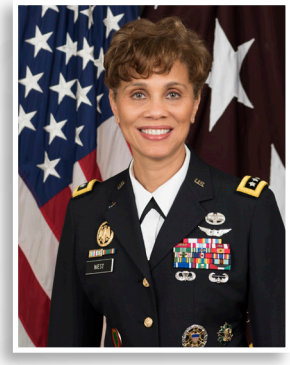
2018 ARMY MEDICINE CAMPAIGN PLAN

As of 1 MAR 18

One Team, One Purpose...Conserving the fighting strength since 1775!



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Foreword

The Army Medicine Campaign Plan (AMCP) 2018 expresses the comprehensive organizational plan for United States Army Medical Command (USA MEDCOM) and the Office of The Surgeon General (OTSG) to fulfill the Army Medicine Vision through the alignment of Ends, Ways and Means within a year of execution. The process of developing this plan demanded a careful examination of Army Medicine, the needs of those it serves, its stakeholders and the environment.

The enclosed operational approach serves three primary purposes:

- Communicate Army Medicine's organizational plan.
- Require and guide the measurement of organizational performance.
- Inform the development of future plans.

This plan supersedes Army Medicine 2017 Campaign Plan and outlines organizational objectives for the next 12 months. This organizational plan will be reviewed continually through routine, disciplined performance reviews and updated annually to keep pace with the changing environment. The Deputy Chief of Staff for Operations is the proponent for the Army Medicine Campaign Plan.

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I. Operational Environment Update

This document is the second Army Medicine Campaign published under the Vision of the 44th Surgeon General of the United States Army and Commanding General of United States Army Medical Command (MEDCOM). Change and the emergence of unforeseen opportunities within the operational environment are inevitable. The AMCP is revised and refined to account for this. The following influences prompted modifications to the enclosed operational approach from its predecessor.

- Release of the 2017 National Defense Authorization Act directing a significant reorganization of functions throughout military medicine.
- Quarterly performance assessments that portray performance improvement across the campaign's ends objectives while highlighting challenges assessing and improving performance among the campaign's ways and means.
- Specified tasks directed by the Chief of Staff of the United States Army.
- Development and publication of national and military directional strategies forecasting an increase in adversary capability to oppose our national interests.
- Recognition of the Army Medicine Plan's utility as a vehicle for programing, budgeting and execution in a resource constrained environment.

It is important to recognize and acknowledge timely adjustments to the AMCP for Army Medicine to modify campaign support plans and associated preparation activities. Cyclic annual review and incremental modification of this plan is intended to mitigate the consequences of a wholesale reframe to the operational approach.

II. Overview

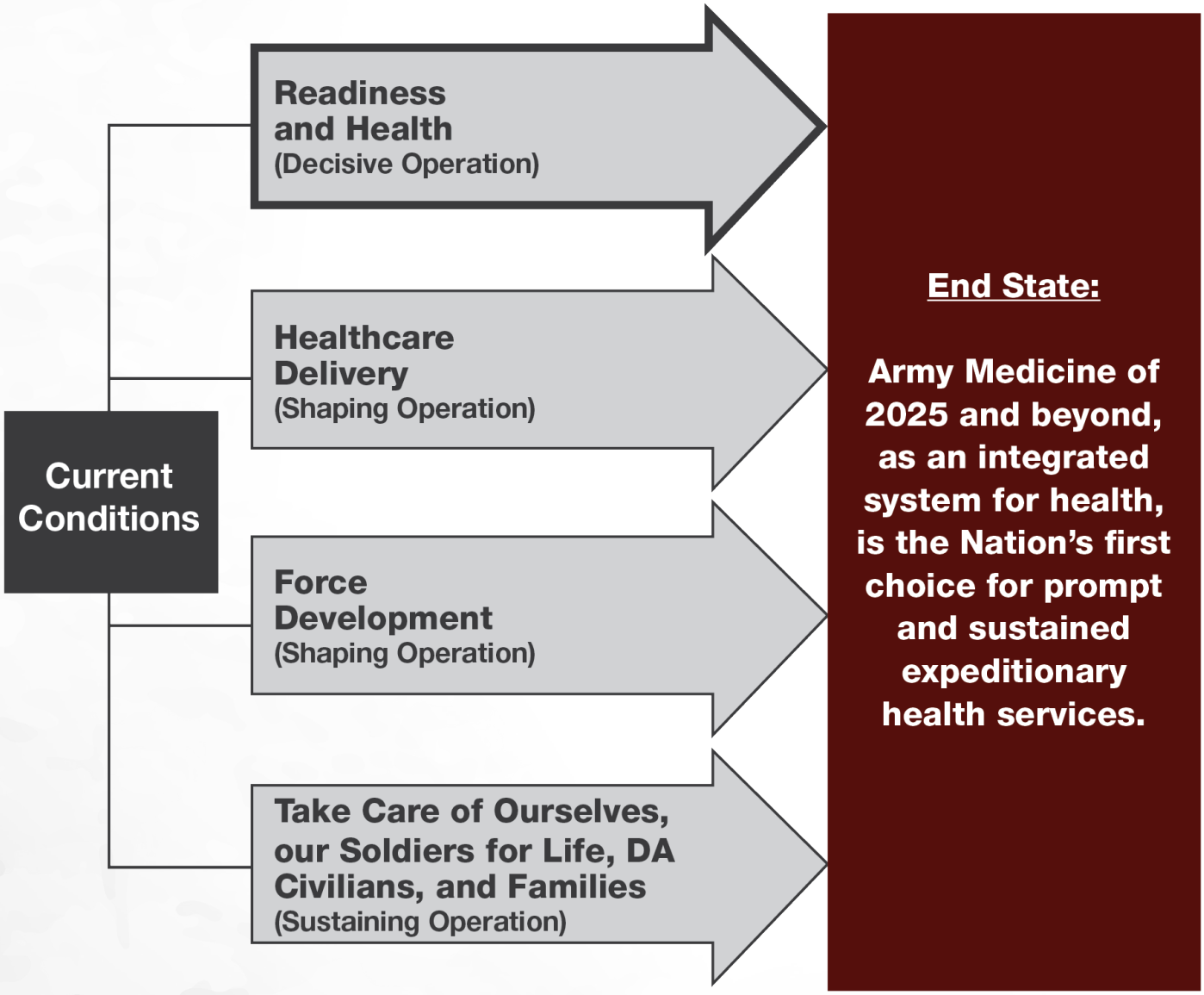
Army Medicine's mission is to provide sustained health services and research in support of the Total Force to enable readiness and conserve the fighting strength while caring for our Soldiers for Life and Families. This mission is accomplished by Army Medical Department (AMEDD) personnel assigned across the Army around the world, 24-hours a day, 365-days a year. While Army Medicine directly enables the Army's service responsibilities outlined in Title10 of United States Code, it is also foundational to the joint force in the execution of Globally Integrated Health Services (GIHS).

