because they were too complicated and costly (Occupational Health/Medical Informatics, Environmental Medicine /Physiology, Medical Chemical, Biological, Radiological/Toxicological Defense) and one added to capture management and administrative aspect. **(MJCSG Approved with 5/0 vote)**
 - **Infectious Disease** RDA proposed gaining site at Silver Spring, MD with satellite campus at Fort Detrick for BL-4 lab. Army rep identified lab as the flagship of medical RDA with established specialized equipment/resources which would be very costly to relocate and re-establish. **(MJCSG Approved with 5/0 vote to continue analysis)**
 - **Battlefield Health & Trauma RDA** to be consolidated to Ft. Sam Houston. **(MJCSG Approved with 5/0 vote to continue analysis)**
 - **Aerospace Medicine RDA** proposed gaining sites narrowed to Wright-Patterson AFB and/or Pensacola NAS. E&T rep recommended leveraging RDA where we are doing Aerospace education. Discussion on moving RDA to Brooks with other things pulling out there is enough space. Secretary stated that the Technical JCSG group is way behind concerning Aerospace decisions. . Chair requested Brooks City Base be added and run the model on all three. **(MJCSG Approved with 5/0 vote to continue analysis)**

- **Hyperbaric & Undersea Med RDA** discussed Groton as proposed site, ~~DCM 11374~~ Panama City and run with or without Groton. **(MJCSG Approved with 5/0 vote to continue analysis)**
- **Medical RDA Management** proposal presented to co-locate administrative oversight function to Fort Detrick, facilitates collaborative/standardization efforts of the Services. **(MJCSG Approved with 5/0 vote to continue analysis)**
- Army rep presented brief on **Potential BRAC impacts to Army Installations**. Army's Military Value portfolio identifies installations that have high MILVAL based on training, build-able acreage, facility condition, and unique requirements. The Army portfolio was further compared to BRAC proposals and their potential impact. JCSG proposals that added to installations outside the Army's current portfolio were highlighted. Consolidated training proposals would have a clear impact on medical support. For example, if transportation training was consolidated and moved to Fort Eustis there may be a possible conflict. Walter Reed currently inside the Army portfolio due to its unique requirements, this could be another conflict. Army "hot spots", installations with significant amount of stationing actions (gaining and losing), were also discussed. As assessments continue the Army portfolio will change. **(Info Item)**

NEXT MEETING: 0-6 Lead Meeting, 9 Nov 04, 1000-1200 at Pentagon, Room 4E1071.



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

Attachments:

1. Agenda
2. Combined Briefing Slides:
 - a. Optimization Model: Demand/Capacity Constraint Recommendation
 - b. Hawaii Scenario Proposal
 - c. Enlisted Basic Medical Training, Aerospace Medicine Training; Enlisted Medical Specialty Training Scenario Proposals
 - d. AFIP & USHUS Scenario Ideas/Proposals Brief
 - e. Medical-Dental RDA Center for Excellence Scenarios Proposal

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MJCSG Principals Meeting

11/05/2004
14:30 PM to 16:30 PM
Pentagon 2C554

Meeting called by: Chair Type of meeting: Deliberative
Note taker: Maj Coltman

Agenda

Chair Comments	Lt Gen Taylor	10
Optimization Model: Demand/Capacity Constraint Recommendation	Dr Opsut	15
Scenario Proposal - Hawaii	Dr Opsut	15
GME Matrix	CAPT Hight	15
Hospital Definition	Dr Opsut	10
Scenario Ideas:		
RDA revisit	Mr Yaglom	10
USUHS	CAPT Hight	15
AFIP	CAPT Hight	15
Enlisted Training	CAPT Hight	15
Army BRAC Mil Value	Mr Yaglom	
Around the Room	Lt Gen Taylor	10
Closing	Lt Gen Taylor	5

