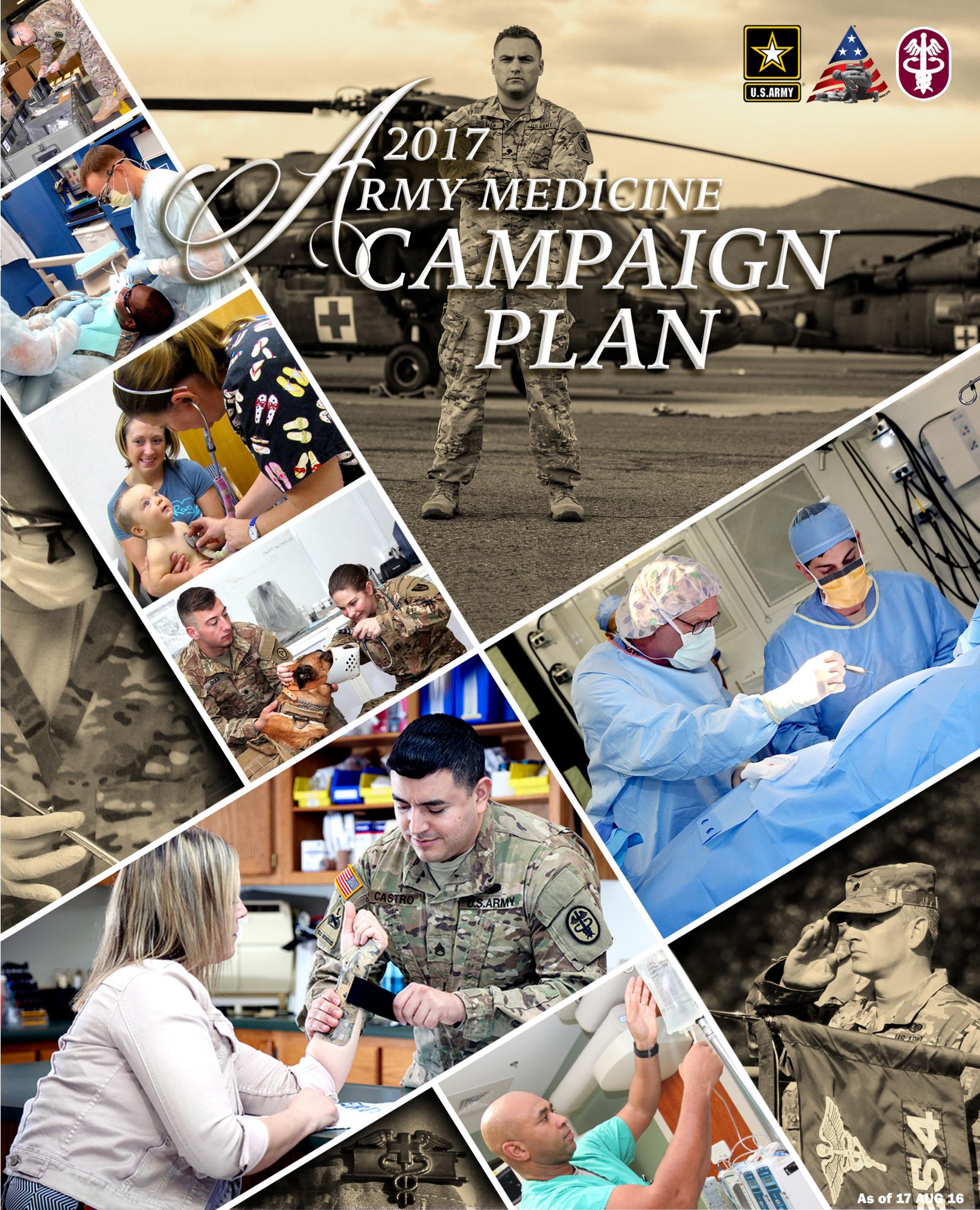




# 2017 ARMY MEDICINE CAMPAIGN PLAN



As of 17 AUG 16

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



**Nadja Y. West**

Lieutenant General, U.S. Army  
The Surgeon General and  
Commanding General  
U.S. Army Medical Command

**Gerald C. Ecker**

Command Sergeant Major, U.S. Army  
U.S. Army Medical Command

## Foreword

The Army Medicine Campaign Plan (AMCP) 2017 expresses the comprehensive organizational strategy 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. The process of planning this strategy demanded a careful examination of Army Medicine, the needs of those it serves, its stakeholders, and the environment.

