



# Defense Health Agency

## ADMINISTRATIVE INSTRUCTION

**NUMBER 109**  
October 15, 2019

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DAD-SPFI

SUBJECT: Decision-Making Architecture (DMA)

References: See Enclosure 1.

1. **PURPOSE.** This Defense Health Agency-Administrative Instruction (DHA-AI) based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (h), establishes the Defense Health Agency's (DHA) procedures to:

- a. Establish a standardized process for the DHA DMA that enables effective and efficient decision-making across the DHA.
- b. Push down decision-making authorities to the greatest extent possible to the appropriate leaders across the DHA to include the Deputy Director, DHA; Assistant Directors (ADs); Deputy Assistant Directors (DADs); Small and Stand-Alone Organization (SSO) Director/Deputy Director; Defense Health Region (DHR) Directors; Market Directors; Military Medical Treatment Facility (MTF) Directors; and other leaders as appropriate.
- c. Support development of appropriate management models to maximize the effectiveness of decision-making within the DHA.
- d. Identify staff roles, responsibilities, and contributions to decision-making processes.

2. **APPLICABILITY.** All DHA personnel to include: assigned or attached uniformed service personnel, federal civilians, contractors (when required by the terms of the applicable contract), and other personnel assigned for temporary or permanent duties at DHA, to include personnel at DHA Markets and field activities (remote locations), and subordinate organizations administered and managed by DHA, to include MTFs under the authority, direction, and control of the DHA.

3. POLICY IMPLEMENTATION. It is DHA's policy, pursuant to References (a) through (h) that this DHA-AI will implement the DHA DMA.
  
4. RESPONSIBILITIES. See Enclosure 2 for specific Director, DHA; Deputy Director, DHA; and AD DMA authorities.
  
5. PROCEDURES. See Enclosure 3 for an overview of DMA decision-making processes.
  
6. DHA LEADERSHIP ADVISORY BOARDS, RESOURCE BOARDS, AND FORUMS. See Enclosure 4 for specific responsibilities of the key DMA governance boards including the Corporate Executive Board (CEB), Enterprise Solutions Board (ESB), Resourcing Decision Board (RDB), Resourcing Steering Committee (RSC), and Integrated Capabilities Portfolio Board (ICPB).
  
7. RELEASABILITY. **Cleared for public release**. This DHA-AI is available to users with Common Access Card authorization on the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.
  
8. EFFECTIVE DATE. This DHA-AI:
  - a. Is effective upon signature.
  
  - b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).
  
  - c. Reflects the current state of the DHA as of the date of signature and is subject to updates in alignment with the annual Strategic Refresh or as directed by Director, DHA.



RONALD J. PLACE  
LTG, MC, USA  
Director

Enclosures

1. References
2. Responsibilities
3. Procedures

4. Defense Health Agency Leadership Advisory Boards, Resource Boards, and Forums  
Glossary

TABLE OF CONTENTS

ENCLOSURE 1: REFERENCES.....5

ENCLOSURE 2: RESPONSIBILITIES .....6  
DIRECTOR, DEFENSE HEALTH AGENCY .....6  
DEPUTY DIRECTOR, DEFENSE HEALTH AGENCY .....6  
ASSISTANT DIRECTORS .....6

ENCLOSURE 3: PROCEDURES.....8  
BACKGROUND .....8  
DEFENSE HEALTH AGENCY DECISION MAKING ARCHITECTURE GUIDANCE.....8  
TYPES OF DECISION-MAKING PROCESSES .....8  
RESOURCE DECISION MAKING PROCESSES .....8  
NON-RESOURCE DECISION MAKING PROCESSES .....9  
MANAGEMENT ENTITIES .....9

ENCLOSURE 4: DEFENSE HEALTH AGENCY ADVISORY LEADERSHIP BOARDS,  
RESOURCE BOARDS, AND FORUMS .....10  
BACKGROUND .....10  
DEFENSE HEALTH AGENCY LEADERSHIP ADVISORY BOARDS.....10  
DEFENSE HEALTH AGENCY RESOURCE PRIORITIZATION BOARDS .....11

GLOSSARY .....13  
PART I: ABBREVIATIONS AND ACRONYMS .....13  
PART II: DEFINITIONS.....13

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) Defense Health Agency Strategy Map, October 11, 2019 <sup>1</sup>
- (e) Resourcing Decision Board Charter, December 4, 2018
- (f) Resourcing Steering Committee Charter, December 4, 2018
- (g) Enterprise Solutions Board Charter, February 26, 2019
- (h) Integrated Capabilities Portfolio Board, March 19, 2019