Additional Information

Medical Joint Cross Service Group



MJCSG Principles Mtg

5 Nov04

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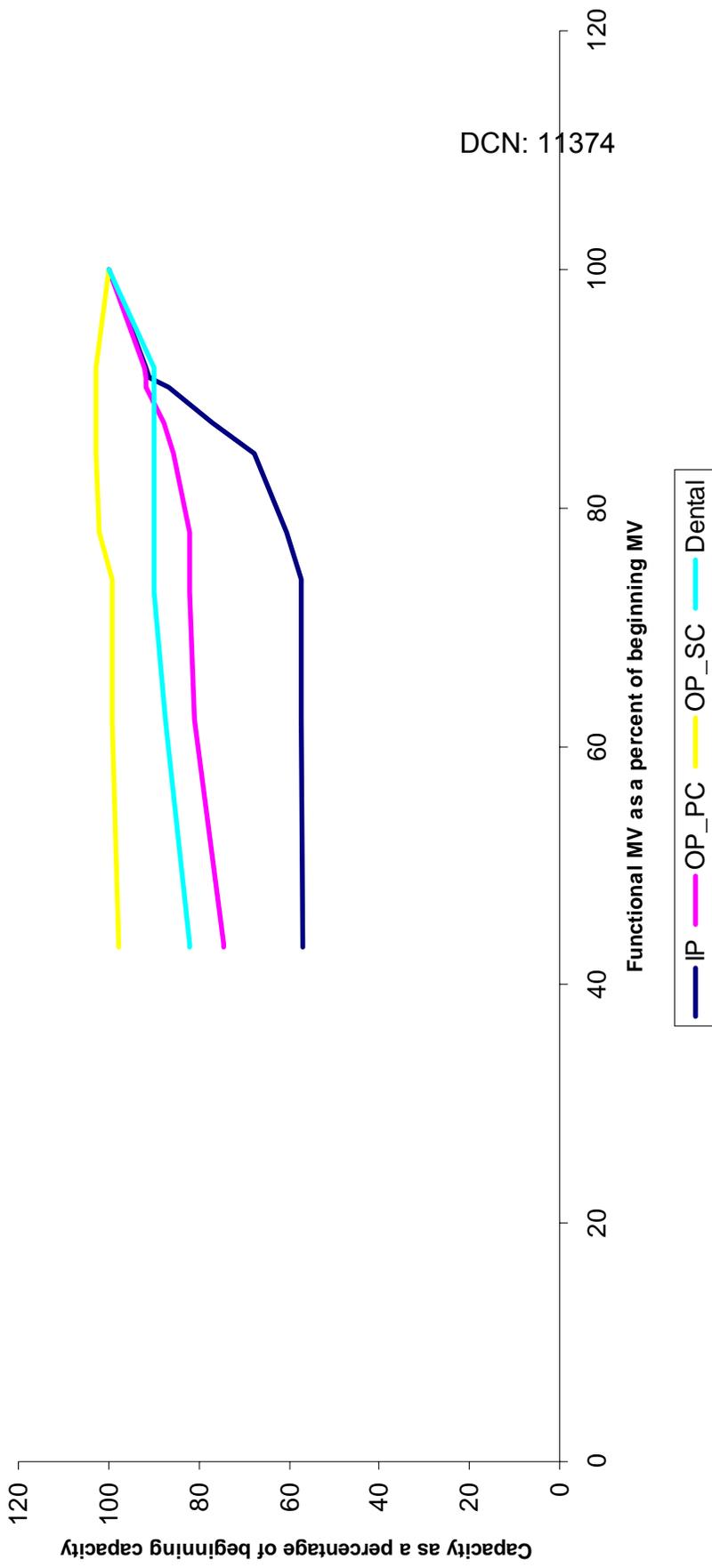
Chair Comments Capacity/Mil Value Analysis

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Model Analysis

Capacity as a function of remaining functional MV



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Demand Constraints for Others (non-AD, non- ADFMs)

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Issue

- Current demand constraint allows workload in each market to be recaptured up to the total demand from the entire eligible beneficiary population
- Along with excess capacity, this allows workload to be concentrated in a small number of markets
 - Results in closing of many facilities
- Not clear that this assumption is realistic
 - Many eligible beneficiaries, particularly among the “other” category, will not return to MTFs even if care is available
 - “Build it and they may not come”
 - Not as much an issue for AD, ADFMs
- On the other hand, current workload may be constrained not by demand but for lack of available services
 - In fact, the current contracts are designed to push care back into the MTFs

