2010 Military Health System Conference

How You Are Funded By Your Service

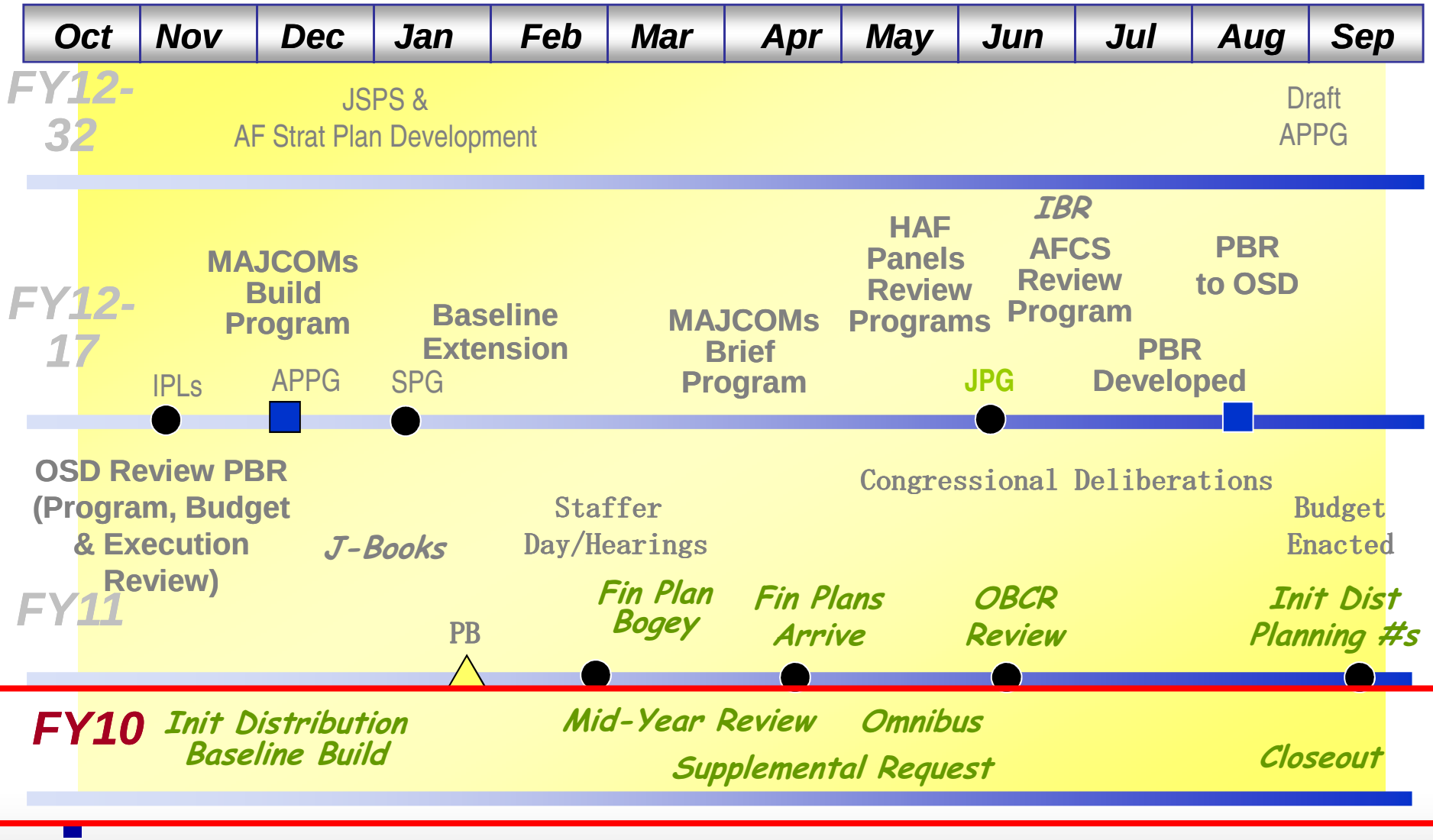
Sharing Knowledge: Achieving Breakthrough Performance

Colonel Dean Borsos

January 2010

Air Force Medical Service

Planning, Programming, Budgeting & Execution (PPBE)



