

# **Defense Health Agency J-4 Line of Business**

for
The Coalition for Government Procurement

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# Agenda



- DHA J-4 AMETL
- DHA Establishment
- DHA Strategy Map
- Market Focus: eMSMs and MSMs
  - ☐ DHA Readiness Platforms
- DHA J-4 Line of Business Under NDAA 2017
- DHA J-4 Initiatives

# DHA J-4 AMETL – My CSA Role



- Manage acquisition of capabilities [CAE]
- Procure products and services [HCA]
- Develop the acquisition workforce [DACM]
- Manage Agreements [SAM]



### **DHA – Newest Defense Agency, and Evolving**



DoD Task Force on MHS Governance



September 2011

Recommended DHA model for MHS governance DEPSECDEF
Planning Memo



March 2012

Directed planning for DHA implementation DHA Planning WG Report



November 2012

Provided DHA and Shared Services implementation plan for DEPSECDEF approval DEPSECDEF "Nine Commandments"

Memo



March 2013

Directed implementation of DHA

NDAA 2017



Dec 2017

Directed implementation of NDAA

#### DEFENSE HEALTH AGENCY STRATEGY MAP 2.0

The Defense Health Agency (DHA) is a joint, integrated Combat Support Agency that enables the Army, Navy, and Air Force medical services to provide a medically ready force and ready medical force to Combatant Commands in both peacetime and wartime.



ENDS

WAYS

MEANS

Operational Medicine CONOPS

Joint Concept for Health Services

**Health Benefit Delivery** CONOPS



Ready Medical Force

READINESS

Medically Ready Force

Strengthen Our Role as a Combat Support Agency

"DHA supports Readiness solutions that meet joint mission needs." (E1)

Respond to

Immediate

Mission

Needs (W2)

Fortify Our Relationship with the Services

"I trust the DHA to deliver the support I need for mission success." (E2)

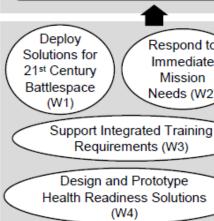
Optimize Defense Health **Agency Operations** 

"DHA creates greater value through Operational Excellence." (E3)

Optimize Portfolio of

**DHA Initiatives** 

(W14)



Requirements (W3) Design and Prototype Health Readiness Solutions (W4) Conduct Health-

(W9) Leverage Strategic Partnerships (W10)

Support Service Needs for

Data, Reporting, and Analytics

(W7)

Deliver and Sustain

Electronic Health Record

(W8)

Improve System of

DHA Accountability

**Improve** Health Optimize Existing ESAs Outcomes (W12) and Experience in **Build Robust** the NCR-MD Improvement Capability (W13)

Modernize

TRICARE

(W11)

(W15) Maximize Value from Suppliers and Partners (W17)

Implement DHA Performance Management System (W16)

Optimize Critical Internal Management Processes (W18)

Strengthen Customer Focus (M1)

Related Research

(W5)

Shape Workforce for Success (M2)

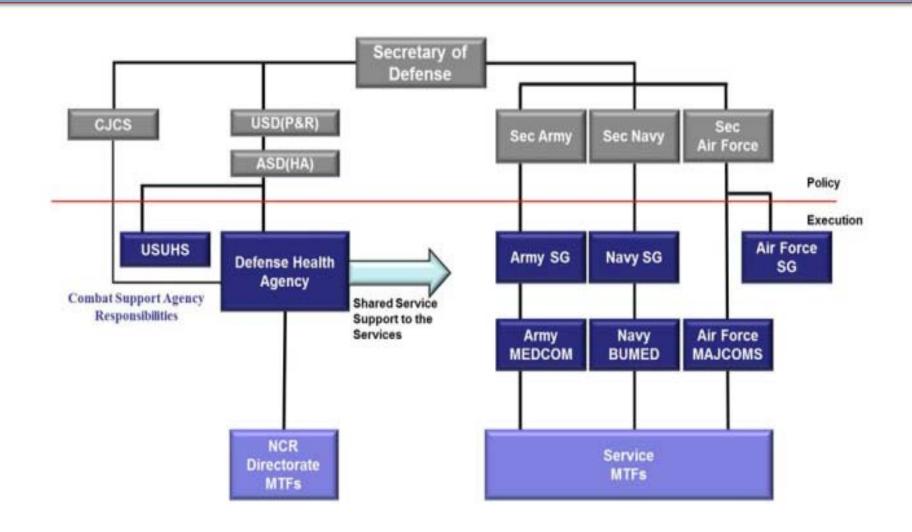
Align Resources Against Strategic Priorities and Ensure Fiscal Accountability(M3)