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Options

- **Impose global constraint that limits amount of “other” workload system-wide**
- **Impose local constraints that limits the amount of “other” workload by market**
 - **Concern about using non-certified data at local level**
 - **Both could be set at current “other” workload or at some limited increase (+10-20%) but still limited by total demand**
 - **Although setting a local constraint at current workload would probably result in no consolidation**
- **Recommendation: Local constraints with a 10% increase with some excursions above that**

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Scenario Proposal Hawaii

5 Nov 2004
Healthcare Services
Dr. Opsut

REF ID: A6374



Outline

- Type of briefing: **DECISION**
- Outcome: Decide which scenario options to move forward for Criteria 5-8 Analysis
- Scenarios to be Briefed:
 - Realign Hickam AFB workload to NAS Pearl Harbor and Tripler AMC

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Med HCS-2?: Reorganize Facilities in Hawaii Area

Scenario	Drivers/Assumptions
<ul style="list-style-type: none">■ Disestablish Hickam AFB Medical Group■ Establish Hickam AFB Medical Squadron■ Realign Hickam AFB primary care workload except Aerospace Medicine to NavSta Pearl Harbor■ Realign Hickam AFB specialty care to Tripler Army Medical Center	<ul style="list-style-type: none">■ Principles: Organize, Quality of Life■ Transformational Options: Match medical infrastructure to population demand
Justification/Impact	Potential Conflicts
<ul style="list-style-type: none">■ Reduces infrastructure and excess capacity.■ Military personnel transferred to realigned facilities. Civilian personnel reduced.	<ul style="list-style-type: none">■ Service population expectations for access to health care■ Civilian capacity to absorb patient load

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Scenario X – Option A

- List of Changes:
- 1) Downsize Hickam AFB to Aerospace Medicine Clinic Only
- 2) Increase Primary Care workload at NAVSTA Pearl Harbor
- 3) Increase Specialty Care at Tripler AMC

*Data removed from table

	Before	After	FuncMilVal
Hickam	*	*	
Pearl			
Tripler			
Total			
Average			
			PC RVUS
Hickam			
Pearl			
Tripler			
Total			
			SC RVUS
Hickam		-	
Pearl			
Tripler			
Total			

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Scenario Med HCS-2A - Issues

- **Scenario Med HCS-2A**
 - **Is Aerospace Medicine Clinic located outside of Main clinic?**
 - **Continuing Aerospace Medicine at Hickam would still require some overhead**
 - **Would have to convert some specialty care capacity to primary care capacity at Pearl**
 - **Potential lack of capacity if Pearl's population increases**
 - **Condition of facility at Pearl**
 - **Increased travel time to Pearl for primary care**
 - **Increased travel time to Tripler for specialty care**

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Recommendation

- Proceed with data-gathering supporting Criteria 5-8
Analysis runs on:
 - Med HCS-2A: Reorganize Facilities in Hawaii Area

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GME Matrix

5 Nov 2004
Education & Training
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Hospital Definition

5 Nov 2004
Healthcare Services
Dr Opsut

REF ID: A6374

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Medical-Dental RDA Proposals and Alternatives