AFMS…Some Basics

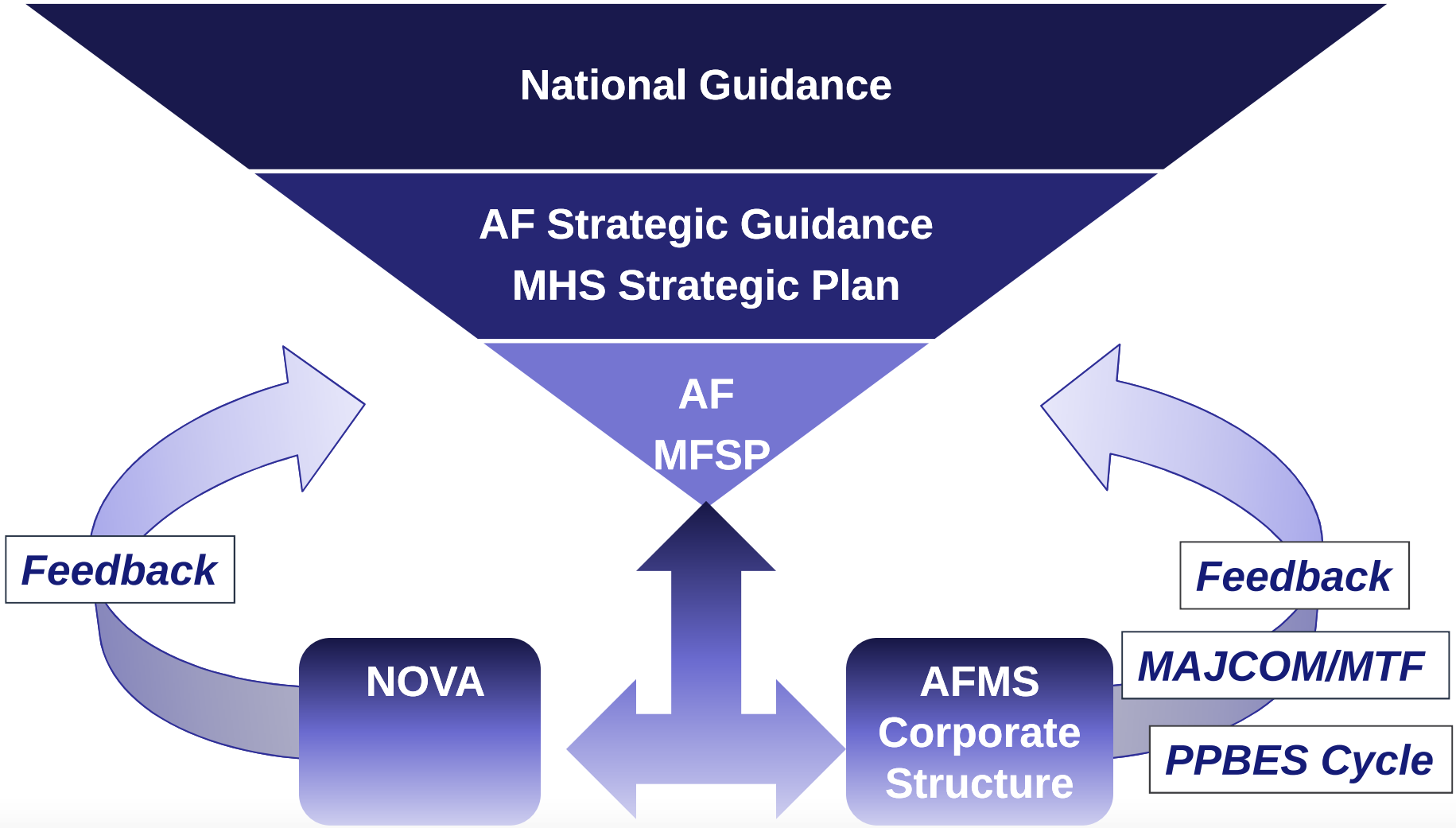
- AF MTF CCs work for the LAF
- MTFs based on Wing mission, location, air space, etc.,
- MTF facts of life
  - MTFs resourced to meet line mission and beneficiary population
  - Not all civilian networks are equal; MTFs must be resourced to provide quality care
  - 74 MTFs = 59 clinics + 15 hospitals