The Surgeon General (TSG) of the Army is dual-hatted as a principal staff officer of the Headquarters, Department of the Army and as the Commanding General (CG) of the Army's largest active duty direct reporting unit, United States Army Medical Command (USA MEDCOM). TSG advises the Chief of Staff of the Army on the development, policy direction, organization and overall management of the Army Health System (AHS). The USA MEDCOM CG possesses command authority over 69,000 healthcare personnel as well as hundreds of generating force health readiness organizations and platforms. TSG / CG will be used throughout this document.

Line of Effort (ADRP 1-02)

A line that links multiple tasks using the logic of purpose rather than geographical reference to focus efforts toward establishing operational and strategic conditions. Also called LOE.

This campaign plan outlines an operational approach that portrays the broad actions that Army Medicine must take to transform current conditions into those desired at the end state. Army Medicine will operate on four lines of effort (LOE) to achieve its desired end state.



- **Readiness and Health (Decisive Operation):** The Chief of Staff of the Army's number one priority is readiness. Likewise, our primary mission is supporting the Warfighter's readiness. In supporting the Warfighter, we uphold the solemn commitment our Nation's Army has made to our Soldiers when sending them in harm's way. We must be agile, adaptive, flexible and responsive to Warfighter requirements. We must remain ready, relevant and reliable. Our readiness to deploy healthy individuals and organizations in support of the world's premier combat force must be without question.
- **Healthcare Delivery (Shaping Operation):** Our fundamental tasks are promoting, improving, conserving, or restoring the behavioral and physical well-being of those entrusted to our care. From the battlefield to the garrison environment, we will support the Operational requirements of Combatant Commanders while also ensuring the delivery of the healthcare benefit to our beneficiaries. The quality healthcare we deliver to our beneficiaries, and especially our Families, allows the Warfighter to remain focused on the task at hand. As a

The Operational Framework (ADRP 3-0)

Decisive Operation:
A decisive operation is the operation that directly accomplishes the mission.

Shaping Operation:
A shaping operation is an operation that establishes conditions for the decisive operation through effects on the enemy, other actors and the terrain.

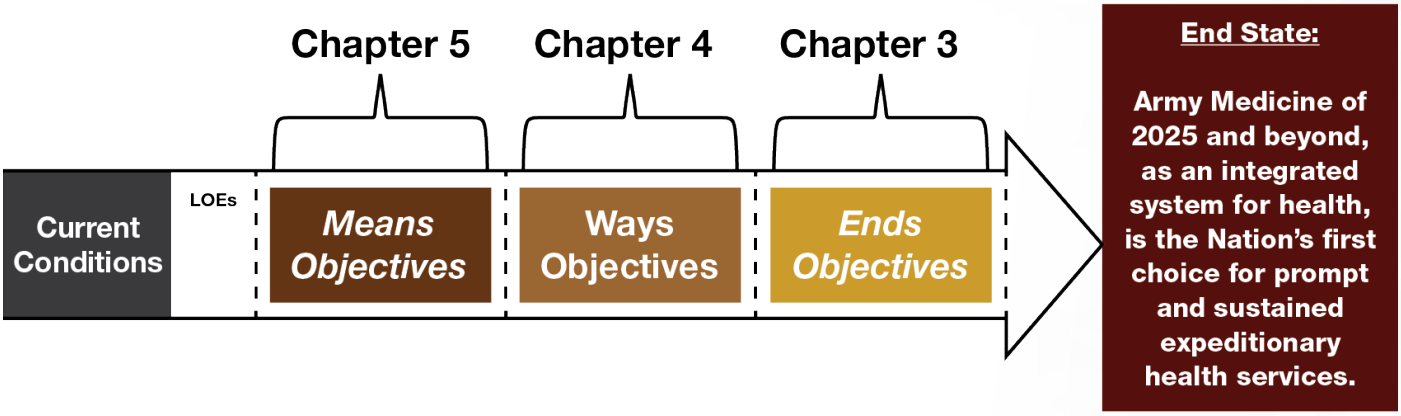
Sustaining Operation:
A sustaining operation is an operation at any echelon that enables the decisive operation or shaping operations by generating and maintaining combat power.

vital component of healthcare delivery, ensuring our Medical Treatment Facilities as Health Readiness Platforms (HRPs) are properly staffed with highly trained personnel will remain a focus.

- **Force Development (Shaping Operation):** The future of Army Medicine at the individual, organizational and enterprise levels is being determined today. We must rapidly develop scalable and rapidly deployable medical capabilities that are responsive to Operational needs and are able to effectively operate in a Joint/Combined environment characterized by highly distributed operations and minimal, if any, pre-established health service infrastructure. We need to continue to incorporate lessons learned from recent combat experiences. We must develop agile and adaptive leaders who are able to effectively operate and achieve success in an environment of a constant state of flux while navigating to and through an unknowing and unknowable future.
- **Take Care of Ourselves, our Soldiers for Life, DA Civilians, and Families (Sustaining Operation):** Our Forces, Soldiers for Life, Service Colleagues, DA Civilians and service member Families are our strength and we will continue to take care of them. We must treat each other with dignity and respect.

Ends-Ways-Means Framework (JP 5-0)
How (Ways) the joint force will employ its capabilities (Means) to achieve the military end state (Ends).