5 Nov 2004
**Research, Development &
Acquisition**
Mr Yaglom



SCENARIOS 2 & 3: MED/DEN RDA CENTERS OF EXCELLENCE

Center of Excellence	Future Main Campus	Satellite Campuses	Current Performing Sites
Infectious Disease	Silver Spring, MD	Fort Detrick (BL-4 Biohazards)	Silver Spring, Fort Detrick, Brooks-CB , leased space
Battlefield Medicine <i>Health</i> & Trauma	Ft. Sam Houston		Great Lakes, Silver Spring, Ft. Sam Houston
Aerospace and Operational Medicine	Brooks-CB OR Wright-Pat AFB OR Tidewater OR Seattle OR Randolph AFB OR Pensacola NAS	Panama City (Diving-Medicine)	Fort Rucker, Wright-Pat AFB, Brooks CB, Groton, WRAIR , Pensacola, Panama City , Pax River
Hyperbaric & Undersea Med	Groton	Panama City	Groton, NMRC, Panama City
Occupational Health and Medical Informatics	San Diego OR Silver Spring OR Tidewater OR Seattle		San Diego, Silver Spring, Natick SSC, Brooks CB, Wright-Pat AFB, Groton, WRAIR
Environmental Medicine and Physiology	Natick SSC OR Tidewater OR Seattle		Natick SSC, Groton, Brooks CB, San Diego,
Medical Chemical, Biological, Radiological and Toxicological Defense	Fort Detrick (Biological)	Aberdeen Proving Ground - Edgewood Area (Chemical and Toxicological) AND National Naval Medical Center (Radiological)	Fort Detrick, Aberdeen Proving Grounds - Edgewood Area, National Naval Medical Center, Wright-Pat AFB, Brooks-CB, Silver Spring
Medical RDA Management	Fort Detrick (Primarily centralized planning, programming, regulatory, contracting and oversight management activities. Common policies and processes	Falls Church (PEO MHIS). Other sites as required for decentralized execution management.	Fort Detrick, ONR, BUMED, DTRA, DARPA , Brooks-CB , Wright-Pat AFB, Ft. Sam Houston, Falls Church

WITHDRAWN



MED/DEN RDA 1: Optimize space utilization in NCR & create Centers of Excellence

Scenario	Drivers/Assumptions
<ul style="list-style-type: none"> ■ Reduce leased space in NCR ■ Create/expand 4 Centers of Excellence: <ul style="list-style-type: none"> ■ Battlefield Health and Trauma Research (Fort Sam Houston) ■ Infectious Disease (WRAMC-Forest Glen) ■ Hyperbaric & Undersea Medicine (Groton) ■ Medical Chemical Defense (APG) ■ Losing Sites: WRAMC, Great Lakes ■ Gaining Sites: WRAMC*, Ft. Sam, APG, Groton <p><i>*Backfill of WRAMC from off-post leased space</i></p>	<ul style="list-style-type: none"> ■ Collocation is the method to achieve efficiencies ■ Receiving sites can expand to meet required capacity ■ Naval Submarine Medical Research Lab MILCON can be accelerated and expanded ■ Animal support at Groton available from local industry or academia
<ul style="list-style-type: none"> ■ Reduces leased space ■ Improves utilization of government-owned space ■ Create synergies within centers ■ Collocates all trauma research with a military trauma center ■ Allow for reduction in capacity requirement due to efficiencies realized with collocation ■ Dependent on further COBRA analysis 	<p style="text-align: right;">DCN: 11374</p> <ul style="list-style-type: none"> ■ Potential Conflicts ■ Other claimants on BAMC space ■ Combat casualty care research requires collocation with a military trauma center ■ Closure of Groton Submarine Base



MED/DEN RDA 2: Create Aerospace Medicine RDA Center of Excellence

<h2>Scenario</h2>	<h2>Drivers/Assumptions</h2>
<ul style="list-style-type: none">■ Create Center of Excellence for aerospace medical RDA, associated education and training, and healthcare delivery activities■ Reduce leased space■ Losing Sites: Brooks CB, Pensacola NAS, Ft. Rucker, or Wright-Patterson AFB■ Gaining Sites: Wright-Patterson AFB (WPAFB) or Pensacola NAS	<ul style="list-style-type: none">■ Collocation is the method to achieve efficiencies■ Use of RDA personnel as faculty in education and training and auxiliary healthcare providers■ All aerospace medicine education and training will be consolidated at WPAFB■ WPAFB can expand to meet required capacity.■ Rotary wing aviation support facilities available and affordable
<h2>Justification/Impact</h2> <ul style="list-style-type: none">■ Create synergies and efficiencies:<ul style="list-style-type: none">■ Maximize use of equipment and facilities■ Facilitates cross-usage of personnel in RDA, training, and healthcare delivery■ Reduces leased space■ Dependent on further COBRA analysis■ MILCON required, including associated veterinary facilities and large items of unique equipment	<h2>Potential Conflicts</h2> <ul style="list-style-type: none">■ Other claimants on WPAFB space