AFMS…Some Basics (cont'd)

- AF medics = 30.6K (75%) AD + 7.2K (25%) civilians
- Medics funded by LAF = 2.9K (flying squadron support/aeromedical evacuation assets) (7%)
- Home station (DHP) assets deploy
- Provides/arranges care for 1.2M enrollees

Funding the AFMS and MTFs

AF Medical Futures Support Plan



The AF Medical Service (AFMS)

Operational Healthcare

Trained, Current, and Deployable To Go Anywhere

AFMS Vision

Seamless Health Service Support to USAF and Combatant Commanders

AFMS Mission

World-Class Healthcare for Our Beneficiaries Anywhere, Anytime

Home Station Healthcare

Delivering the TRICARE Benefit

AF Medicine! Trusted Care Anywhere!

Air Force & AFMS Priorities

Reinvigorate the Nuclear Enterprise

Deliver Best Medical Reliability for the Nuclear Mission

Partner with Joint and Coalition Team to Win Today's Fight

Enhance Full-Spectrum Medical Capabilities to Support Winning Today's Fight

Develop and Care for Airmen and their Families

Implement Patient-Centered Care to Sustain Healthy and Resilient Airmen and Families

Modernize our Air and Space Inventories, Organizations & Training

Advance Medical Capabilities through Research and Infrastructure Recapitalization

Recapture Acquisition Excellence

Build Interoperability and Medical Acquisition Expertise

AFMS Priority 3

Implement Patient-Centered Care
to Sustain Healthy and Resilient Airmen and Families

- Goals
  - Ensure currency for peacetime/expeditionary medical requirements
  - Build medical officer/enlisted/civilian (OAC) force development opportunities
  - Develop retention/recruiting strategies to enable balanced sustainment of AF specialties and expertise
  - Improve patient-centered health care focused on quality, cost, access and performance

AFMS Priority 3

- Objectives
  - Continue to improve DT/HPERB processes to meet AF/national certification requir
and develop AF leaders
  - Integrate civili career field DT process
  - Id number of FM residency slots
and ensure FM platforms meet requirements
  - Identify right number of RAM residency slots and build clinically-based RAM residency

Objectives May Require Policy Change, Resources, or Both

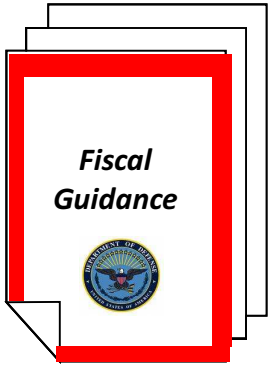
AFMS Priority 3

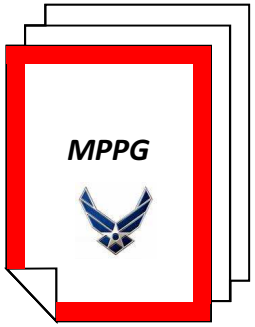
- Objectives (cont'd)
  - Develo[illegible]gies to target critical AFMS [illegible]ties/expertise
  - Effectively use pay/practice reforms to compete with private sector
  - Implement Medical Home across AFMS
  - Extend Medical Home model to Int Med, Peds, FSO, and ER
  - Develop process to identify, treat and track TBI and other high-risk MH patients

Objectives May Require Policy Change, Resources, or Both

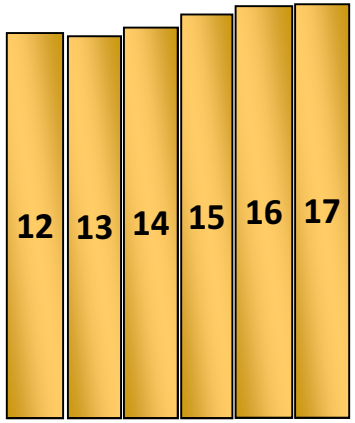
Medical Planning and Programm

- Long Range Pl esources
- Critical linkage ogramming
  - JPG; GDF; C TMA/HA
- Combines Fisc ance





There are three things required to develop a POM
1) a baseline
2) fiscal guidance
3) program guidance



Most Dear FY12 Funded Content Least Dear	Most Dear FY13 Funded Content Least Dear	Most Dear FY14 Funded Content Least Dear	Most Dear FY15 Funded Content Least Dear	Most Dear FY16 Funded Content Least Dear	Most Dear FY17 Funded Content Least Dear