Focused and achievable objectives rest within the LOEs that identify the actions Army Medicine must take to produce the outcomes required to achieve the desired end state. These objectives are arranged using an Ends-Ways-Means framework. This document explains the Ends first to describe where Army Medicine must go to achieve success. Next, it explains the Ways to describe what essential internal processes must be optimized to achieve the Ends. Then, it will explain the Means to describe how Army Medicine will steward available resources and enable its team members. This document presents objectives from right to left as the reader views the operational approach.



This document concludes with a brief summary and glossary of terms.

III. Ends

The end state describes the set of conditions that define Army Medicine's ultimate success. To achieve this end state, Army Medicine must produce four outcomes of value to those we directly serve and to satisfy the diverse expectations of its stakeholders. These outcomes are described as stakeholder expectations and represent the Campaign's Ends objectives. TSG / CG delegates responsibility for the Ends objective execution management to the USA MEDCOM Deputy Commanding General - Support and the Deputy Commanding General - Operations.

Ends Objectives	Satisfy	Army Medicine Stakeholders
A. Medical Readiness of the Total Army **B. Responsive Medical Capabilities** **C. Quality, Outcomes-Based Care for All We Serve** **D. Healthy and Satisfied Families and Beneficiaries**		• **The National Command Authority** • **Congress** • **The Secretary of the Army** • **The Chief of Staff of the Army** • **Supported Joint-Force and Army Commanders** • **Service Members** • **Military Health System Beneficiaries** • **Army Medicine Teammates**

A. Medical Readiness of the Total Army: Army Medicine enables the medical readiness of the Total Army. Soldiers come from cultures, communities and environments that produce a variety of health and fitness outcomes. Unit commanders are responsible for Soldier readiness, but rely on Army Medicine's technical expertise and capabilities to prevent, identify and treat health problems while optimizing the performance of healthy Soldiers. Army Medicine will enable medical readiness by:

- Developing Army policies and standards for expeditionary medical readiness.
- Advising commanders on the health readiness of their Soldiers.
- Assisting commanders to identify and reduce environmental health threats.
- Developing knowledge and tools to positively modify physical performance and behavior.
- Identifying, and when necessary, providing support to responsibly transitioning Soldiers who are medically unqualified for continued military service.

The medical readiness of the Total Army ensures that our Nation can rapidly and reliably project ground combat power that will physically dominate in missions across the range of military operations. The USA MEDCOM Deputy Commanding General for Support is the accountable proponent for this objective.

B. Responsive Medical Capabilities: Army Medicine ensures it is postured to support Army commands, service component commands and direct reporting units as well as supported joint / combined force commands with health services across the range of military

operations. Static operational health service support and stove-piped medical processes will hinder our ability to integrate with supported organizations to enable the accomplishment of diverse missions. Army Medicine will develop responsive medical capabilities by:

- Preparing for any threat environment ranging from the most likely to the most dangerous and ensuring support to contingency and war plans.
- Improving partner nation effectiveness and interoperability.
- Developing a cadre of operationally proficient technical experts.
- Organizing trained and equipped teams with advanced expeditionary tools and a common understanding of techniques.

Responsive medical capabilities contribute to the supported commander's mission accomplishment and satisfaction by delivering desired health outcomes whenever and wherever required. The USA MEDCOM Deputy Commanding General for Support is the accountable proponent for this objective.

C. Quality, Outcomes-Based Care for All We Serve: Army Medicine ensures that the healthcare delivered to beneficiaries effectively produces healthcare outcomes that exceed national standards. Army Medicine intends to achieve the best patient outcomes by:

- Leveraging evidence-based clinical practice guidelines developed by the DoD / VA and high performing civilian health organizations.
- Building a high performance organization at local / enterprise levels through effective engagement of educated, highly competent work teams.
- Leverage Health Information Technology and data analytics to drive performance improvement.

Outcomes-based care delivered through the use of evidence-based protocols produces better patient care, increased efficiency and reduced costs. The USA MEDCOM Deputy Commanding General for Operations is the accountable proponent for this objective.

D. Healthy and Satisfied Families and Beneficiaries: Army Medicine ensures that Families and beneficiaries have access to health services required to improve their health and that they are satisfied with the Army's methods for ensuring their wellbeing. There is interdependence between Families, beneficiaries and Army Medicine. Health services are a key benefit in the recruiting and retention of the all-volunteer force. Additionally, the diversity, complexity and volume of services required in the provision of this benefit enable the training and mastery of AMEDD personnel's technical skills. Army Medicine must provide a health benefit equal to or exceeding national standards to honor the service commitment by Soldiers for Life and their Families, thereby retaining them in the Army Health System and the Army. Patients today are aggregately more satisfied within the Army Health System under most metrics; however room for improvement still exists in patient communication and scheduling appointment by telephone. Army Medicine will ensure the health and satisfaction of this population by:

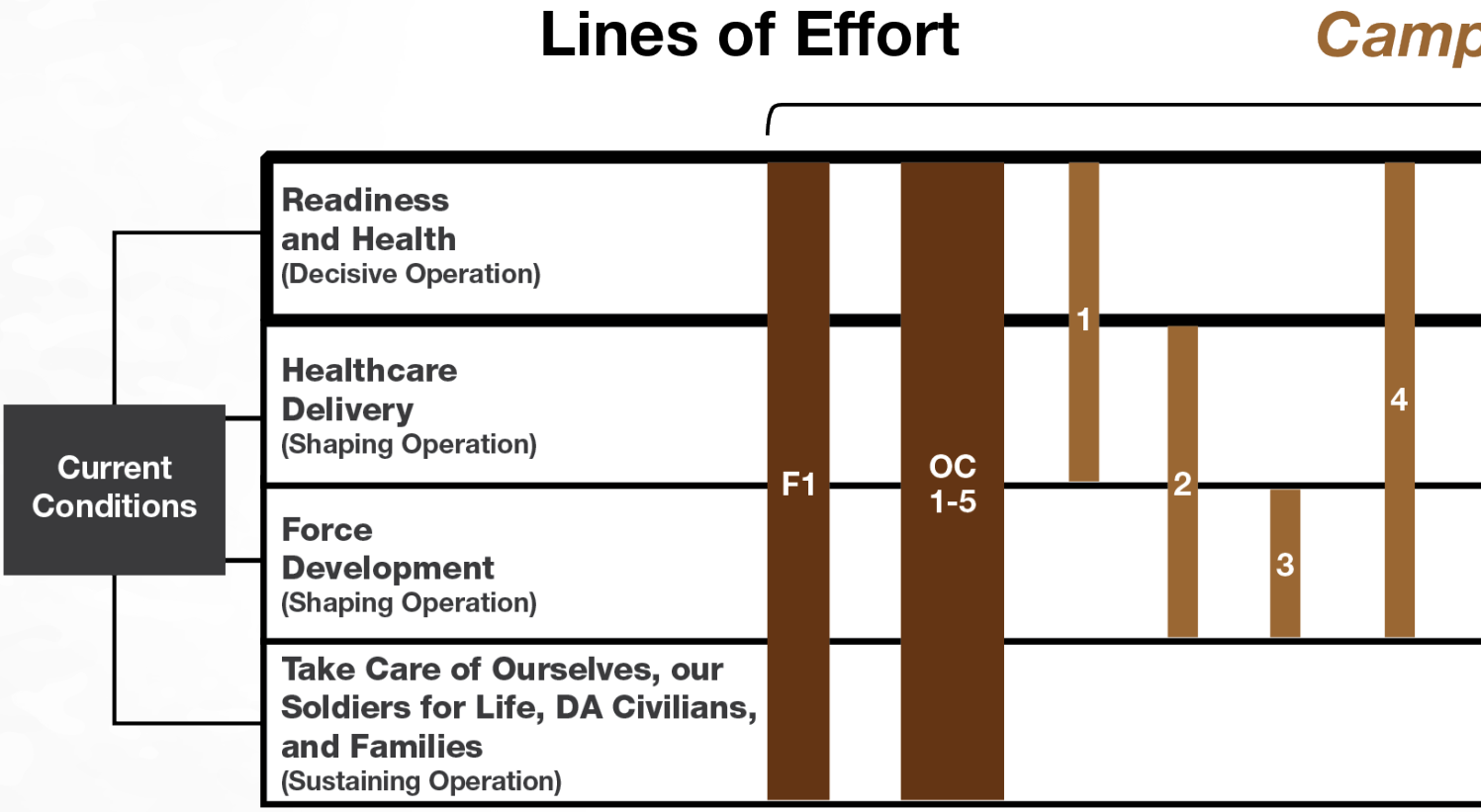
- Ensuring timely and appropriate access to quality care.
- Innovating with the private sector to meet or exceed expectations of military medicine.

Healthy and satisfied families and beneficiaries promote the All-Volunteer Force, conserve military resources and sustain Army Medicine's esprit de corps. The USA MEDCOM Deputy Commanding General for Operations is the accountable proponent for this objective.

Operational Approach (ADP 5-0)
The operational approach forms the basis of the unit's concept of operations and serves as th

Army Medicine Mission:
Army Medicine provides sustained health services and research in support of the Total Force to enable r

Army Medicine Vision:
Army Medicine is the Nation's premier, expeditionary and globally integrated medical force ready to mee



Means

Financial (F):

F1. Optimize Financial Resources

Organizational Capacity (0C):

OC1. Improve & Empower Highly Effective Work Teams

OC2. Balance & Align MEDCOM in Support of the Army & Joint Force

OC3. Improve Physical, Ethical & Cultural Environments

OC4. Optimize Process Based Management

OC5. Enhance Communication, Knowledge Management & Decision Support

Ways

Internal Process (IP):

IP1. Optimize Soldier Protectio

IP2. Improve Joint & Global He

IP3. Improve Operational Read

IP4. Leverage Health Informati Medicine

IP5. Improve Disability Evaluati

IP6. Improve Care, Quality & Sa

IP7. Manage the Direct Care Sy

IP8. Improve Primary & Special

IP9. Improve Healthy Behavior

IP10. Leverage Medical Resear

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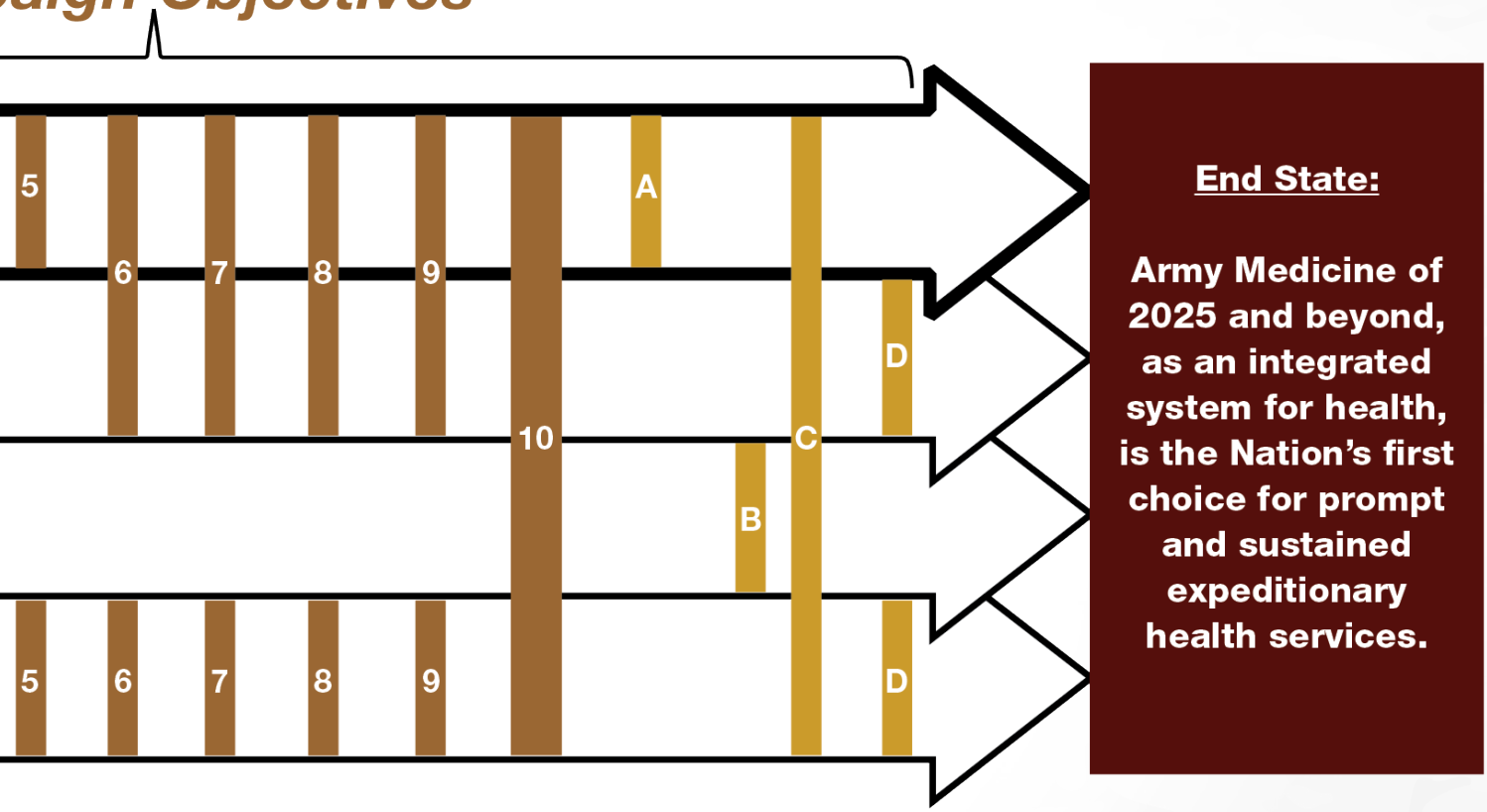
readiness and conserve the fighting strength while caring for our Soldiers for Life and Families.