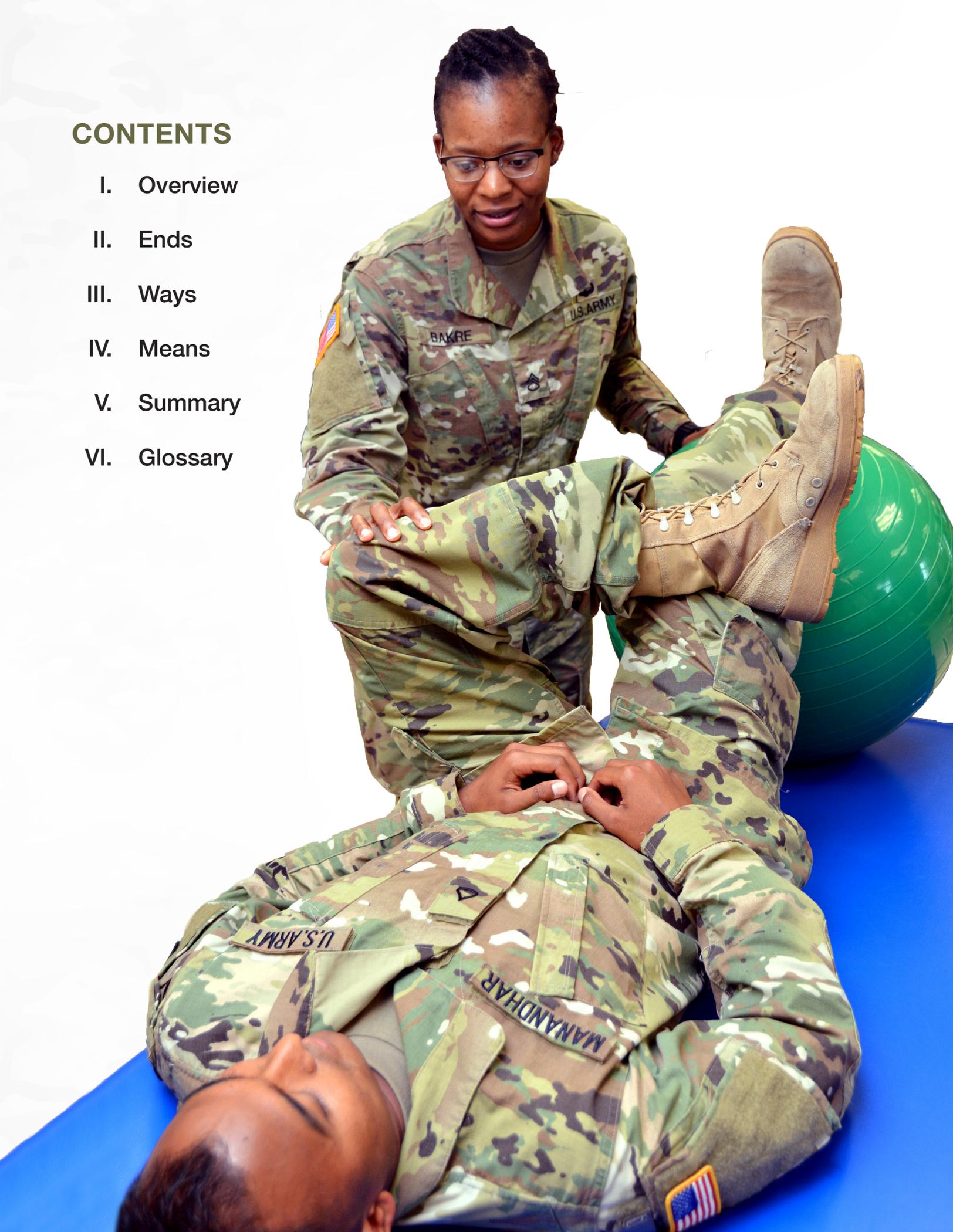
The enclosed operational approach serves three primary purposes:

- Communicate organizational strategy
- Require and guide the measurement of organizational performance
- Inform future strategy development

This plan supersedes Army Medicine 2020 Campaign Plan and outlines organizational objectives for the next 18-24 months. This organizational strategy 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.