FYDP →

FY12-17 Medical Planning and Programming Guidance

- Outlines priorities, goals and objectives; assigns appropriate Panel to address Programmatically
  - Develop standard, consistent Medical PRP processes AFMS-wide
  - Implement Medical Home across AFMS
  - Identify market opportunities for clinical currency
  - Work with MTFs impacted by BRAC/Jt Basing to address resourcing needs

Build Process

- Develop medical Planning and Programming Guidance--incorporate higher level guidance
- Establish baseline position – “getting the books right”
- MTFs/Intermediate Command develop options to meet guidance

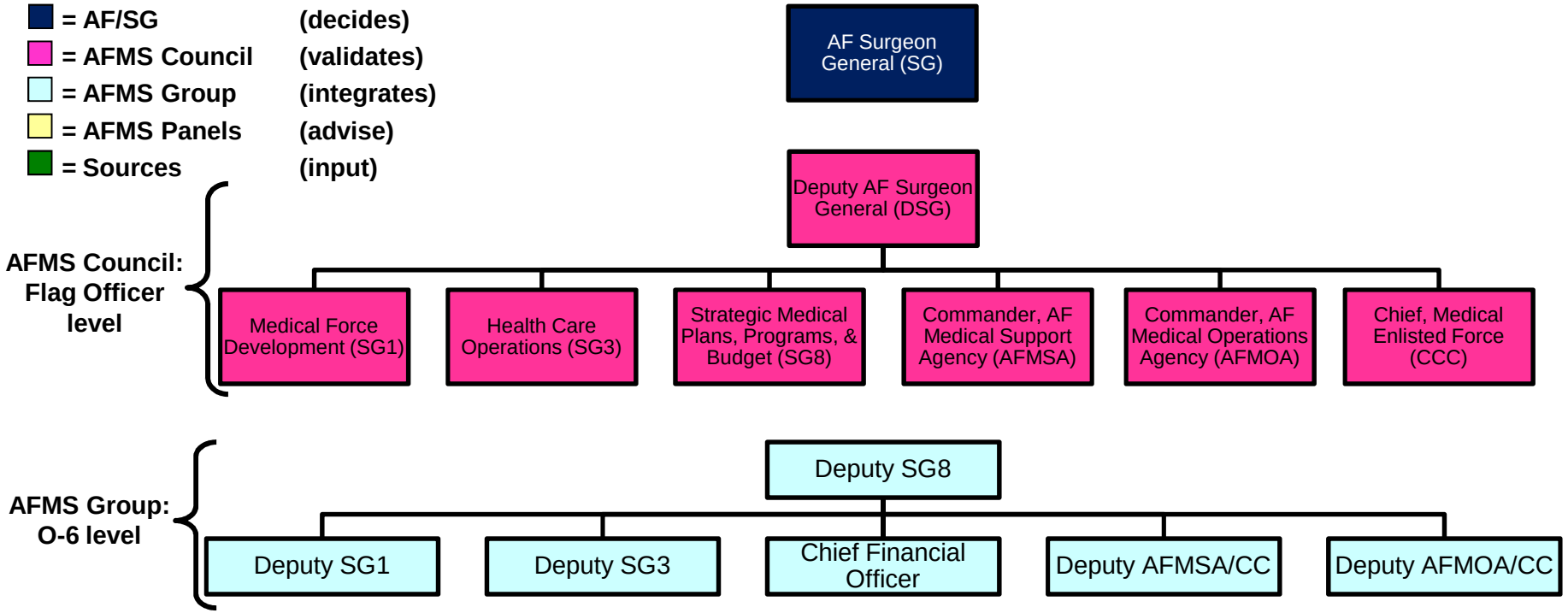
Ensures fully integrated/vetted program

Build Process (cont'd)

- AFMS Corporate Structure Review
  - Group: Balance Disconnects/Initiatives/Offsets (O-6 Level)
  - Council: Vectors/validates inputs (GO/FO level)
  - AF/SG: Approves
- SecAF/CSAF and TMA Review
- Adjust Resourcing Files: Build MILPERS files for A1 and build Financial files for TMA