et the ever-changing challenges of today and tomorrow.

paign Objectives



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on Technology (HIT) to Enhance Expeditionary

on System Processing
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s, Communities & Environments
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Ends

Patient/Customer/Stakeholder (CS):

A. Medical Readiness of the Total Army
B. Responsive Medical Capabilities
C. Quality, Outcomes-Based Care for All We Serve
D. Healthy & Satisfied Families & Beneficiaries

IV. Ways

Army Medicine must identify the key processes in which it must excel to generate the outcomes required to meet stakeholder expectations. These internal processes (IP) are described as actions to be performed by Army Medicine and represent the Campaign's Ways objectives. TSG / CG delegates responsibility for the execution management of these objectives to the USA MEDCOM Deputy Chiefs of Staff (DCS) and specialized major subordinate commanders as appropriate.

IP1. Optimize Soldier Protection in all Environments: Army Medicine leverages the principles of prevention and protection to support Army readiness. It protects Soldiers, DA Civilians and beneficiaries from potential and actual harmful exposures, while working aggressively to minimize the risks and impacts of injuries and illnesses on the Total Force. A comprehensive approach includes both the Soldier and the Environment – addressing occupational and environmental health hazards; endemic communicable diseases; food-, water- and vector-borne diseases; ionizing and non-ionizing radiation; combat and operational stressors; heat, cold and altitude extremes; toxic industrial materials (TIMs); chemical / biological / radiological / nuclear (CBRN) warfare agents; and other physical agents. In addition to protecting Soldier health, Army Medicine will:

- Adhere to applicable federal, state and host nation laws, regulations and guidance governing occupational and environmental health during peacetime, in deployed situations and during training.
- Enhance and sustain optimal levels of health and fitness of all Army personnel by applying the principles of population medicine, to promote health and prevent and minimize the impacts of diseases and injuries.
- Use the risk management process to minimize the total health threat and risk to personnel in garrison, training, contingency operations and war.
- Leverage Army executive agent responsibilities and the Veterinary Service Program to establish and enforce standards that improve Joint Force health protection.

Optimized protection preserves the effectiveness and survivability of the Army's combat power potential. The DCS for Public Health is the accountable proponent for this objective.

IP2. Improve Joint and Global Health Partnerships and Engagements: Army Medicine develops, matures and sustains partnerships by working side-by-side with joint and foreign medical forces to mitigate interoperability challenges, enabling responsive medical support to deployed U.S. and multi-national forces. Using appropriate funding sources consistent with fiscal law and policy, Army Medicine will:

- Mature allied / partner nation relationships through increased participation and improved integration of foreign liaison officers and defense attachés.
- Increase interoperability through implementation of the Joint Concept for Health Services and the expansion of allied military interoperability agreements.
- Improve Army medical capability and support theater Geographic Combatant Command strategies by establishing sustainable resourcing and support to multi-national training opportunities.
- Enhance the Army National Guard's State Partnership Program by identifying and communicating partnership opportunities between Nations and State Adjutants General for area support medical assets.

Deliberate health partnership and engagement improves responsive medical capability and technical expertise when nested with Army Service Component Commanders' (ASCC) and Joint Force Commanders' intents. The DCS for Operations is the accountable proponent for this objective.

IP3. Improve Operational Readiness: Army Medicine develops and sustains AMEDD personnel and capabilities that provide premier expeditionary health services. Army Medicine will:

- Design the AMEDD to support no-notice, rapid deployments with mission trained personnel able to transition from garrison to an area of operation.
- Design the AMEDD to quickly aggregate and disaggregate medical capabilities in response to emerging crises.
- Design and train an AMEDD capable of supporting missions across the range of military operations including those in austere and non-permissive environments.
- Prepare the AMEDD to support no-notice, rapid deployments with mission ready personnel able to transition from garrison to an area of operation by ensuring MEDCOM personnel are trained and equipped to rapidly deploy to support operational units.
- Maintain institutional capacity to ensure the AMEDD is prepared to support the Army's required capability to rapidly mobilize and project forces in response to emerging crises.
- Increase Army's agility and capacity for high intensity warfare by posturing for rapid expansion of wounded warrior care.