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MED/DEN RDA 3: Create Medical RDA Management Center of Excellence

Scenario	Drivers/Assumptions
<ul style="list-style-type: none"> ■ Create Center of Excellence for medical RDA management <ul style="list-style-type: none"> ■ Consolidate FDA-regulated product development ■ Collocate Science & Technology planning and management ■ Losing Sites: NCR Leased Space (ONR, DTRA CB, JPEO CBD, DARPA), BUMED, Bolling AFB (AF SGO), Brooks CB (Human Systems SPO) ■ Gaining Sites: Ft. Detrick 	<ul style="list-style-type: none"> ■ Collocation is the method to achieve efficiencies ■ Ft. Detrick can expand to meet required capacity
<ul style="list-style-type: none"> ■ Create synergies and efficiencies: <ul style="list-style-type: none"> ■ Common planning, programming and regulatory processes ■ Single voice in working with FDA ■ Reduces leased space ■ Dependent on further COBRA analysis 	<p style="text-align: center;">Potential Conflicts</p> <ul style="list-style-type: none"> ■ Other claimants on Ft. Detrick space <p style="text-align: right;">DCN: 11374</p>

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Scenario Idea USUHS

5 Nov 2004
Education & Training
CAPT Hight
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- **Unique DOD Mission/National Asset.**
- **Tri-service Activity – already Joint.**
- **Provides a pipeline for military medicine**
- **National Capital Coalition expands and enriches programs**
- **Integrates medical students into military medicine as do the services academies.**
- **Faculty skill set not universally available.**
- **Proximity to NIH, military medical centers and academic medical programs.**
- **Equipment costs for refitting expensive.**

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USUHS

- **Currently it is accredited in the North Central Region**
- **Moving to another location would make the program unaccredited for 2-3 years, requiring 4 years to transfer.**
- **USUHS has 5 accredited programs, and 5 accreditations as an approver for continuing education. Each function would require reaccreditations.**
- **Each accreditation requires a site visit, to every each location where instruction or clinical rotations take place.**
- **The accreditation visit is paid by the program applicant, and the fees for visits range from 1-10K.**
- **School requires close proximity to Military Medical Center and Civilian Academic Programs for Staffing.**

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Med E&T-6: Uniform Services University of Health Sciences

Scenario	Drivers/Assumptions
<ul style="list-style-type: none">■ Relocate the Uniform Services University of Health Sciences to a location outside of the National Capital Region.	<ul style="list-style-type: none">■ Principles: Organize■ Other: Reduce activities located in the National Capital Region.
Justification/Impact <ul style="list-style-type: none">■ Reduces activities located in the National Capital Region.	Potential Conflicts <ul style="list-style-type: none">■ Equivalent Opportunities may not be available in other locations.■ Unique opportunities to interface with military and political leaders.

DCN 1374

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Scenario Idea AFIP

5 Nov 2004
Education & Training
CAPT Hight



AFIP – DOD Functions

- **DNA Registry (Gillette Bldg)**
- **Training:**
 - **Enlisted – histotech (Bldg 54)**
 - **Five Pathology Fellowships:**
 - **Forensic, Dermo, Histo, Hemato, Vet**
- **Armed Forces Medical Examiner (Dover)**
- **Pathology Laboratories (Silver Sprs, Gaithersburg, Bldg 54).**
- **Armed Forces Legal Medicine (Gaithersburg)**
- **Museum (Bldg 54)**
- **Two BL3 Labs**

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AFIP – Potential Obstacles

- **A tri-service activity that is already joint. Could become unconsolidated if functions are relocated.**
- **Prior studies to assess viability of AFIP – the last study was conducted by HBFP within the last year. The outcome stated that AFIP should remain open, however a cost accounting review was required. Services were being provided at greatly discounted rates, and had to be set at current market value.**
- **No clear place to relocate DOD functions.**

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Med E&T- 5: Armed Forces Institute of Pathology