# CONTENTS

- I. Overview
- II. Ends
- III. Ways
- IV. Means
- V. Summary
- VI. Glossary



## I. 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 Title 10 of United States Code, it is also foundational to the joint force in the execution of Globally Integrated Health Services (GIHS).

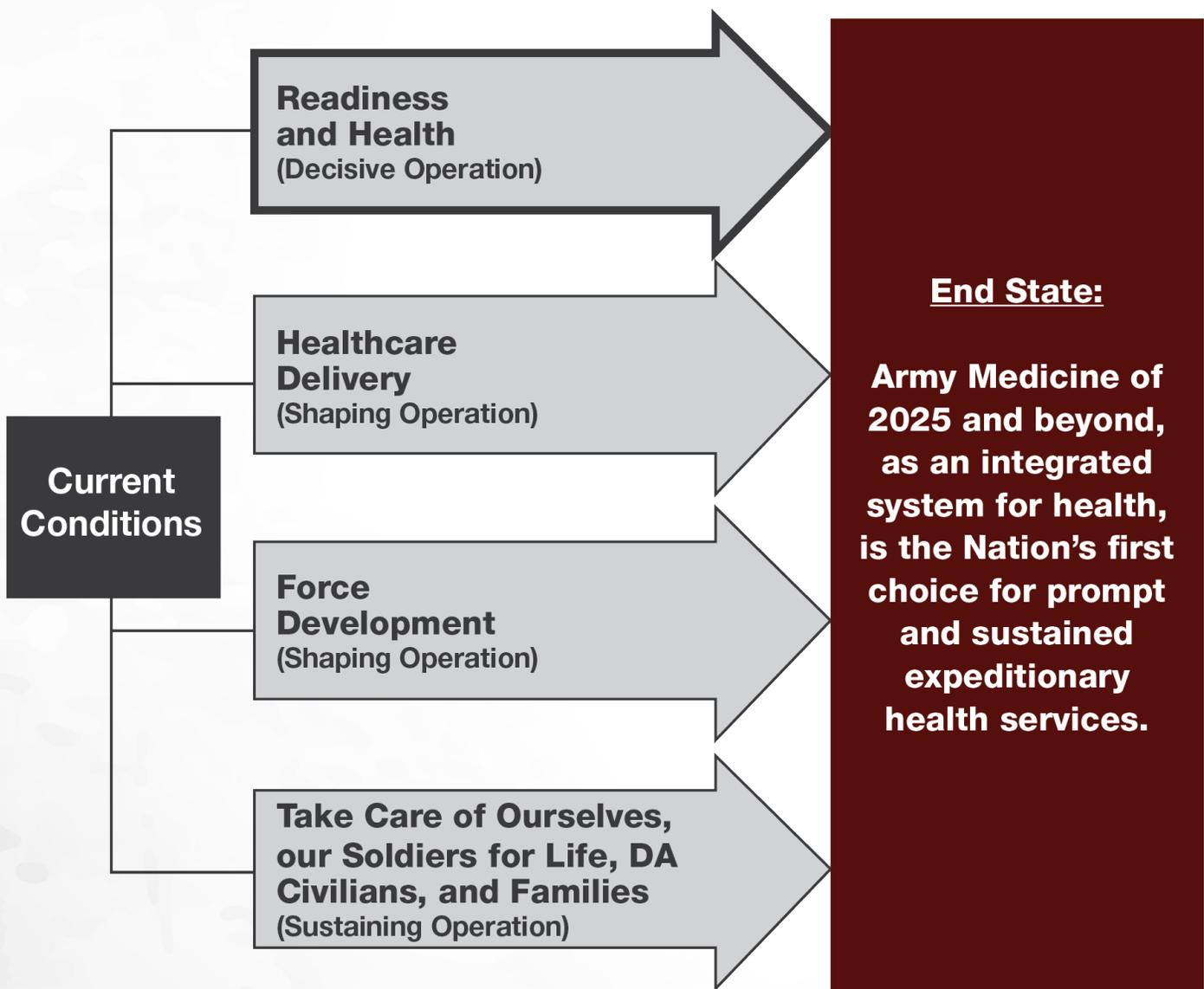
The Surgeon General (TSG) of the Army is dual-hatted as a principal staff officer of the Headquarters, Department of the Army and as the Commanding General (CG) of the Army's largest active duty direct reporting unit, United States Army Medical Command (USA MEDCOM). TSG advises the Chief of Staff of 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 and 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