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<sup>1</sup> This reference can be located at: <https://info.health.mil/sites/stratp/PerformanceImprovement/pfm>

ENCLOSURE 2  
RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:

- a. Be responsible for decisions made in the DHA and delegate decision-making authorities to subordinate leaders as appropriate.
- b. Develop appropriate management models to effectively and efficiently exercise authority, direction, and control of the DHA, SSO, DHRs, Markets, MTFs, assigned Military Health System (MHS) functions, and other DHA elements (e.g., all other subordinate organizations in addition to the MTFs).
- c. Provides strategic and operational guidance and is the final approval authority on DHA priorities, budget, policy, and human resources.
- d. Delegates decision-making authority of all DHA components, as necessary.
- e. Act as final decisional authority.

2. DEPUTY DIRECTOR, DHA. The Deputy Director, DHA, will:

- a. Oversee the execution of the DMA to ensure the DMA is meeting its defined purpose and is aligned with the Director's intent.
- b. Develop and approve measures for performance and effectiveness to monitor and evaluate the DMA.
- c. Executes all functions, as delegated, by the Director, DHA.

3. ADs. The ADs are the AD, Combat Support (CS); AD, Health Care Administration (HCA); and AD, Management (M). The ADs will:

- a. Develop, codify, and establish a standardized decision-making process within their directorates in accordance with delegation from the Director, DHA.
- b. As delegated, make decisions on behalf of the Director, DHA.
- c. Exercise delegated decisional-authority in accordance with the DHA Director's guidance. Escalate decisions to the Director, DHA, as required.

d. Manage assigned strategic goals and associated objectives, coordinate with contributing functions, and ensure decision-making is consistent with the DHA Strategy Map and Balanced Scorecard (Reference (d)).

e. Establish requirements for information reporting and disseminating decisions within their directorates.

f. Delegate and codify the authorities of DADs and establish guidelines for DADs to escalate decisions to the ADs.

ENCLOSURE 3

PROCEDURES

1. BACKGROUND. The Director, DHA, is responsible for the roles and responsibilities outlined in Reference (b). The Director, DHA, is responsible for clinical/health delivery services and business operations within the DHA elements in support of both operational readiness requirements and beneficiary health care requirements.

2. DHA DMA GUIDANCE. The DHA is responsible for the administration and management of MTFs, synchronization of direct and purchased care, operation of enterprise activities, and execution of CS functions. The Director, DHA, is responsible for all decisions within DHA and will establish and oversee DMA and leadership advisory boards, resource boards, and forums. These DHA bodies provide advice and assistance to DHA senior leaders in the execution of their DHA responsibilities. The DHA Strategy Map (Reference (d)) is critical to the success of DHA decision-making. The DMA outlined in this DHA-AI will:

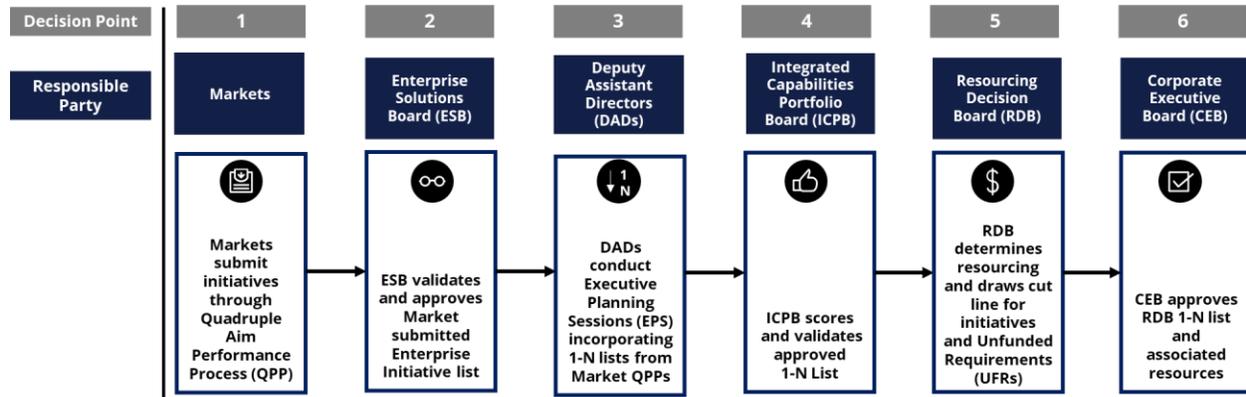
- a. Enable DHA's long-term strategic and operational success.
- b. Increase accountability and expedite decision-making across the organization.
- c. Empower all levels of management and staff to make decisions.