An operationally ready AMEDD provides sustainable, rapidly deployable Army Health System support to the operating force. The OTSG Deputy Chief of Staff for Operations (G-3/5/7) and CG, U.S. Army Medical Department Center and School, Health Readiness Center of Excellence are both accountable proponents for this objective.

IP4. Leverage Health Information Technology (HIT) to Enhance Expeditionary Medicine: Army Medicine delivers HIT solutions to support the health and readiness of the Army and Joint Force. HIT overcomes geographic impediments that traditionally limit healthcare delivery at the patient's location. To develop patient-centered HIT solutions, Army Medicine will:

- Eliminate geographic barriers to expeditionary care by resourcing a Global Tele-consultations Portal and leveraging other virtual health technology linking operational forces to medical support through the Virtual Medical Center at Brooke Army Medical Center.
- Seamlessly pass medical and dental information across the continuum of care by upgrading infrastructure, completing implementation training and increasing network security to increase electronic health record utilization and reliability.
- Improve integration within the military heath system by developing and executing Army information technology management transition plans to the Defense Health Agency.

Secure, modernized information platforms, enhance, expeditionary health delivery outcomes by improving access to medical information and resources for Soldiers and beneficiaries regardless of location. The DCS for Support is the accountable proponent for this objective.

IP5. Improve Disability Evaluation System (DES) Processing: Army Medicine expedites DES processing while ensuring outcomes that equitably balances the needs of Soldiers, Units and the Army. Army Medicine will:

- Encourage leadership engagement to achieve positive outcomes.
- Address DES performance gaps to increase efficiency.
- Partner with the Department of Veterans Affairs (VA) to further improve the DES process, increase efficiency and improve outcomes.
- Prevent backlogs at the Medical Evaluation Boards by meeting or exceeding DoD / Army processing goals.
- Leverage HIT interoperability across civilian and DoD to facilitate the exchange of medical information.
- Standardize DES staff training to ensure accurate and consistent processing for all Soldiers.

Improved DES processing positively impacts Army readiness and fairly takes care of Soldiers for Life. The DCS for Operations is the accountable proponent for this objective.

IP6. Improve Care, Quality and Safety: Army Medicine facilitates the learning of its workforce through the use of data-driven, leading practices to solve problems at the source and share knowledge for meaningful change and innovation in the pursuit of zero preventable harm. Wrong site surgeries and unintended retained foreign objects persist as the two most common sentinel events for Army Medicine. Falls are the most common injury to staff members. Army Medicine will:

- Inculcate a culture of safety and the consistent practice of the tenets for High Reliability at all levels.
- Leverage the use of technology in clinical decision making to enhance protocols designed to prevent injury for invasive procedures.
- Socialize the Quality and Safety Center's analysis and sharing of lessons learned for adverse events and injury as well as leading safety practices across the MEDCOM.
- Sustain and expand Robust Process Improvement capabilities to drive disciplined, process based performance excellence.
- Continue to use change management strategy to enable and empower ownership of safety at the work level.

Healthcare delivery that consistently prevents harm contributes to health readiness of the force, family members, retirees and our team members. The DCS for Quality and Safety is the accountable proponent for this objective.

IP7. Manage the Direct Care System: Army Medicine provides comprehensive, coordinated, patient-centered, evidence-based and accessible care to our Soldiers, Families and Retirees. Healthcare must be a person-driven and agile care system of choice that supports the Warfighter, enables readiness and promotes wellness. Ensuring timely access across the spectrum of healthcare services is a key enabler of readiness. Army Medicine will:

- Proactively identify healthcare issues to positively impact readiness and overall wellness.
- Transform and standardize processes to enhance the patient experience and involvement in their own care.
- Embrace and integrate high reliability principles into all aspects of the healthcare continuum.
- Leverage 21st Century technology to expand capabilities across time and space (Secure messaging, Nurse Advice Line, virtual health).

An optimized direct care system improves healthcare outcomes while creating healthy and satisfied patients that sustain the Army. The DCS for Operations is the accountable proponent for this objective.

IP8. Improve Primary and Specialty Care: Army Medicine continues to develop synchronized policies, standardized capabilities, performance measures and personnel qualifications to deliver safe, quality, value-based healthcare. Army Medicine will:

- Identify and track required capabilities, skills and training necessary to deliver quality and safe medical care.
- Enhance ability to diagnose and treat traumatic brain injury (TBI) throughout the continuum of care by implementing a comprehensive TBI action plan.
- Improve behavioral health outcomes through system-wide standardization of evidence-based clinical practice guidelines and increased access.
- Optimize recovery and transition for our most seriously wounded, ill, and/or injured Soldiers and their caregivers through enhanced advocacy and assistance.

Synchronization and standardization establishes best practices which reduce variance, conserve resources and increase safety throughout the Army Health System. The DCS for Operations is the accountable proponent for this objective.

IP9. Improve Healthy Behaviors, Communities, and Environments: Army Medicine supports the readiness and health of the Army, its commands and joint / combined forces' commands, through its System for Health. The System for Health nests with the National Prevention Strategy, the DoD's Total Force Fitness Strategy, the Army Human Dimension Concept and the Army Ready and Resilient Campaign. The System for Health integrates services across the care continuum through Medical Treatment Facilities, Army Wellness Centers, Community Health Promotion Councils and operational healthcare capabilities. Army Medicine partners with Army entities to influence strategic, operational and tactical policy and environments. Army Medicine will:

- Improve, strengthen and maintain the health readiness of the Total Army through the System for Health Programs that shift the current culture from a "find and fix disease" model to a "prevent and predict" model in partnership with the Soldier.
- Mitigate preventable disease, illness and injury through integrated strategies and attack medical readiness issues by preventing musculoskeletal injury, obesity, tobacco and substance abuse.
- Promote a culture of wellness and personal health responsibility through scientifically grounded strategies and policies to ensure readiness and empower Soldiers, DA civilians, families and retirees to choose healthier lifestyles.

Health promotion improves health readiness, conserves resources and fulfills our commitment to the Army Family. The DCS for Public Health is the accountable proponent for this objective.