### 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.

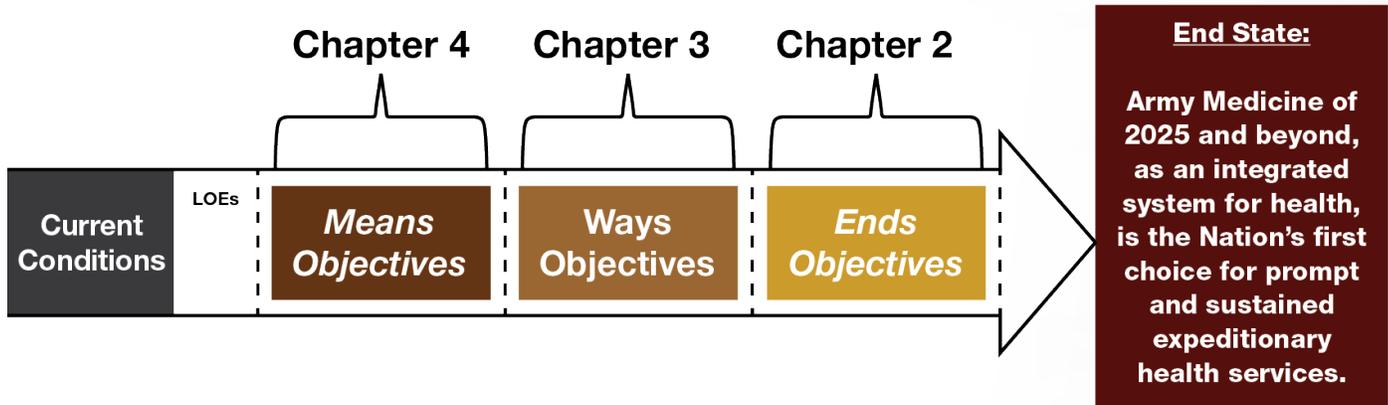


beneficiaries, and especially our Families, allows the Warfighter to remain focused on the task at hand. As a vital component of healthcare delivery, ensuring our Medical Treatment Facilities as Health Readiness Platforms (HRPs) are properly staffed with highly trained personnel will remain a focus.

- **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 & 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).**

Within the LOEs are focused and achievable objectives that identify the actions that 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.



**Operational Approach (ADP 5-0)**

The operational approach forms the basis of the unit's concept of operations and serves as the

