

MEDICAL PROGRAM GUIDANCE, FY 1998-2003, 14 FEBRUARY 1996

Proponent

The proponent for this document is the Assistant Secretary of Defense (Health Affairs).

Web Site Location

This document is at <http://www.ha.osd.mil/hbp/14febmpg.html>.

Definition

Defense Medical Program Definition: The health care mission of the Department of Defense (DoD) is to provide top quality health services, whenever needed, in support of military operations and to members of the Armed Forces, their families, and others entitled to DoD health care. The Assistant Secretary of Defense (Health Affairs) ASD (HA) shall be the DoD officer responsible for the effective execution of the Department's health care mission.

Combat Medical Threat - The spectrum includes infectious diseases; the effects of operations in environmental extremes; exposure to the effects of nuclear, biological and chemical weapons and products of combustion; combat stress; blast, thermal, and high velocity projectile injuries; and the operator hazards associated with employment of combat systems.

Synopsis

This Medical Program Guidance supplements the Defense Planning Guidance, FY 1998 - 2003 and the associated Program Objective Memorandum (POM) Preparation Instructions. It sets forth refinements to the plans and programs comprising the Department's health care mission.

This document defines the core areas comprising the Department's health care program and the broad priorities that shape and support the Department's health care mission into the next century. The core areas include management, readiness, managed care, military public health and occupational health, prevention, medical facilities, education and training, graduate medical education, and technology. Selected priorities include:

- ◆ continue the MHSS strategic thinking and planning process and place more emphasis on prioritization and implementation;
- ◆ implement metrics through designation of MHSS metrics by ASD(HA) and aggressive application of them;
- ◆ ensure a robust clinical capability to detect, assess and effectively manage injuries from combat or deployment related medical threats not normally encountered in peacetime health care;
- ◆ program for a transition from intermittent catastrophic care to an emphasis on individual, and population-based, health promotion and disease and injury prevention;
- ◆ optimize readiness and performance by improving military fitness and preventing illness and injury for military and civilians;
- ◆ reduce operating costs by programs to reduce and eliminate preventable illness and injury (for example, workers' compensation support, medical care demand reductions, etc.);



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- ◆ provide quality preventive care for MHSS beneficiaries by meeting DoD appropriate Healthy People 2000 objectives and by implementing programs such as "Put Prevention into Practice" and health promotion programs;
- ◆ explore and use advanced technology such as video teleconferencing, World-Wide-Web, collaborative office capabilities, wireless communications, and portable entry and retrieval capability where appropriate;
- ◆ fund the design and development of medical automated information systems to meet theater requirements within medical automated information systems; and
- ◆ conduct a comprehensive, integrated biomedical research and development program that supports emerging medical doctrine, and focuses on the assessment, prevention, and effective management of injuries from combat medical threats.

What Does This Mean for Military Public Health?

The following themes are common to other planning documents on our list: We must

- ◆ demonstrate the effectiveness of environmental health, occupational health and health promotion in minimizing risk and optimizing readiness, fitness, and health. We can do this by:
 - ⇒ integrating preventive medicine functional areas into managed care;
 - ⇒ marketing the capabilities of our matrixed team of experts to military audiences;
 - ⇒ shifting the focus from managing care to managing health;
 - ⇒ determining cost avoidance and cost-effectiveness of preventive medicine and health promotion programs;
 - ⇒ establishing priorities for preventive medicine products and services; and
 - ⇒ developing performance measures for levels of preventive medicine and health promotion organizations for evaluating success and reporting these performance measures.
- ◆ optimize the use of technology to obtain, evaluate, and disseminate preventive medicine information; and we need to work closely with the research, development, and acquisition communities;
- ◆ assist the Army Medical Department (AMEDD) Center and School and other service schools in developing solutions to address lessons learned and doctrine, training, leader development, organization, materiel, and soldiers (DTLOMS) deficiencies to meet the challenges of Joint Vision 2010;
- ◆ assess our preventive medicine organizational strengths and weaknesses to ensure preventive medicine and health promotion assets can perform their mission. Future operations will focus on deterrence, conflict prevention, and humanitarian or peacekeeping missions. The increase in these kinds of operations and the close association with local populations and coalition forces will necessitate increased early preventive medicine involvement, because we may encounter new and emerging infectious diseases, increased disease incidence associated with disease particular to the area of operation, and diseases brought to the area by coalition forces; and
- ◆ ensure we have the preventive medicine policies, procedures, equipment, personnel, and training to facilitate contingency based force tailoring. We must have a world class center of excellence for achieving and maintaining a fit, healthy, and ready force.