Ensures fully integrated/vetted program

AFMS Corporate Structure



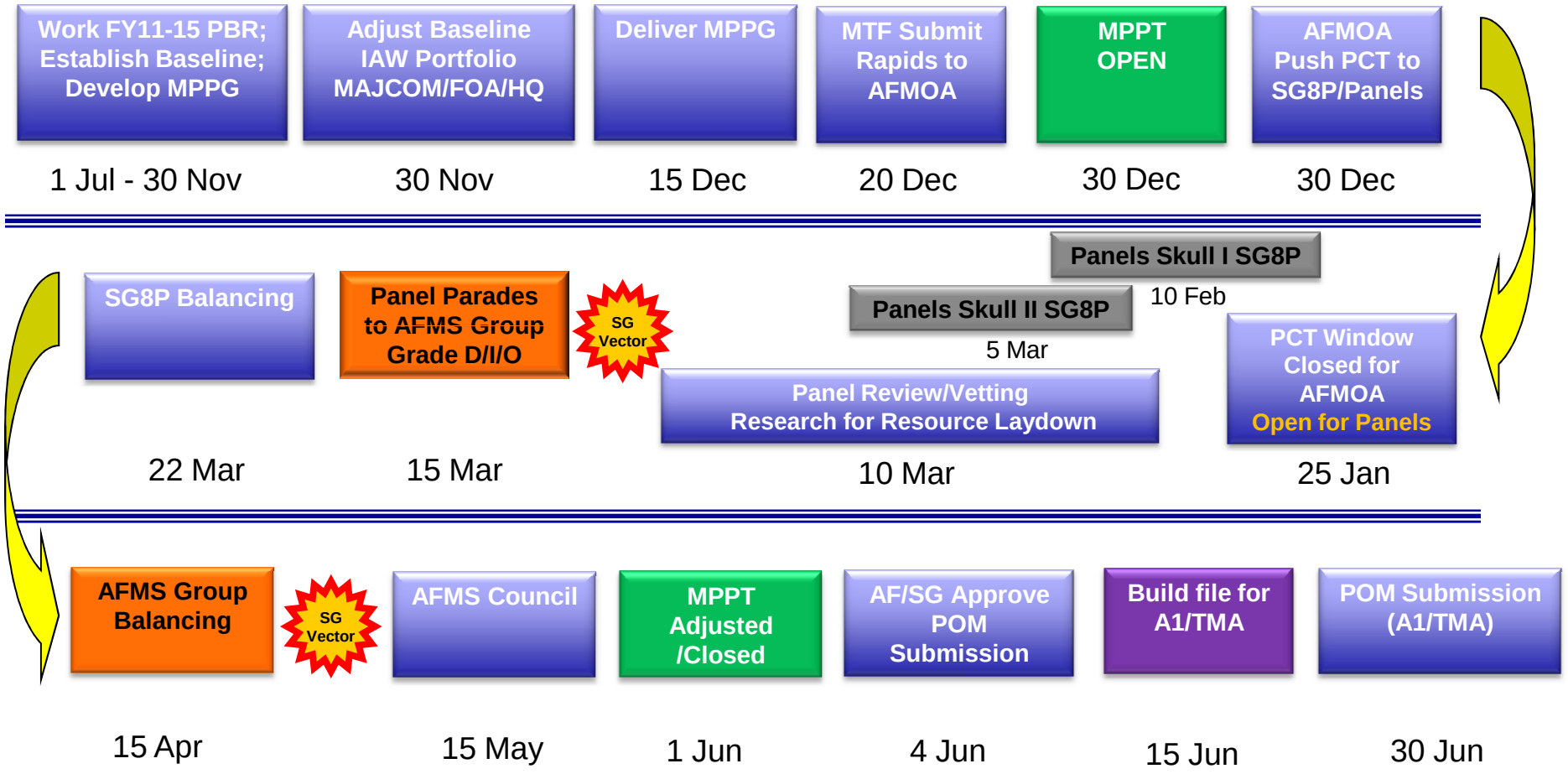
Aerospace Operations Panel | Medical Home Panel | Specialty Care Panel | Medical Support Panel | Dental Operations Panel | Force Development Panel | Medical Modernization Panel | IM/IT Panel | Medical Readiness Panel