**Army Medicine Mission:**

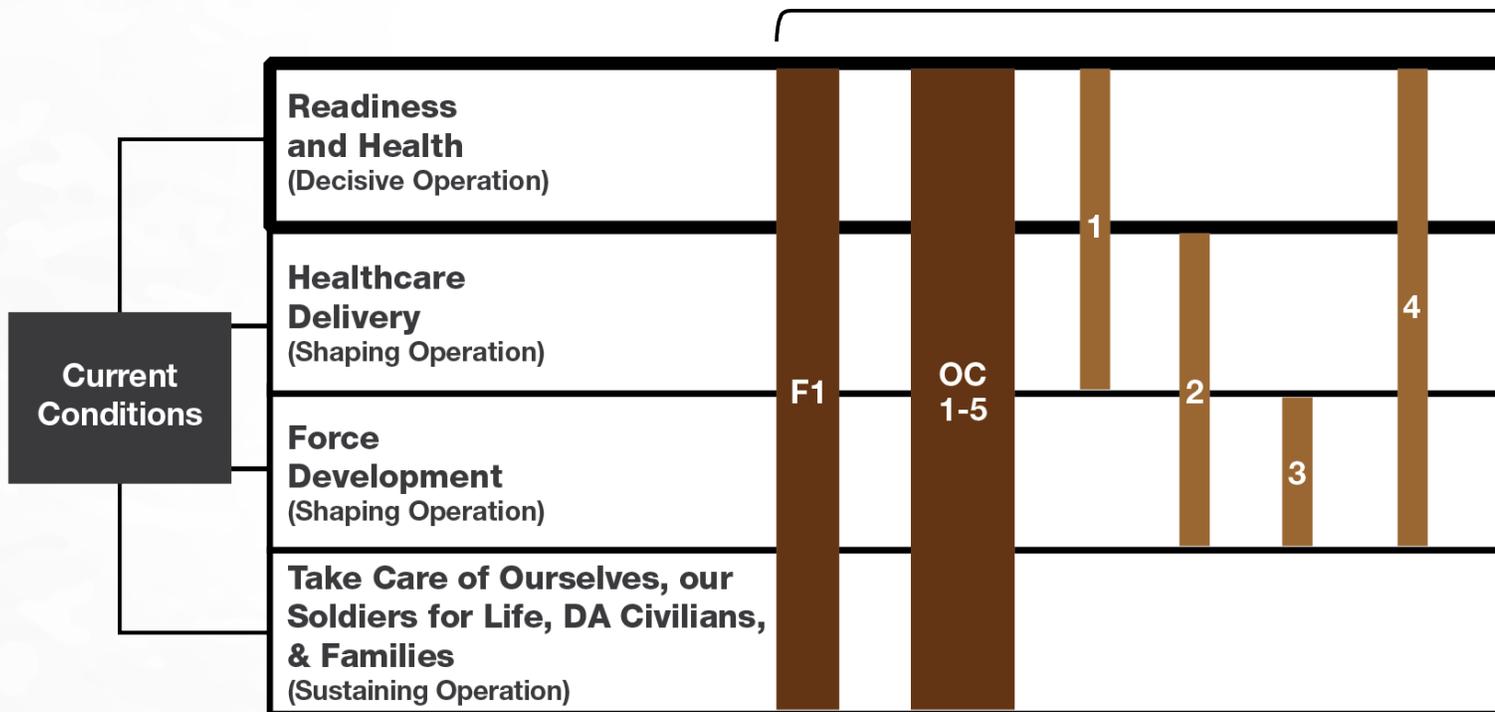
Army Medicine provides sustained health services and research in support of the Total Force to enable m

**Army Medicine Vision:**

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

**Lines of Effort**

*Camp*



**Means**

Financial (F):

F1. Optimize Financial Resources

Organizational Capacity (OC):

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 in an Operating Company

OC5. Enhance Communication, Knowledge Management & Decision Support

**Ways**

Internal Process (IP):

IP1. Optimize Soldier Protection

IP2. Improve Joint & Global Health

IP3. Improve Operational Proficiency

IP4. Leverage Health Information Systems in Army Medicine:

IP5. Improve Integrated Disability

IP6. Improve Care, Quality & Safety

IP7. Manage the Direct Care System

IP8. Improve Primary & Specialty

IP9. Improve Healthy Behaviors

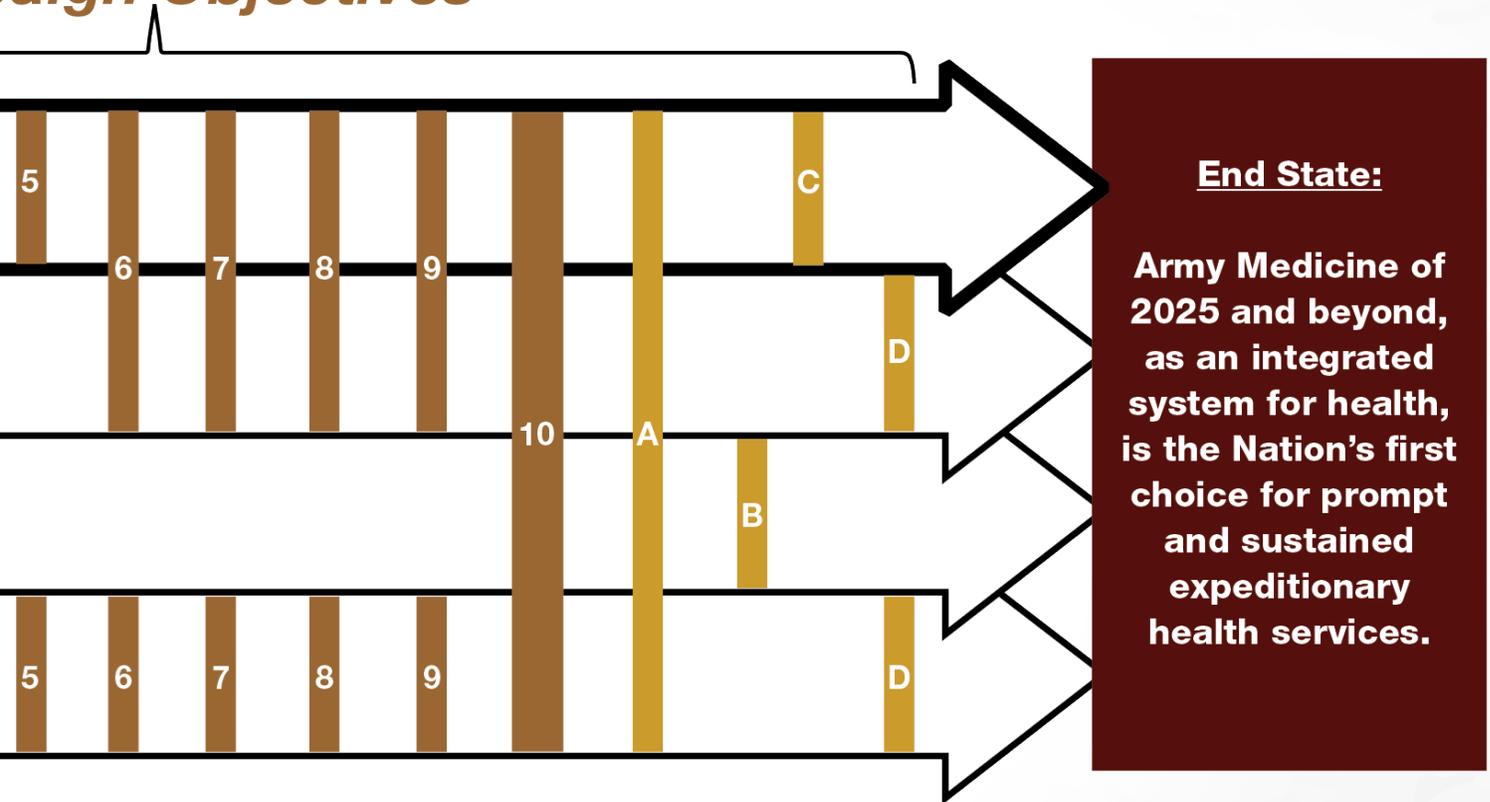
IP10. Leverage Medical Research

the link between conceptual and detailed planning.

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

at the ever-changing challenges of today and tomorrow.

## Campaign Objectives



in All Environments  
 Health Partnerships & Engagements  
 Professional Readiness  
 on Technology (HIT) to Enhance Expeditionary  
 ity Evaluation System Processing  
 afety in a High Reliability Organization  
 ystem  
 ty Care  
 s, Communities, & Environments  
 ch, Development & Logistics Management

### Ends

- Patient/Customer/Stakeholder (CS):
- A. Quality, Outcomes-Based Care for All We Serve
  - B. Responsive Medical Capabilities
  - C. Medical Readiness of the Total Army
  - D. Healthy & Satisfied Families & Beneficiaries

## II. 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 (the primary customer) and to satisfy the diverse expectations of its stakeholders. These outcomes are described as customer/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 Customers/Stakeholders
<p><b>A. Quality, Outcomes-Based Care for All We Serve</b></p> <p><b>B. Responsive Medical Capabilities</b></p> <p><b>C. Medical Readiness of the Total Army</b></p> <p><b>D. Healthy &amp; Satisfied Families &amp; Beneficiaries</b></p>		<ul style="list-style-type: none"> <li>• <b>The National Command Authority</b></li> <li>• <b>Congress</b></li> <li>• <b>The Secretary of the Army</b></li> <li>• <b>The Chief of Staff of the Army</b></li> <li>• <b>Supported Joint-Force &amp; Army Commanders</b></li> <li>• <b>Service Members</b></li> <li>• <b>Military Health System Beneficiaries</b></li> <li>• <b>Army Medicine Teammates</b></li> </ul>

**A. 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. Evidence-based healthcare practices are available for many chronic conditions such as asthma, heart failure, and diabetes, and for prevention of healthcare associated infections. 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.