Gather and Prioritize Requirements

Advance a Culture of Continuous Learning (M4)

# **MHS Big Picture**

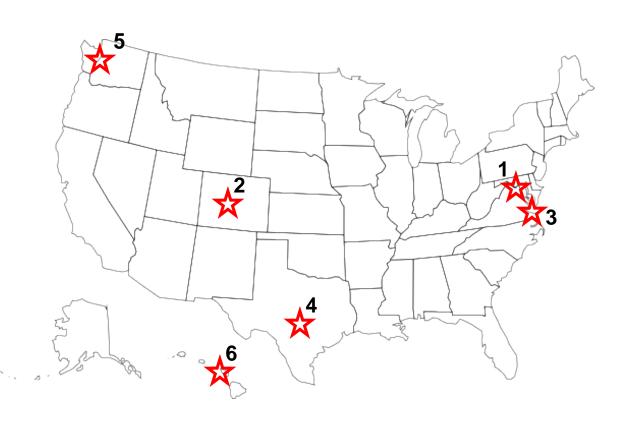




### **Enhanced Multi-Service Markets (eMSMs)**



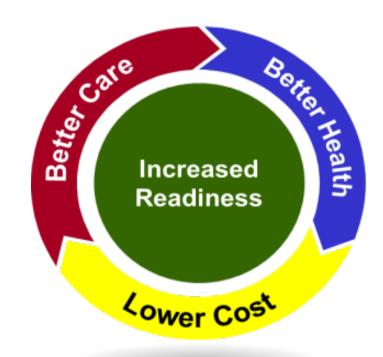
- 1. National Capital Region (Defense Health Agency)
- 2. Colorado Springs, Colorado (rotate Air Force/Army)
- 3. Tidewater, Virginia (Navy)
- 4. San Antonio, Texas (rotate Air Force/Army)
- 5. Puget Sound, Washington (Army)
- 6. Oahu, Hawaii (Army)



#### eMSM as a Readiness Platform



- As our principal readiness and training platforms, the eMSMs serve as the centerpiece of clinical and business transformation in the MHS.
- Multi-Service markets are where common clinical and business processes are most needed – at critical hand-off points between Service care systems and external providers.
- eMSMs will set the example for what the future of the MHS will be – multi-Service, integrated, and coordinated



#### "Enhanced" means:



There are two distinguishing features of the enhanced Multi-Service Market: a **single market manager**, and a **Market-based business performance plan**.

#### **Market Manager**

Within each eMSM, an appointed market manager has the authority to:

- Manage the allocation of the budget for the market
- Direct common clinical and business functions for the market
- Direct the movement of workload and workforce among the medical treatment facilities
- Develop, execute and monitor the business performance plan

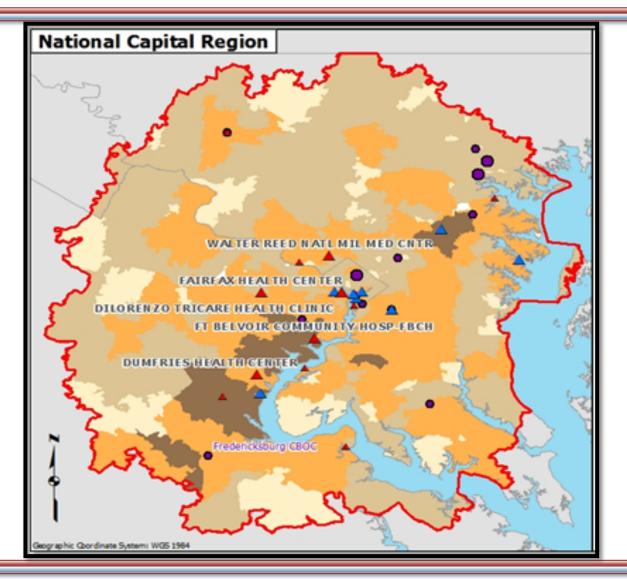
#### **Business Performance Plan**

Within each eMSM, 5-year Business Performance Plans will be:

- Fully-integrated across the entire market, replacing MTF based business plans
- Based on a 5-year planning cycle, as opposed to the traditional 3-year plan
- Aligned with budget execution process to ensure continuity over time

#### **DHA eMSM**





#### **Multi-Service Markets**



Multi-Service Markets (MSMs) are geographic areas where at least two different Service MTFs have overlapping catchment areas as defined by TRICARE (30/60 minute drive time for primary/specialty care).



# There are 11 locations in the U.S. that are Multi-Service Markets:

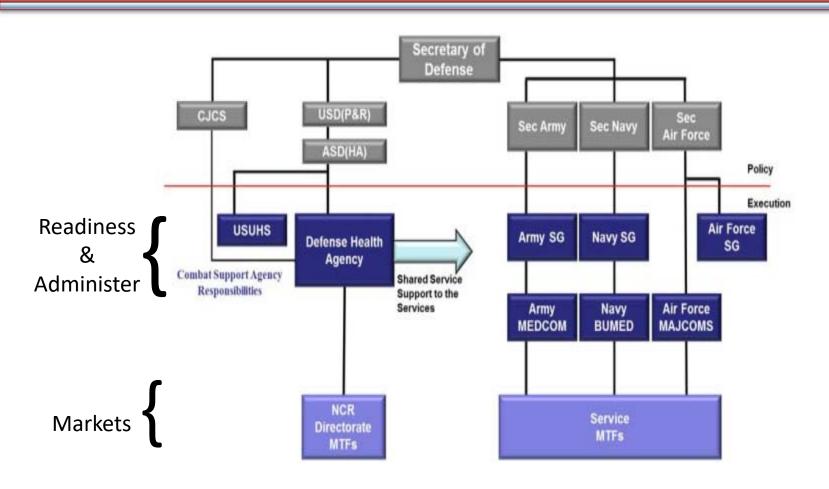
- 1. Tidewater, VA
- 2. National Capital Region
- 3. Charleston, SC
- 4. Bragg/Pope, NC
- 5. Mississippi Gulf Region, MS
- 6. San Antonio, TX
- 7. Colorado Springs, CO
- 8. Puget Sound, WA
- 9. Oahu, HI
- 10. Fairbanks, AK
- 11. Anchorage, AK

# There 4 overseas locations also deemed Multi-Service Markets:

- 1. Okinawa, Japan
- 2. Kaiserslautern, Germany
- 3. Osan Community, South Korea
- 4. Guam