AFMS capabilities organized into Panel portfolios

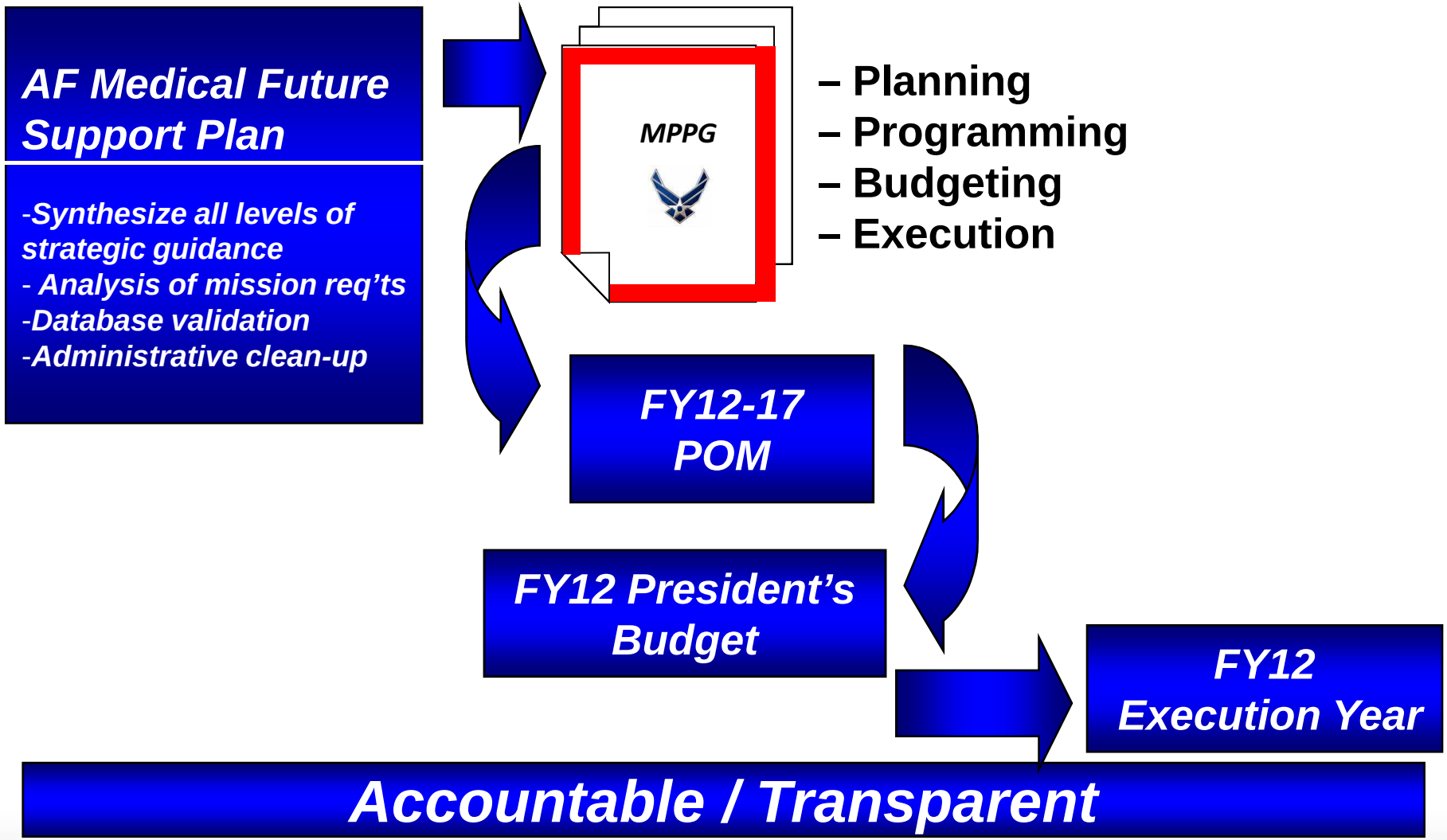
PPBE

Disconnects + Initiatives = Offsets
from HA/TMA, Congress, HAF, MTFs, SG/MAJCOMs, AFMOA

Build Process – Flow Chart



Bottom Line…Our Intent



Thank you

Questions?