3. TYPES OF DECISION-MAKING PROCESSES. Within the DHA DMA, there are different processes identified for decisions requiring resourcing, funding, and management approval to conduct a specific action. Additional guidance on each decisional process will be released in future DHA publications in accordance with Reference (c).

4. RESOURCE DECISION-MAKING PROCESS. Resourcing decisions will be submitted, assessed, scored, and resourced according to the processes outlined in Figure 1. These resources include funding, manning, and other resources required for performing the intended action. Per Figure 1, the Market Quadruple Aim Performance Plan initiatives will be incorporated into a Headquarters 1-N list. The ICPB will score and consolidate all DAD initiatives into a 1-N DHA portfolio of initiatives. This 1-N list will be reviewed and resourced appropriately by the RDB. The CEB will act as the final approval point for the DHA 1-N list of initiatives.

**Figure 1: Defense Health Agency Resourcing Decision Making Architecture**

Organizational decisions requiring resourcing will be submitted, assessed, scored, and resourced based on the process below. Refer to Enclosure 4 for detailed roles and responsibilities of the decision-making bodies.



a. Requirements, as defined in Reference (h), must be submitted into the MHS Request Submission Portal.

b. If a requirement is validated, in accordance with established procedures for the MHS Request Submission Portal, then a RSC decision package is prepared and routed through the RSD. If a validated requirement does not require resources, then it is routed through the non-resource decision-making process.

5. NON-RESOURCE DECISION-MAKING PROCESS. Requirements that do not require resources will not be routed through the RSC or RDB and will be up to the discretion of the appropriate AD, DAD, or Market Director for disposition at their discretion.

6. MANAGEMENT ENTITIES. DHA DMA applies to all governance entities within the organization, including boards, councils, advisory bodies, committees, and working groups.

a. All DHA management bodies should be formally chartered and should transparently share their rules of engagement.

b. Decisional authority will be delegated to the lowest appropriate level of management and staff, unless delegating such authority is specifically prohibited by law, regulation, or policy. However, when a decision maker delegates decisional authority, the decision maker will remain accountable for the outcome of the delegated work.

c. All decisions made by governance entities within the organization, including boards, councils, advisory bodies, committees, and working groups will be documented and stored on the Office of Strategy Management SharePoint site.

ENCLOSURE 4

DEFENSE HEALTH AGENCY LEADERSHIP ADVISORY BOARDS, RESOURCE  
BOARDS, AND FORUMS

1. BACKGROUND. The below sections describe the purpose, participants, and decision-maker (if applicable), for key DHA DMA governance boards, resource boards, and forums. Descriptions of the scope, responsibilities, and members of the following boards and groups may be included in this Enclosure or can be found in current charters (References (e) through (h)). This DHA-AI will be updated as new charters are published.

2. DHA LEADERSHIP ADVISORY BOARDS. The following boards will assess, discuss, and elevate as appropriate, issues to the Director, DHA; ADs; and DADs for decision. Additional advisory boards and forums may be established, as required.

a. CEB. The CEB is a decision-making body for key decisions. These decisions may have resource, management, broad strategic, or policy implications, and/or be of elevated risk.

(1) Responsibilities. The CEB will serve as the highest-level decision making authority on executive issues.

(2) Decisional Authority. The CEB Voting Members are responsible for decisions. The CEB can elevate decisions to the Director, DHA. In case of a voting tie, the chair will be the decisional authority.

(3) Members. CEB members include the Deputy Director, DHA; AD-CS; AD-HCA; AD-M; and a non-voting representative from the Office of Strategy Management.

b. ESB. The ESB is a Clinical and Clinical Operations decision-making body for the AD-HCA enabling the optimization of the MHS through the effective management and administration of MTFs, Markets, SSO, and DHRs.

(1) Responsibilities. The ESB operationalizes the tenets of the Quadruple Aim and supports the Agency's transition to a high reliability organization (HRO) model. The ESB is responsible for all tasks and responsibilities detailed in Reference (g).

(2) Decisional Authority. The ESB is chaired by the DAD-HCO. The ESB Chair is responsible for final Decision Authority. Decisions will be escalated to the AD-HCA, as determined necessary by the ESB Chair.

(3) Members. ESB members as identified in Reference (g) and Advisory Members from the Military Medical Departments. Rotational advisory members may be invited by members when expertise and/or coordination is required within a specific functional area.