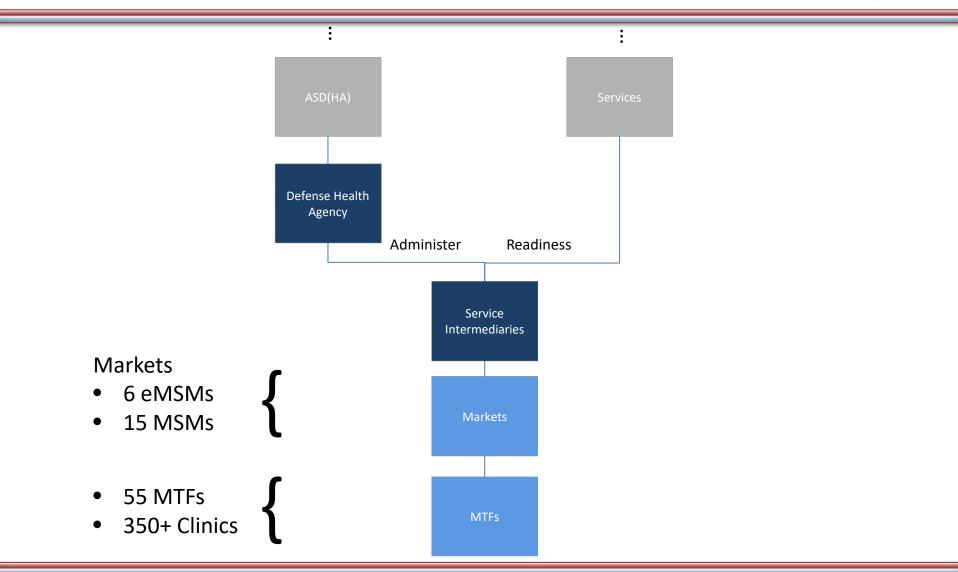
#### **MHS Market Focus**





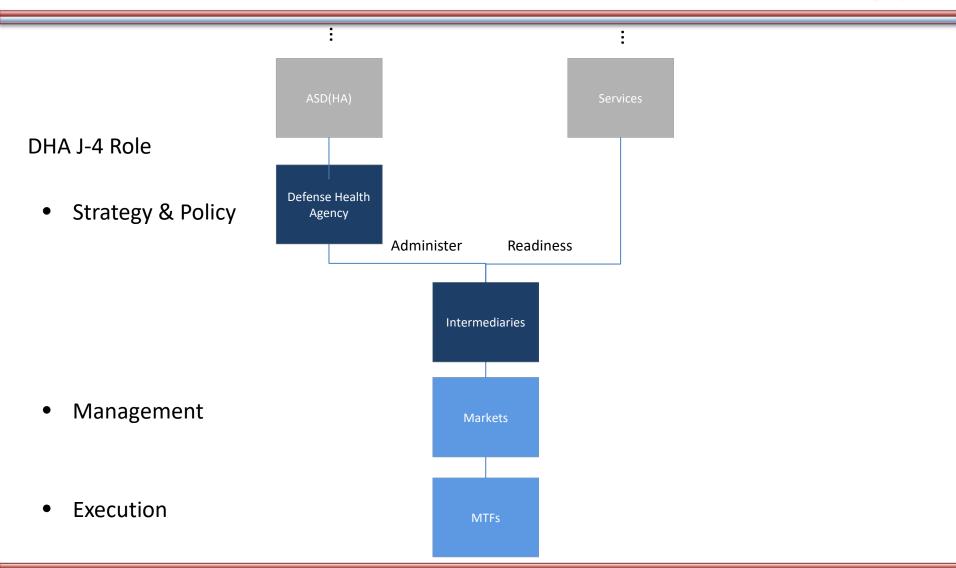
# **One Concept**





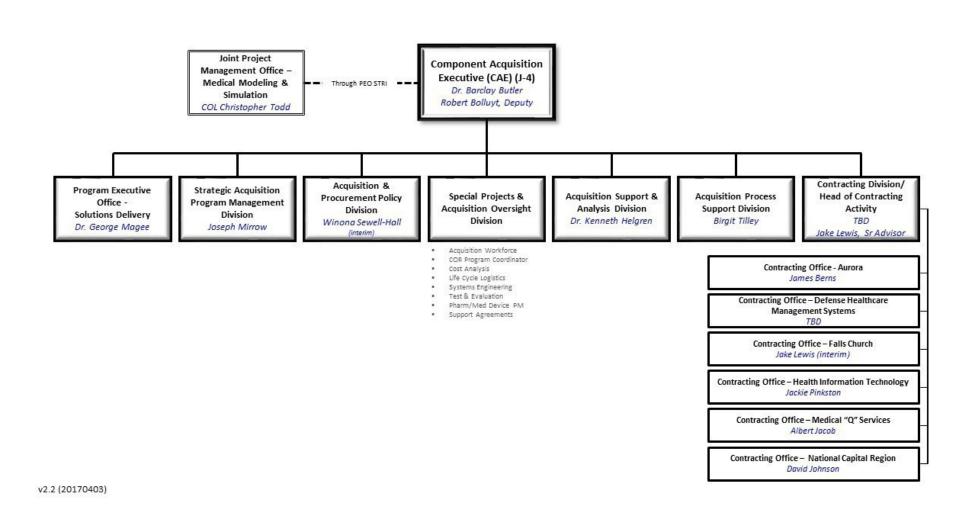