<p>Scenario</p> <ul style="list-style-type: none">■ Relocate required DOD functions currently conducted at Armed Forces Institute of Pathology to available military installations.	<p>Drivers/Assumptions</p> <ul style="list-style-type: none">■ Principles: Organize.■ Not exclusively DOD
<p>Justification/Impact</p> <ul style="list-style-type: none">■ Reduces infrastructure■ Reduces number of training locations and infrastructure	<p>Potential Conflicts</p> <ul style="list-style-type: none">■ Unique national asset.■ Difficulty in finding appropriate facilities to assume mission. <p>DCN: 11374</p>

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Scenario Review: Consolidate Basic Enlisted Training

5 Nov 2004
Education and Training
CAPT Hight



Outline

- Type of briefing: **DECISION**
- Outcome: Decide which scenario options to move forward to COBRA Analysis
- Scenarios to be Briefed:
 - Realign basic medical enlisted training to Fort Sam Houston or Shepherd AFB or Great Lakes NTC.

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Med E&T 1: Consolidate Basic Enlisted Training

<p>Scenario</p> <ul style="list-style-type: none">■ Co-locate Basic Enlisted Training at Fort Sam Houston or Shepherd AFB or Great Lakes NTC	<p>Drivers/Assumptions</p> <ul style="list-style-type: none">■ Principles: Organize■ Transformational Options: Co-locate Basic Enlisted Training to transition to Joint Training.
<p>Justification/Impact</p> <ul style="list-style-type: none">■ Reduces infrastructure and excess capacity.■ Military personnel transferred to realigned facilities. Civilian personnel reduced.	<p>Potential Conflicts</p> <ul style="list-style-type: none">■ Service population expectations for access to health care■ Civilian capacity to absorb patient load <p>DCN: 11374</p>



Med E&T-1: Basic Medical Enlisted Training Consolidation

<p>Scenario</p> <ul style="list-style-type: none"> ■ Consolidate Initial Medical Enlisted Training at Sheppard AFB or Brooke AMC and close Hospital Corps School at Great Lakes; realign all svcs to one training location. 	<p>Drivers/Assumptions</p> <ul style="list-style-type: none"> ■ Principles: Organize ■ Transformational Options: Develop joint enlisted initial medical training. ■ Other: Reduce average infrastructure age and locations.
<p>Justification/Impact</p> <ul style="list-style-type: none"> ■ Reduces infrastructure ■ Develops joint training site, making joint utilization of personnel more feasible ■ Reduces average age and location of training infrastructure 	<p>Potential Conflicts</p> <ul style="list-style-type: none"> ■ Military Culture ■ Scope of practice and utilization differs between services ■ Enlisted programs are not equivalent <p>CN: 11374</p>



Scenario E&T 1

- **List of Changes:**
- **1) Co-locate Basic Medical Training at Fort Sam Houston or Sheppard AFB or Great Lakes NTC**

	Function MV	Excess Capacity	Clinical	Field
Fort Sam Houston	*Data removed	Yes	Yes	Yes
Sheppard AFB		No	No	Yes
Great Lakes NTC		No	Yes	No
Total				
Average				

DCN: 11374



Scenario Med E&T 1 - Issues

- **Sufficient classroom space to co-locate the three schools. Or sufficient buildable acreage.**
- **Sufficient Barracks and Messing.**
- **Sufficient Clinical Training Opportunities**
- **Field Training available.**
- **Sufficient Laboratory Space.**
- **Sufficient Dental Training Space.**

DCN: 11374



Recommendation

- Proceed with data-gathering supporting COBRA runs on:
 - Med E&T 1 Scenario.
 - Fort Sam Houston is the strongest candidate, but data will be collected on all three locations to verify the data. Need to determine if there is another viable option in case Fort Sam Houston is unavailable.

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Medical Joint Cross Service Group



Scenario Review: Enlisted Medical Specialty Training Consolidation

5 Nov 2004
Education and Training
CAPT Hight



Outline

- Type of briefing: **DECISION**
- Outcome: Decide which scenario options to move forward to COBRA Analysis
- Scenarios to be Briefed:
 - Consolidate Pharmacy Technician Training at NSHS Portsmouth.
 - Consolidate Radiographer Technician Training and Nuclear Medicine Training at Sheppard AFB.
 - Consolidate Diet Therapy and Hospital Food Service Technician Training at Fort Sam Houston.

