The Defense Health Agency
& Facilities Shared Service

John A. Becker
Director, Facilities Division

August 20, 2015

“Medically Ready Force...Ready Medical Force”
1. Defense Health Agency (DHA) Overview
2. How does the DHA support the war fighter?
3. What is the DHA Facilities Shared Service?
4. Facility Portfolio Overview
5. An Interesting Development!
6. Key Successes
DHA Vision and Mission

Vision
A joint, integrated, premier system of health, supporting those who serve in the defense of our country.

Key Mission Aspects
- A Combat Support Agency supporting the military services
- Supports the delivery of integrated, affordable, and high quality health services to beneficiaries of the Military Health System (MHS)
- Executes responsibility for shared services, functions, and activities of the MHS
- Serves as the program manager for the TRICARE Health Plan, medical resources, and as the market manager for the National Capital Region (NCR) enhanced Multi-Service Market
- Manages the execution of policy as issued by the Assistant Secretary of Defense for Health Affairs
- Exercises authority, direction and control over the inpatient facilities and the subordinate clinics assigned to the DHA in the NCR Directorate

“Medically Ready Force...Ready Medical Force”
DHA as a Combat Support Agency

Translation: DHA is to medical as DLA is to logistics or as DISA is to communications

“Medically Ready Force...Ready Medical Force”
“Medically Ready Force...Ready Medical Force”
DHA Supports the Services, eMSMs and the MHS

“Medically Ready Force...Ready Medical Force”
Role of the Shared Service

Achieve Standardization
- Reduce unproductive variation
- Eliminate redundant processes

Improve Performance
- Enterprise-wide measurement of outcomes
- Rapid adoption of proven practices

Deliver Cost Savings and Better Value
- Streamlined operations
- Increased process efficiency

“Medically Ready Force...Ready Medical Force”
DHA Facilities Division

Secretary of Defense
USD(P&R)
ASD(HA)
MHSER
CJCS

Policy Development
Policy Execution

Defense Health Agency
CAE
HQ DHA staff

Healthcare Operations
Business Support
Research & Development
Health Information Technology
Education & Training
Shared Service - Facilities

Director, DHA Facilities
Mr. John Becker

Deputy Director, DHA Facilities
Col Scot Spann, USAF

Chief, Portfolio/Planning
COL Judith Salmon, USA
Requirements Planning

Chief, Budget POM
Mr. Gerald Rutkowski
Program & Budget

Chief, D&C, Activation
CAPT Gil Manalo, USN
Design, Construction, and Activation

Chief, Operations
Dr. Russ Manning
Portfolio Management & Facility Operations

“Medically Ready Force...Ready Medical Force”
Facilities Shared Service
Functional Roles & Organizational Structure

PL 1: Portfolio Management
- Maintain/analyze data
- Shape demand signal
- Identify gaps
- Coordinate contracts, research, training

PL 2: Req. Planning
- MILCON requirements planning
- MILCON Prioritization Process (CIDM)
- RM Coordination

PL 3: Design, Construction, and Activation
- Design and construction on-site oversight for ROB & WRNMMC
- Program Management for MILCON
- Provide scope/cost direction and funding to Agents
- IO&T coordination
- MILCON Design Review

PL 4: Facility Operations
- Program management for sustainment, RM, DMLSS, and asset performance

DHA
- Develop standards and standardized process; track metrics
- MHS Facilities Budget / POM authority

Services
- Participate in developing standards and tracking metrics
- Keep accurate inventory data
- RM req. planning
- Provide facilities demand signal for capital investment

“Medically Ready Force...Ready Medical Force”
Facilities Strategic Initiatives

- Establish Asset Visibility
- Optimize Capital Allocation
- Enhance Design, Construction, and Activation Processes
- Reduce Cost of Operations and Maintenance

“Medically Ready Force...Ready Medical Force”
Multi-Service Markets:
Focus for e-MSM Demand Signal “Visioning”

The Eight Largest Markets (and Service/Department Leads)