#### **DHA J-4 Line of Business**





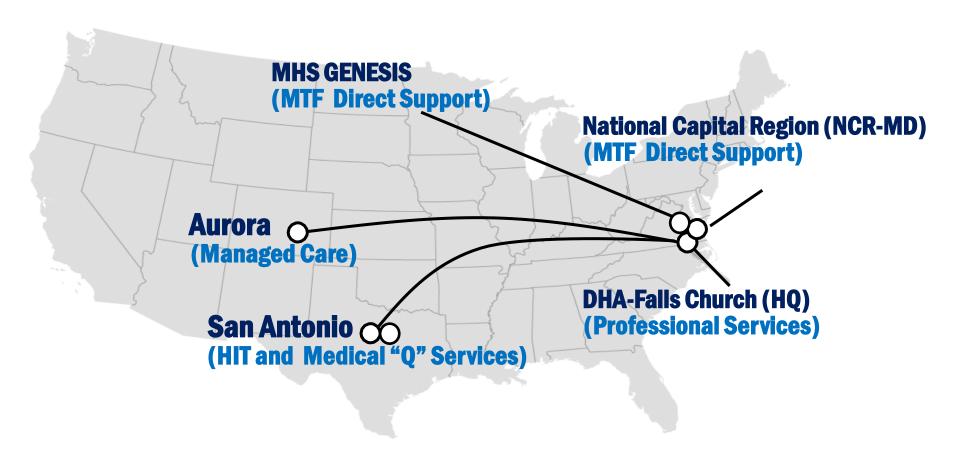
# **DHA J-4 Organization**





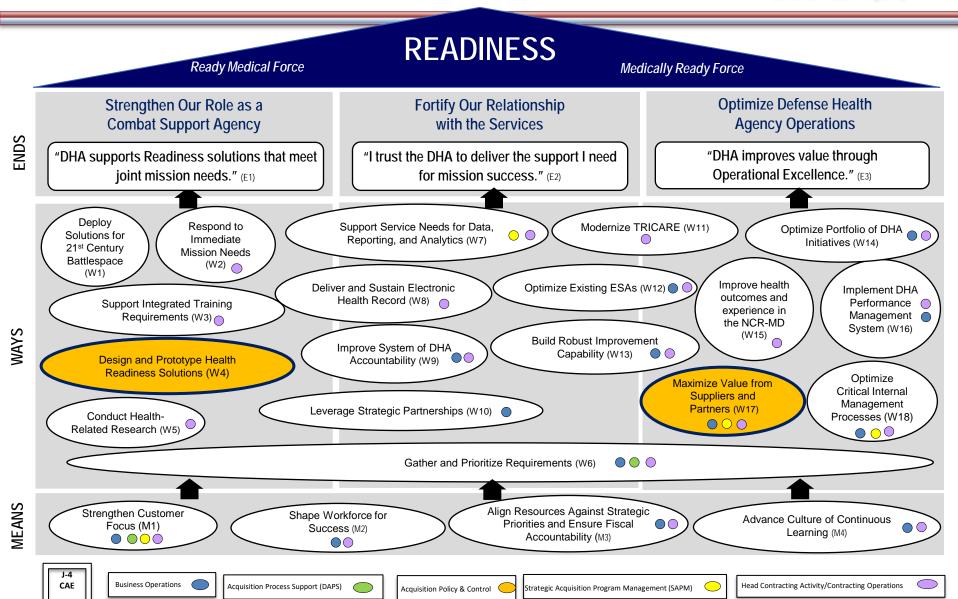
# DHA Procurement Organization Six Contracting Operations and Locations