DOC 11374



Med E&T- 2: Enlisted Specialty Training Consolidation

<h2>Scenario</h2>	<h2>Drivers/Assumptions</h2>
<h3>Justification/Impact</h3> <ul style="list-style-type: none">■ Consolidate Pharmacy Technician Program at NSHS Portsmouth.■ Consolidate Radiographer Technician Program and Nuclear Medicine Program at Sheppard AFB.■ Consolidate Diet Therapy and Hospital Food Service Technician Training at Fort Sam Houston. <ul style="list-style-type: none">■ Reduces infrastructure■ Develops joint training making joint utilization of personnel more feasible and reducing redundancy	<h3>Potential Conflicts</h3> <ul style="list-style-type: none">■ Military Culture■ Scope of practice and utilization differs between services. <p>DCN: 11374</p>



Scenario E&T 2

- **List of Changes:**
- **1) Consolidate Pharmacy Tech Program at NSHS Portsmouth.**
- **2) Consolidate Radiographer Tech and Nuclear Medicine Tech Programs at Sheppard AFB.**
- **3) Consolidate Diet Therapy and Hospital Food Service Training at Fort Sam Houston.**

	Function MV	Excess Capacity	Clinical
Fort Sam Houston	*Data removed	Yes	Yes
NSHS Portsmouth		Yes	Yes
Sheppard AFB		Yes	Yes
Total			
Average			

DCN: 11374



Scenario Med E&T 2 - Issues

- **Sufficient classroom space to co-locate the programs. Or sufficient buildable acreage.**
- **Sufficient Barracks and Messing.**
- **Sufficient Clinical Training Opportunities**
- **Sufficient Laboratory Space.**

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Recommendation

- Proceed with data-gathering supporting COBRA runs on:
 - Med E&T 2 Scenario.
 - Co-locate with Research.

DCN: 11374

Medical Joint Cross Service Group



Scenario Review: Aerospace Medical Training

5 Nov 2004
Education and Training
CAPT Hight
N: 874



Outline

- Type of briefing: **DECISION**
- Outcome: Decide which scenario options to move forward to COBRA Analysis
- Scenarios to be Briefed:
 - Consolidate Aerospace Medical Training at either Pensacola NAS or Wright Patterson AFB.

DCN: 11374



Med E&T- 2: Aerospace Medical Training Consolidation

<h2>Scenario</h2>	<h2>Drivers/Assumptions</h2>
<ul style="list-style-type: none">■ Consolidate Initial Aerospace Medical Training at either Pensacola NAS or Wright Patterson AFB and close the other site■ Realign other follow on training as required	<ul style="list-style-type: none">■ Principles: Organize■ Transformational Options: Develop joint flight initial medical training.■ Other: Reduce infrastructure locations.
<h2>Justification/Impact</h2> <ul style="list-style-type: none">■ Reduces infrastructure■ Develops joint training making joint utilization of personnel more feasible and reducing redundancy	<h2>Potential Conflicts</h2> <ul style="list-style-type: none">■ Military Culture■ Scope of practice and utilization differs between services■ Enlisted programs are not equivalent

Doc ID: N: 11374



Scenario E&T 2

- List of Changes:
- 1) Consolidate Aerospace Medical Training at either Pensacola NAS or Wright Patterson AFB.

	Function MV	Excess Capacity	Clinical	Research
Pensacola NAS	*Data removed	Yes	Yes	Yes
Wright Patterson AFB		Yes (OFIT)	Yes	Yes
Total				DCN: 11374
Average				



Scenario Med E&T 2 - Issues

- **Sufficient classroom space to co-locate the three schools. Or sufficient buildable acreage.**
- **Sufficient Barracks and Messing.**
- **Sufficient Clinical Training Opportunities**
- **Sufficient Flight Training available.**
- **Sufficient Laboratory Space.**
- **Co-locate with Aerospace Research**

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Recommendation

- Proceed with data-gathering supporting COBRA runs on:
 - Med E&T 2 Scenario.
 - Co-locate with Research.

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