IP10. Leverage Medical Research, Development and Logistics Management: Army Medicine leads the advancement of military medicine and transforms Army Medical Logistics business processes into a capability to enable Warfighter readiness and better align with Army-wide sustainment systems.

Through Research and Development, Army Medicine will:

- Project and sustain a healthy and medically protected force.
- Be the agent of transformation for the future medical force.
- Enhance the care of service members and the military family.
- Discover, develop and field cost effective medical knowledge and materiel in order to optimize armed forces effectiveness.
- Amplify joint force access to cutting edge medical knowledge and materiel by capitalizing upon Army executive agent responsibilities.

Through Army Medical Logistics Transformation, Army Medicine will:

- Improve master data management.
- Integrate logistics with health information technology.
- Improve business standardization and auditability.
- Achieve total asset visibility.
- Align medical logistics management systems and processes to seamlessly interact with Army and Joint Force sustainment systems.

Synchronization of medical research, development and global logistics management encourages a ready, effective and efficient Army Medical Logistics Enterprise. The OTSG Deputy Chief of Staff for Support (G-1/4/6) and the CG, United States Army Medical Research and Materiel Command (USAMRMC) are both accountable proponents for this objective.

V. Means

Army Medicine establishes Means objectives to judiciously manage resources and enable its people to best deliver the essential processes and achieve its Ends objectives in the intended manner. Means objectives form the foundation of the operational approach and their relationship transcends all of the approach's Ways and Ends objectives. There are two categories of Means. Financial Means tie directly to the budget, while organizational capacity Means relate to the skills, ethos, infrastructure and knowledge required by teammates to achieve Army Medicine's objectives. The USA MEDCOM Chief of Staff is the accountable proponent for synchronizing all Means objectives towards the accomplishment of Ways and Ends objectives.

F1. Optimize Financial Resources and Improve Fiscal Accountability in Support of Strategic Priorities: Army Medicine recognizes the complexity of our evolving resource environment and will consequently standardize processes, enforce governance and provide agility in influencing current year execution. Financial managers must ensure the proper and effective use of appropriated resources to accomplish Army Medicine's assigned missions.

- Provide better alignment between financial resource prioritization and the organizational plan.
- Provide financial information and business analytic support for improved decision making.
- Enable cost-informed enterprise performance management.
- Achieve and sustain auditability.

Fiscal stewardship provides Army Medicine stakeholders with the highest quality products and services at the lowest possible cost.

OC1. Improve and Empower Highly Effective Work Teams: Army Medicine ensures a competent, qualified workforce to deliver premier, quality care and services. Recruitment and retention of the future workforce is paramount. Army Medicine will:

- Build a high performance organization through agile and adaptive leaders .
- Identify, develop and utilize data and performance indicators that will aid decision making, improve effectiveness and encourage transparency across the AMEDD.
- Train, educate and provide experiences to develop AMEDD leaders and teams by executing the Army Leader Development Strategy and developing a comprehensive system for medical simulation training.
- Establish policy and internal controls for performance management of knowledge, skills and abilities required to sustain medical technical proficiency.

The Army Medicine Enterprise's reputation for individual and collective excellence is maintained through continuous investment in its people.

OC2. Balance and Align Army Medicine in Support of the Army and Joint Force: Army Medicine strategically postures and leverages its capabilities in support of Army and Joint Force readiness while conducting a responsible transition of responsibilities and authorities to the Defense Health Agency (DHA). The National Defense Authorization Act of 2017 creates an opportunity for Army Medicine to reframe readiness. Army Medicine will:

- Ensure Army Medicine is empowered to support Army operational readiness by transforming OTSG and Headquarters MEDCOM's headquarters while complimenting the DHA's administrative structure.
- Ensure the Army is able to execute short-notice, large scale operational deployments by validating Army Medicine's ability to project and sustain combat power from strategic support area platforms.

- Improve Army Medicine's operational responsiveness through a redistribution of manning allocations from the generating force towards the operating force's units and requirements.

Organizational restructuring throughout 2018 will optimize command and staff structures within the AMEDD for operational readiness while ensuring the success of the DHA in its emerging roles.

OC3. Improve Physical, Ethical and Cultural Environments: Army Medicine continues to build a culture of wellness and personal responsibility. Army Medicine will:

- Ensure a healthy environment (includes facilities, IMIT infrastructure, our values, ethics, culture, Sexual Harassment / Assault Response and Prevention, Equal Opportunity, Equal Employment Opportunity, etc.).
- Ensure a safe and secure environment for all AMEDD personnel and volunteers.
- Provide a rewarding experience as a part of the Army Medicine team.

By improving Army Medicine's environments, patients and stakeholders will receive an optimal experience by personnel who are treated with dignity and respect and who are vested in Army Medicine's success.

OC4. Optimize Process-Based Management: Army Medicine will continue to build a lean management system to:

- Streamline processes to eliminate hassles, duplication, non-value added processes, waste and rework.
- Standardize processes and capitalize on ways to improve efficiency and effectiveness.

Lean management systems rapidly deliver efficient and effective results.

OC5. Enhance Communication, Knowledge Management and Decision Support: Army Medicine continues to implement a disciplined approach to maximize organizational collaboration, information exchange and learning opportunities. Army Medicine will:

- Build a sharing culture that works on problem solving and trust.
- Utilize intellectual capital and communication by knowledge sharing, learning, collaborating and networking within codified staff processes and an automated knowledge management portal.
- Foster organization decision support and shared understanding by adhering to a knowledge management model that promotes predictability and transparency to the commander's activities within the operations process.

The seamless exchange of information enhances organizational effectiveness, facilitates shared understanding and accelerates organizational decision-making activities.

VI. Summary

The Army Medicine Campaign Plan provides direction for the OTSG / USA MEDCOM OneStaff and subordinate commands. It is based on mission analysis of guidance from our national leaders, HQDA and informed by the Joint Concept for Health Services. This direction informs the development of other plans within the AMEDD and USA MEDCOM. Fully implementing this organizational plan will require some additional efforts.