**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. 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.

**D. Healthy & Satisfied Families & 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, acuity, 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 focused areas like childbirth. 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 the Military Health System

The USA MEDCOM Deputy Commanding General for Operations is the accountable proponent for this objective.

### III. Ways

Army Medicine must identify the key processes in which it must excel to generate the outcomes required to meet customer / 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

The DCS for Public Health is the accountable proponent for this objective.

**IP2. Improve Joint & Global Health Partnerships & 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. or multi-national forces. Using appropriate funding sources consistent with fiscal law and policy, Army Medicine will:

- Mature allied/partner nation relationships through targeted and measured engagements
- Increase interoperability through key exercises and military-to-military, subject matter expert and key leader engagements
- Increase targeted allied / partner medical capacity and capabilities
- Further support and implement the Joint Concept for Health Services in a leadership role among the Tri-Services

Engagements nested with the Army Service Component Commands (ASCC) and Unified Combatant Command Commanders' intents will enable Army Medicine's efforts to sustain medical readiness of the Total Army and provide responsive medical capabilities in support of: Army (Land Power), Joint and Combined operations in complex and expeditionary environment(s). The DCS for Operations is the accountable proponent for this objective.

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

- Prepare the AMEDD to support no-notice, rapid deployments with mission ready personnel able to transition from garrison to an area of operation
- Prepare the AMEDD to quickly aggregate and disaggregate medical capabilities in response to emerging crises
- Prepare an AMEDD capable of supporting missions across the range of military operations including those in austere and non-permissive environments

An AMEDD that is prepared to provide premier expeditionary health services provides the gold standard in garrison and sustainable, rapidly deployable expeditionary health services. The Commander of the U.S. Army Medical Department Center and School, Health Readiness Center of Excellence is the accountable proponent for this objective.

**IP4. Leverage Health Information Technology (HIT) to Enhance Expeditionary Medicine:** Army Medicine improves patient and population health and enables medical readiness through effective use of modernized, standardized and easy-to-use health information technologies and processes. The entire healthcare industry is on the cusp of dramatic change enabled by revolutionary technologies. Army Medicine will capitalize on these changes from foxhole to fixed facility by maturing the entire range of information technologies and processes. Army Medicine will adopt and implement an internationally recognized industry-standard maturity model to:

- Harness technology and analytics to improve patient and population health
- Provide an Information Management / Information Technology (IMIT) platforms for Virtual Health expansion
- Demonstrate how operational, clinical, and business leaders use improved collection, sharing and use of information to improve quality, enhance readiness, and enhance patient-provider relationship

Leveraging HIT evolves Army Medicine in synchronization with the private sector to maintain parity with or exceed healthcare industry standards. Mature HIT systems across the continuum of care expand the operational reach of expeditionary health services. The DCS for Support is the accountable proponent for this objective.

**IP5. Improve Integrated Disability Evaluation System (IDES) Processing:** Army Medicine expedites IDES 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 IDES performance gaps to increase productivity
- Partner with the Department of Veterans Affairs (VA) to further improve the IDES process, and increase efficiency and outcomes
- Eliminate backlogs at the Medical Evaluation Boards and the Physical Evaluation Boards and meet and / or exceed DoD / VA goals
- Leverage HIT interoperability across civilian and DoD to facilitate sharing of medical outcomes

Improved IDES 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 in a High Reliability Organization (HRO):** 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 are 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
- Establish a Quality and Safety Center that enables analysis and sharing of lessons learned for adverse events and injury and leading safety practices across the MEDCOM
- Sustain and expand Robust Process Improvement capabilities to drive disciplined, process based performance excellence
- Implement a change management strategy to enable and empower ownership of safety at the work level

Delivery of healthcare that consistently prevents harm through recognition of potential harm and effective employment of continuous performance improvement 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 HRO principles into all aspects of the healthcare continuum
- Leverage existing and future technology to expand capabilities across time and space (Secure messaging, Nurse Advice Line, virtual health)

An optimized direct care system enables quality, outcomes-based care while creating healthy and satisfied patients that maintains the Army Health System as the provider of choice. The DCS for Operations is the accountable proponent for this objective.