3. DHA RESOURCE PRIORITIZATION BOARDS. The DHA will maintain resource prioritization boards to review and prioritize the allocation of DHA resources toward existing and unfunded programs or requirements aligning to the Agency's highest strategic priorities. These resourcing boards will include:

a. RDB. The RDB is responsible for all DHA resourcing in accordance with the Director, DHA's intent to ensure that requirements for all resources are prioritized and considered in a manner consistent with an enterprise approach, link requirements and the Director, DHA's priorities, and that the most effective and efficient resourcing of solutions is implemented. The RDB will review issues raised via the RSC, finalize resourcing strategies, and determine the final priority and resourcing action for all items placed on the RDB agenda.

(1) Responsibilities. The RDB will manage integrated oversight of all resourcing regarding healthcare activities, investments and capabilities including operations across the DHA. The RDB will adjudicate all DHA resourcing requirements coordinated and recommended by the RSC as received through the MHS Request Submission Portal. The RDB is responsible for completion of all tasks outlined in Reference (e).

(2) Decisional Authority. The RDB is chaired by the DAD-FO, who is the sole decisional authority for all RDB decisions, with advisory inputs via membership as outlined in the Reference (e).

(3) Members. RDB members as outlined in Reference (e) and Advisory Members from the Military Medical Departments.

b. RSC. The RSC shall review resourcing requests and prepare resourcing allocation inputs for consideration by the RDB, ensuring recommendations are prioritized and considered in a manner consistent with an enterprise approach.

(1) Responsibilities. The RSC will submit an RDB review package containing the RSC recommended action along with any dissenting views to the RDB. RSC outputs are not constrained only to recommendations. The RSC is responsible for the completion of all tasks outlined in Reference (f).

(2) Decisional Authority. The RSC does not have decisional authority; the RSC is an advisory body supporting the RDB. Given resource constraints and/or other guidance, the RSC will provide actionable inputs to the RDB in order to support the DHA strategic priorities.

(3) Members. RSC members as identified in Reference (f) and Advisory Members from the Military Medical Departments.

c. ICPB. The ICPB is the entry point for all validated prioritized requirements submitted through the MHS Request Submissions portal. The ICPB integrates each portfolio of capabilities based on requirement priorities driven by strategic alignment. The DAD, Strategy, Planning, and Functional Integration and AD-CS are the responsible parties for internal 1-N prioritizations.

(1) Responsibilities. The ICPB is responsible for the completion of all tasks outlined in Reference (h). The starting point for entry into the ICPB workstream is the MHS Request Submissions Portal.

(2) Decisional Authority. The ICPB Chair is the sole decisional authority for ICPB issues.

(3) Members. ICPB members as identified in Reference (h), and Advisory Members from the Military Medical Departments.

## GLOSSARY

### PART I. ABBREVIATIONS AND ACRONYMS

AD	Assistant Director
CEB	Corporate Executive Board
CS	Combat Support
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-AI	Defense Health Agency-Administrative Instruction
DHR	Defense Health Region
DMA	Decision-Making Architecture
ESB	Enterprise Solutions Board
HCA	Health Care Administration
ICPB	Integrated Capabilities Portfolio Board
M	Management
MHS	Military Health System
MTF	Military Medical Treatment Facility
RDB	Resourcing Decision Board
RSC	Resourcing Steering Committee
SPFI	Strategy, Planning, and Functional Integration
SSO	Small and Standalone Organization

### PART II. DEFINITIONS

These terms and their definitions are for the purposes of this DHA-AI.

corporate decisions. Decisions made at the strategic or operational level with impact to the overall success of the organization. These decisions involve resources and risks either at the Director, DHA Deputy Director, DHA, AD, or DAD position-level.

decision making architecture. Roles, responsibilities, and authorities between organizational structures, offices, and entities that drive effective management and administration of the DHA Headquarters and DHA element.

Market. An organization consisting of a Commander or Director and all those individuals, units, detachments, or organizations that have been placed under the ADC of the Director, DHA, or other designated official (Example organizations include: NCR Market, Tidewater Market, etc.).

MHS Request Submissions Portal. Single integrated request portal that supports the SSO, the Markets, DHA Headquarter, and DHRs being able to submit a functional needs description that identifies a perceived problem/gap so it can be reviewed against the organization prioritized to ensure the next dollar spent goes to the highest prioritized requirement.

operational. Decisions relating to the routine functioning and activities of an organization.

requirement. A functional need that identifies a problem/gap that is unfunded (see MHS Request Submissions Portal).

resource. The forces, materiel, money, and other assets or capabilities apportioned or allocated to the commander of a unified or specified command.

strategic. Decisions relating to the identification of long-term or overall aims and interests and the means of achieving them.

tactical. Level of decision-making at which projects and tasks are planned and executed to achieve health delivery, business, or CS objectives assigned to offices, units, providers, or individuals.