- Determining how to achieve the objectives outlined in this document requires continuous effort to develop measures and strategic initiatives, projects and programs that address performance gaps. An Army Medicine Campaign Plan assessment tool, the Strategic Management System (SMS), will capture these measures.
- The development and execution of strategic initiatives, projects and programs will be vetted and reviewed on a periodic basis to mature the sub-objectives, tasks and assessment metrics and ensure they support the campaign plan's efforts.
- Monitoring, implementation and evaluation of the plan is essential to achieve progress towards the enduring objectives and fulfill the TSG / CG's Vision and desired end state. A systematic performance assessment through a disciplined battle rhythm of accountability ensures command understanding and provides opportunities to adjust efforts as required.

VII. Glossary

Army Health System - A component of the Military Health System that is responsible for operational management of the health service support and force health protection missions for training, predeployment, deployment and post deployment operations. Army Health System includes all mission support services performed, provided, or arranged by the Army Medical Department to support health service support and force health protection mission requirements for the Army and as directed, for joint, intergovernmental agencies, coalition and multinational forces. (FM 4-02)

Change Management Strategy - A strategy and set of specific approaches for implementing an organizational change effort. In approaching an organizational change situation, managers explicitly or implicitly make strategic choices regarding the speed of the effort, the amount of preplanning, the involvement of others and the relative emphasis they will give to different approaches. Successful change efforts seem to be those where these choices both are internally consistent and fit some key situational variables. (https://hbr.org/2008/07/choosing-strategies-for-change, by John P. Kotter and Leonard A. Schlesinger)

End State - (DoD) The set of required conditions that defines achievement of the commander's objectives. (JP 3-0, See FM 3-07, FM 3-24)

Evidence-Based Healthcare Practices - A way of providing healthcare that is guided by a thoughtful integration of the best available scientific knowledge with clinical expertise. This approach allows the practitioner to critically assess research data, clinical guidelines and other information resources in order to correctly identify the clinical problem, apply the most high-quality intervention and re-evaluate the outcome for future improvement." (2009 Medical Subject Headings (MeSH), U.S. National Library of Medicine, https://www.nlm.nih.gov/hsrinfo/evidence_based_practice.html)

Evidence-Based Clinical Practice Guidelines - Clinical practice guidelines are statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options. (Effective June 1, 2014, NGC uses the 2011 definition of clinical practice guideline developed by the Institute of Medicine)

Globally Integrated Health Services (GIHS) - GIHS is the strategic management and global synchronization of joint operational health services that are sufficiently modular, interoperable and networked to enable the Joint Force Commander to quickly and efficiently combine and synchronize capabilities. These future health services will be characterized by interoperable Service capabilities guided by common standards and procedures with the ability to tailor support to meet a wide variety of operational and strategic requirements. (Joint Concept for Health Services)

Outcomes-Based Care - A system of medical care delivery that emphasizes positive patient outcomes. (http://www.johngoreckimd.com/outcome-based-medicine-definition-hidden-perils/); in a value-based system, achieving and maintaining good health is inherently less costly than dealing with poor health. (http://www.nejm.org/doi/full/10.1056/NEJMp0904131)

Person-Driven Care System - Can be characterized as having an increased level of information flow, transparency, customization, collaboration and patient choice and responsibility-taking, as well as quantitative, predictive and preventive aspects. The potential exists to both improve traditional healthcare systems and expand the concept of healthcare though new services. (Emerging Patient-Driven Healthcare Models: An Examination of Health Social Networks, Consumer Personalized Medicine and Quantified Self-Tracking, Melanie Swan, (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2672358/)

Soldiers for Life - The Soldier for Life mindset is a holistic approach to the military life cycle career of a Soldier. The U.S. Army takes care of teammates by ensuring Soldiers start strong, serve strong and reintegrate strong so they remain Army Strong serving their communities after they leave the Army. The U.S. Army's strategic imperative of sustaining the All Volunteer Army is directly affected by how well the veterans reintegrate back into the communities. Gen. George Washington said: The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive the veterans of earlier wars were treated and appreciated by their nation. (STAND-TO! Edition: Tuesday, November 13, 2012)

System for Health (SfH) - The SfH proactively focuses on improving health and wellness while delivering consistent, safe and quality healthcare for all Service Members, Retirees and their Families. The SfH is a critical enabler in the Human Dimension (HD) and Ready and Resilient Campaign (R2C) and results in optimized human performance, health readiness, resilience and overall personal health. The SfH, in partnership with the healthcare team, develops engaged and empowered beneficiaries to take personal responsibility to improve, restore and maintain health of the Total Army Family.

Total Army - (Total Force) - Army's active component (AC) and reserve component. (Army Directive 2012-08 (Army Total Force Policy))

Total Asset Visibility (TAV) - The capability to directly impact healthcare delivery with access to real-time, integrated and reliable logistics information for the operating and generating forces. TAV provides users and managers with timely and accurate information on location, movement, status and identity of units, personnel, equipment, materiel and supplies. TAV includes the capability to act upon that information to improve the overall performance of medical logistic and healthcare delivery.

Value-Based Outcomes - The central focus must be on increasing value for patients — the health outcomes achieved per dollar spent. Good outcomes that are achieved efficiently are the goal, not the false "savings" from cost shifting and restricted services. Indeed, the only way to truly contain costs in healthcare is to improve outcomes: in a value-based system, achieving and maintaining good health is inherently less costly than dealing with poor health. (A Strategy for Health Care Reform — Toward a Value-Based System, Michael E. Porter, Ph.D., N Engl J Med 2009; 361:109-112 July 9, 2009, http://www.nejm.org/doi/full/10.1056/NEJMp0904131)

Virtual Health - The use of telecommunications and information technologies to provide health assessment, treatment, diagnosis, intervention, consultation, supervision, education and information across distances. Sometimes called telehealth, telemedicine, mobile health

(mHealth), e-care, or telecare, the term VH covers a variety of clinical services provided using telecommunications and related technologies. Patient and provider consultations, medical imaging, remote monitoring and education are all services that can be provided via VH. A variety of technologies – including clinical VTC systems, internet-based web platforms, telephones and secure email - can be used to deliver VH services. Overall, VH facilitates the exchange of health information, services and education between providers and/or providers and patients through electronic means.

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