Puget Sound, Washington (Army)
San Diego (Navy)
Oahu, Hawaii (Army)
National Capital Region (DHA)
Tidewater (Navy)
Ft. Bragg (Army)
Colorado Springs, Colorado (rotate Air Force/Army)
San Antonio, Texas (rotate Air Force/Army)

= eMSM
= Single Service

“Medically Ready Force...Ready Medical Force”
Proposed capital investments receive enterprise-level review *before* detailed planning to:

- Ensure alignment with MHS strategic initiatives
- Identify facility performance parameters
MHS Facilities Portfolio ($34B PRV)

**Total by Type**

<table>
<thead>
<tr>
<th>Type</th>
<th>MTF Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>55</td>
</tr>
<tr>
<td>Clinic</td>
<td>364</td>
</tr>
<tr>
<td>Dental Clinic</td>
<td>257</td>
</tr>
<tr>
<td>Vet Clinic</td>
<td>253</td>
</tr>
<tr>
<td>Total</td>
<td>929</td>
</tr>
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</table>

**Total by Service & Type**

<table>
<thead>
<tr>
<th>Service</th>
<th>Hospital</th>
<th>Clinic</th>
<th>Dental Clinic</th>
<th>Vet Clinic</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Air Force</td>
<td>13</td>
<td>77</td>
<td>168</td>
<td>253</td>
<td></td>
</tr>
<tr>
<td>Army</td>
<td>22</td>
<td>114</td>
<td>137</td>
<td>253</td>
<td></td>
</tr>
<tr>
<td>DHA-NCR</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>253</td>
<td></td>
</tr>
<tr>
<td>Navy</td>
<td>18</td>
<td>114</td>
<td>40</td>
<td>253</td>
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</table>

“Medically Ready Force...Ready Medical Force”
Medical MilCon Budget History

$0$1,000$2,000$3,000$4,000

For the years 2005 to 2020, the chart shows the budget history for medical facilities, with categories such as SUPP, BRAC, ARRA, and REG. The chart details the millions in budget figures across these years, with a significant increase around 2009 and a notable decrease around 2016.

“Medically Ready Force...Ready Medical Force”
Themes

- Program priorities based on MHS Demand Signal and Strategic Priorities
- Significant future investment in clinics (22 projects in POM)
- Fewer hospital replacements compared to past years (3 projects in POM)
### FY 2016 Defense-Wide PB, DHA

<table>
<thead>
<tr>
<th>Service</th>
<th>State</th>
<th>Installation</th>
<th>Project</th>
<th>Authorization ($000)</th>
<th>Appropriation ($000)</th>
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</thead>
<tbody>
<tr>
<td>Army</td>
<td>TX</td>
<td>Ft. Bliss</td>
<td>Hospital Replacement, Incr 7 of 7</td>
<td>(2010: $966.0M)</td>
<td>239,884</td>
</tr>
<tr>
<td>Army/AF</td>
<td>GY</td>
<td>Rhine Ordnance Barracks</td>
<td>Medical Center Replacement, Incr 5 of 6</td>
<td>(2013: $990.0M)</td>
<td>85,034</td>
</tr>
<tr>
<td>Army</td>
<td>HI</td>
<td>Schofield Barracks</td>
<td>Behavioral Health/Dental Clinic Addition</td>
<td>123,838</td>
<td>123,838</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Army Total:</strong></td>
<td></td>
<td><strong>448,756</strong></td>
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<tr>
<td>Navy</td>
<td>HI</td>
<td>MCB Kaneohe Bay</td>
<td>Medical/Dental Clinic Replacement</td>
<td>122,071</td>
<td>122,071</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Navy Total:</strong></td>
<td></td>
<td><strong>122,071</strong></td>
</tr>
<tr>
<td>Air Force</td>
<td>OH</td>
<td>Wright-Patterson AFB</td>
<td>Satellite Pharmacy Replacement</td>
<td>6,623</td>
<td>6,623</td>
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<tr>
<td>Air Force</td>
<td>TX</td>
<td>JB San Antonio (Lackland AFB)</td>
<td>Ambulatory Care Center, Phase 4 of 4</td>
<td>61,776</td>
<td>61,776</td>
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<tr>
<td>Air Force</td>
<td>GY</td>
<td>Spangdahlem Air Base</td>
<td>Medical/Dental Clinic Addition</td>
<td>34,071</td>
<td>34,071</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Air Force Total:</strong></td>
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<td><strong>102,470</strong></td>
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| All Major MILCON Projects | 348,379 | 673,297 |
| Unspecified Minor Construction | - | 5,000 |