**IP8. Improve Primary & Specialty Care:** Army Medicine continues to operationalize the Operating Company Model through development of synchronized policies, standardized capabilities, performance measures, and personnel qualifications to deliver safe, quality, value based healthcare. To deploy a strategy and maintain accountability, Army Medicine will:

- Apply a team-focused approach within clinical environs
- Identify proven practices and core processes to minimize clinical variance and improve outcomes
- Create and foster a learning organization that strives for continuous performance excellence
- Conceptualize and resource incentive models to drive cultural change and value based outcomes
- Assist in the development of required capabilities, skills and training necessary to ensure a

ready and deployable medical force

Service Line standardization establishes AHS-wide best practices which reduce variance, conserve resources and increase safety. 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 non-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.

The DCS for Public Health is the accountable proponent for this objective.

**IP10. Leverage Medical Research & Logistics Management:** Army Medicine leads the advancement of military medicine and endeavors to transform Army Medical Logistics business processes into an Operating Company Model in order to best support the Warfighter and Army Medicine.

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 Information and Materiel in order to optimize Armed Forces Effectiveness

Through Army Medical Logistics Transformation, Army Medicine will:

- Improve Master Data Management
- Integrate Logistics with Health Information Technology
- Improve Business Standardization & Auditability
- Achieve Total Asset Visibility

The 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.

## IV. 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 & Improve Fiscal Accountability in Support of Strategic Priorities:** Army Medicine constantly reinforces strategy by linking allocation of resources to priorities for execution. Army Medicine will:

- Establish and maintain a disciplined battle rhythm of accountability that match priorities to financial resources which will enforce prudent use of resources and distribution of resources is in alignment with strategic priorities
- Align resources and incentives to execution outcomes and stewardship

This organizational strategy provides Army Medicine customers and stakeholders with the highest quality products and services at the lowest possible cost.

**OC1. Improve & 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 command
  - Train, educate and provide experiences to develop leaders and teams using mission command and supports the Army Leader Development Strategy through focus on training, education and experience
  - Accomplish this within the institutional, operational and self-development domains to produce competent professionals capable of executing their organizations' missions
- This approach will increase team work, collaboration, and technical skills.

**OC2. Balance and Align Army Medicine in Support of the Army and Joint Force:** Army Medicine strategically postures and leverages all of its capabilities in support of an Army and Joint Force transitioning from war to an Army preparing for war. Army Medicine will:

- Strategically align to appropriately support commands and military communities
- Ensure supported populations have the best healthcare and health capabilities they will require in the future through programmatic processes that determine, program, and align resources

Direct support and general support relationships for our Regional Health Commands with our OCONUS ASCCs and CONUS-based Corps, respectively, are essential in achieving health readiness accountability. These efforts support the Secretary of the Army and Chief of Staff of the Army initiatives aimed at improving and sustaining Army readiness and balancing force capabilities.

**OC3. Improve Physical, Ethical & 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 & 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 the Army Medicine's success.

**OC4. Optimize Process-Based Management in an Operating Company Model:** Army Medicine will continue to build a lean management system. Army Medicine will:

- Streamline processes to eliminate hassles, duplication, non-value added processes, waste, and rework
- Standardize processes and capitalize on Ways to improve efficiency and effectiveness
- Ensure organization wide HRO Competencies based on meaningful work

**OC5. Enhance Communication, Knowledge Management, & 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

This approach will ensure that information flows seamlessly to enhance organizational effectiveness, knowledge flow and organizational decision-making activities.



## V. 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 higher headquarters, HQDA, and informed by the Joint Concept for Health Services. This direction informs the development of other plans and strategies within the command. Fully implementing this organizational strategy 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.

## VI. 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](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)

**High Reliability Organization** - Organizations in which accidents rarely occur despite the error-prone nature of the work. (Roberts KH. Some characteristics of one type of high reliability organization. *Organization Science*. 1990;1:160–176. doi: 10.1287/orsc.1.2.160.)

**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 through 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** - 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.

**Tri-services** - In the Military Health System, the Army, Navy, and Air Force medical departments or service.

**Total Army** - 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.

**Total Force** - Active Component and beneficiaries, eligible Reserve Component, and eligible retirees. Does not include ineligible civilians and Reserve Component personnel not on duty.



**Value based outcomes** - The central focus must be on increasing value for patients — the health outcomes achieved per dollar spent.<sup>1</sup> 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.

2017  
ARMY MEDICINE  
CAMPAIGN  
PLAN

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