#### J-4 Alignment to DHA Strategy Map





# **Industry Outreach**



- Very interested in good relationships with industry
  - ☐ We can't do our mission with out you
- Industry Days
  - ☐ Two per year, DHA-wide
    - May (May 8, 2016) and November
  - ☐ Likely make multi-day events
    - 1 day for J-6, 1 day for J-3, 1 day for all others
    - Morning sessions are presentations of opportunities
    - Afternoon sessions are for discussion with PMs/SMEs
  - ☐ Opportunity Specific Industry Days
    - Depending on the size of the opportunity

# Industry Outreach (continued)

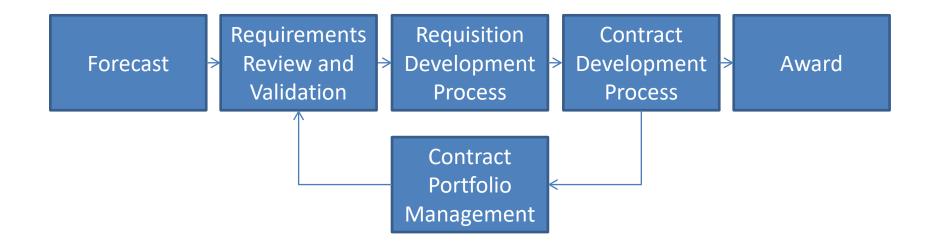


■ Industry Partner Network (IPN) ☐ Purpose: seeking innovation in support of the DHA mission ☐ Ask for ideas from industry Using FedBizOps announcements You submit your ideas to the J-4 Web Site (SB site) ☐ If accepted, then ask for a 1 page white paper ☐ If accepted, then ask to come and present Shark Tank presentation to SMEs, 1 hour, Q&A ☐ If accepted, then meet one-on-one with PM/SME ☐ If accepted, then follow the usual contracting processes ☐ Measure of success: number of ideas inserted into programs

# **Performance Improvement Processes**

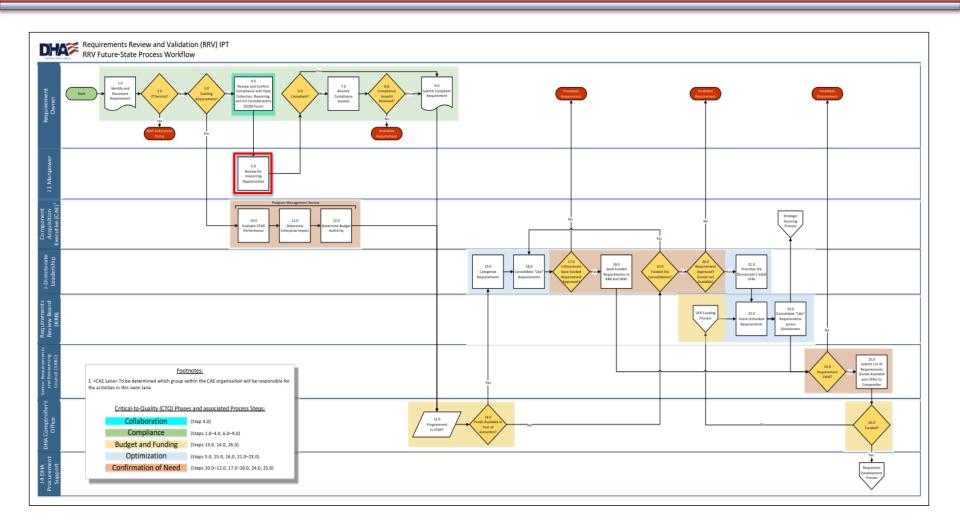


- Classis model approach
  - ☐ Flow diagram with multiple swim lanes (owners)
  - ☐ Inputs, outputs, metrics for performance
  - ☐ RACI (Responsible, Accountable, Consulted, Informed)



# Requirements Review and Validation Process (RRV)





# **Contract Types and Evaluations**



- LPTA (low price technically acceptable)
  - ☐ Getting away from using this, going to trade offs
- Fixed Price Incentive
  - ☐ Cover cost (plus a little more)
  - ☐ Incent for performance
    - Not just contract performance
    - Includes incentive for clinical performance and outcomes
    - Threshold, Objectives, and incentive curves in between
    - Pay monthly (depends on data cycle for specific incentive)
    - Likely use a 6 month transition FFP to FPIF