**TOTAL MILCON** 348,379 678,297

“Medically Ready Force...Ready Medical Force”
### FY 2016 PB Defense-Wide, DHA Medical MilCon Projects  (Approps in $000)

<table>
<thead>
<tr>
<th>Service</th>
<th>State</th>
<th>Installation</th>
<th>Project Description</th>
<th>FY 2016</th>
<th>FY 2017</th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>FY 2020</th>
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<tbody>
<tr>
<td>Navy</td>
<td>HI</td>
<td>MCB Kaneohe Bay</td>
<td>Medical/Dental Clinic Replacement</td>
<td>122,071</td>
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<td>-</td>
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<tr>
<td>Army</td>
<td>HI</td>
<td>Schofield Barracks</td>
<td>Behavioral Health/Dental Clinic Addition</td>
<td>123,838</td>
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<tr>
<td>Air Force</td>
<td>OH</td>
<td>Wright-Patterson AFB</td>
<td>Satellite Pharmacy Replacement</td>
<td>6,623</td>
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<td>-</td>
<td>-</td>
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<tr>
<td>Army</td>
<td>TX</td>
<td>Ft. Bliss</td>
<td>Hospital Replacement, Incr’d, CWE $906.570M</td>
<td>239,884</td>
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</tr>
<tr>
<td>Air Force</td>
<td>TX</td>
<td>JB San Antonio (Lackland AFB)</td>
<td>Ambulatory Care Center, Phase 4</td>
<td>61,776</td>
<td>-</td>
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<td>-</td>
<td>-</td>
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<tr>
<td>Army</td>
<td>zGY</td>
<td>Rhine Ordnance Barracks</td>
<td>Medical Center Replacement, Incr’d PA $987.514M</td>
<td>85,034</td>
<td>388,549</td>
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<td>zGY</td>
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<td>Medical/Dental Clinic Addition</td>
<td>34,071</td>
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<tr>
<td>DHA-NCR</td>
<td>MD</td>
<td>Bethesda, WRNMMC</td>
<td>Med Cen Add/Alt (Bldg C), Incr’d</td>
<td>-</td>
<td>187,654</td>
<td>198,096</td>
<td>108,977</td>
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<td>Army</td>
<td>OK</td>
<td>Ft Sill</td>
<td>Behavioral Health Clinic Add/Alt</td>
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<td>7,368</td>
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<td>Army</td>
<td>TX</td>
<td>Ft Bliss</td>
<td>Blood Donor Center Replacement</td>
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<td>Ft Huachuca</td>
<td>Troop Medical Clinic Replacement</td>
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<td>Medical / Dental Clinic Add/Alt</td>
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<td>GA</td>
<td>Ft Gordon</td>
<td>Medical/Behavioral Health Clinic Replacement</td>
<td>-</td>
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<td>30,758</td>
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<td>HI</td>
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<td>Patuxent River</td>
<td>Health Clinic Replacement</td>
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<td>Navy</td>
<td>ME</td>
<td>Portsmouth Naval Shipyard</td>
<td>Medical / Dental Clinic Replacement</td>
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<td>-</td>
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<tr>
<td>Army</td>
<td>GA</td>
<td>Ft Gordon</td>
<td>Blood Donor Center</td>
<td>-</td>
<td>-</td>
<td>12,564</td>
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<tr>
<td>Army</td>
<td>KS</td>
<td>Ft Riley</td>
<td>Veterinary Facility Replacement</td>
<td>-</td>
<td>-</td>
<td>13,649</td>
<td>-</td>
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<tr>
<td>HA</td>
<td>MD</td>
<td>NSA Bethesda (USUHS)</td>
<td>Education and Research Building Add/Alt</td>
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<td>-</td>
<td>277,090</td>
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<tr>
<td>Army</td>
<td>SC</td>
<td>Ft Jackson</td>
<td>Behavioral Health Clinic Add/Alt</td>
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<td>22,745</td>
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<td>Air Force</td>
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<td>Sheppard AFB</td>
<td>Medical/Dental Clinic Replacement</td>
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<tr>
<td>Navy</td>
<td>CA</td>
<td>MCAS Miramar</td>
<td>Dental Clinic Replacement</td>
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<td>-</td>
<td>34,499</td>
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<tr>
<td>Navy</td>
<td>CA</td>
<td>NHRC San Diego</td>
<td>Naval Health Research Center</td>
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<tr>
<td>Army</td>
<td>CO</td>
<td>Ft Carson</td>
<td>Medical Clinic</td>
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<td>Navy</td>
<td>IL</td>
<td>NTC Great Lakes</td>
<td>Medical/Dental Clinic Replacement</td>
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<td>-</td>
<td>-</td>
<td>86,247</td>
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<tr>
<td>Army</td>
<td>VA</td>
<td>Ft Belvoir</td>
<td>Medical Clinic</td>
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<td>-</td>
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<td>-</td>
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<td>Navy</td>
<td>VA</td>
<td>Norfolk Naval Shipyard</td>
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<td>-</td>
<td>-</td>
<td>16,783</td>
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<tr>
<td>Army</td>
<td>WA</td>
<td>Joint Base Lewis-McChord</td>
<td>Behavioral Health Add/Alt</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>146,899</td>
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<td>Army</td>
<td>zGY</td>
<td>Hohenfels Training Area</td>
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<td>-</td>
<td>-</td>
<td>-</td>
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<td>-</td>
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<tr>
<td>Army</td>
<td>zGY</td>
<td>Wiesbaden Army Airfield</td>
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<td>-</td>
<td>-</td>
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<td>55,170</td>
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### All Major MILCON Projects

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<tr>
<th>Project</th>
<th>FY 2016</th>
<th>FY 2017</th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>FY 2020</th>
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<tr>
<td>Unspecified Minor Construction</td>
<td>5,000</td>
<td>5,000</td>
<td>5,500</td>
<td>5,500</td>
<td>5,500</td>
</tr>
<tr>
<td>Design (P&amp;D)</td>
<td>32,455</td>
<td>35,858</td>
<td>24,918</td>
<td>54,455</td>
<td></td>
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<tr>
<td>TOTAL MILCON</td>
<td>678,297</td>
<td>653,360</td>
<td>546,741</td>
<td>556,104</td>
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</tbody>
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TOTAL FY 2016 - 2020: 2,979,770

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"Medically Ready Force...Ready Medical Force"
An Interesting Development!

- **Senate Report 114-57: Military Construction, Veterans Affairs, and Related Agencies Appropriation Bill, 2016**
  - “The close coordination among DHA, the Corps of Engineers, and NAVFAC enables DHA to more efficiently manage the design and construction of large-scale medical facilities, while containing cost and schedule overruns.”
  - “The Committee directs DHA to consult with VA on best practices in hospital design and construction.”
  - “Further, the Committee directs DHA to submit a report to the Committees on Appropriations of both Houses of Congress within 180 days of enactment of this act regarding steps DHA has taken to fulfill this directive.”

“Medically Ready Force...Ready Medical Force”
Key Successes

- Standardized demand signal and prioritization process for MilCon requirements
- Standardized Sustainment, Restoration, and Modernization programming models
- Standardized IO&T programming model
- Facilities support to e-MSMs for future capital requirements
- BUILDER implementation (Enterprise Facility Condition Assessment)

“Medically Ready Force...Ready Medical Force”
Great People Are Counting On Us

"Medically Ready Force...Ready Medical Force"

Coming Together is a Beginning, Keeping Together is Progress, Working Together is Success

Henry Ford