#### **Forecast**



- Forecast
  - ☐ Drives workload in the J-4
    - Allows for management of demand signal
  - ☐ Publish on web site
  - ☐ Update as new requirements identified
  - ☐ Continue to refine information over time
  - ☐ Work on key fields that are important to you
    - Budget range
    - Vehicle
    - Need by dates

# **Strategic Sourcing**



- Strategic Sourcing Vehicles
  - ☐ Consolidation of contracts for MHS/DHA use
  - Q-Services for licensed clinicians
    - Being competed now
    - Award Q1FY18
  - Medical Support Services
    - Coming soon
  - ☐ HIT commodity buys
    - Based on discovery tools, age, and a push from DHA
  - ☐ Lots more coming

#### **Protests**



- Seems like we're getting more
  - ☐ Not entirely true
  - ☐ Peaked in the late 1990s
  - ☐ Still below that peak, but rising slowly
- Goal
  - ☐ A level playing field all want this
- Balance the equation, Fix the relationship
  - ☐ Gov't gets better at writing the PWSs
    - Follow what we said we'd evaluate against
  - ☐ Industry protests when there is a substantive mistake

# **Government Purchase Card (GPC)**



- Dramatic expansion in the next year in DHA
- NDAA has significant increases in limits
  - ☐ Need to get into policy before we can use this
- Purpose is to reduce demand signal on KOs
  - ☐ Spend time doing more complex contract work
- Structure a more robust management office
- Train the work force
- DHA to MTF program

# **DHA/GSA Partnership**



Both parties agree to work together in partnership

- ☐ DHA's Commitment:
  - 1<sup>st</sup> review/preference to GSA vehicles (GWACs/S70)
  - Spending commitment to these vehicles
  - User input for website development
- ☐ GSA's Commitment:
  - Increased support (Personnel, Technical, & Project Mgmt)
  - Stronger focus on Health IT (Health IT SIN development)
  - DHA Portal Development

# **Agile Contracting**

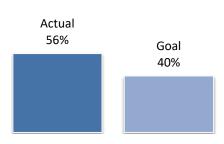


- Use of Agile Principles in contracting
- Pilot effort about to start in DHA J-6
- Based on measurable outcomes
  - ☐ Not surrogate measures using status reports or documents
- Contract for capabilities (outcomes)
  - ☐ Let requirements evolve

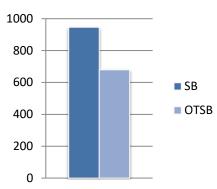
#### **Small Business**



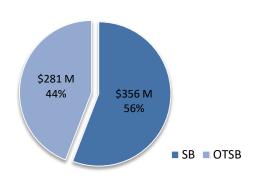
DHA Prime SB Goal Performance



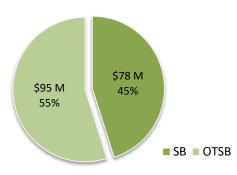
**DHA Prime Actions** 



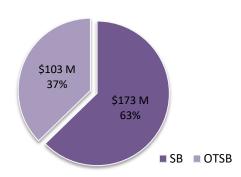
**DHA Prime SB Performance** 



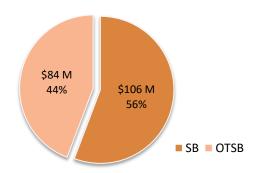
**FC Prime SB Performance** 



**NCR Prime SB Performance** 



**SA Prime SB Performance** 



# **Summary**



- Want the best relationships with industry
  - ☐ Dramatic increase in communications
  - Many formats and venues
  - ☐ All need to know and play by the rules
- DHA is evolving
  - ☐ Impact on the J-4 line of business
  - ☐ 17 months to get there
- Improve performance of the J-4 Contracting Shops
- Provide better support to the DHA
  - ☐ Can't do it with out industry