



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 5020.01

March 11, 2020

DAD-SPFI

SUBJECT: New Integrated Capabilities Portfolio (ICP)

References: See Enclosure 1.

1. **PURPOSE.** This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) through (f), and in accordance with the guidance of References (g) through (q), establishes the Defense Health Agency's (DHA) procedures to:

a. Ensure alignment of the ICP process with the National Military Strategy (Reference (f)), support the Quadruple Aim (Reference (g)), and ensure every resource is supporting the critical initiatives of the DHA. This effort ensures that every dollar spent provides value back to the Military Health System (MHS), improves efficiency and effectiveness, and supports readiness and health.

b. Integrate each portfolio of capabilities based on requirement priorities driven by strategic alignment. The ICP process results in a consolidated 1-N priority list of all Military Health System requirements (materiel/non-materiel solutions) to support DHA's most current structure for decision-making (Reference (i)). The ICP supports an integrated oversight of healthcare capabilities and requirements by combining the various portfolios across the DHA and the Medical Services (Air Force Medical Service, Army Medical Command, and Navy Bureau of Medicine, or their readiness replacement supporting their respective service line) into a transparent consolidated portfolio using the prioritization tool approved by the Director, DHA (Reference (h)).

c. Align ICP process activities to DHA's most current structure for decision-making (Reference (i)). In accordance with the reformed MHS Governance decision flow (Reference (j)), the Deputy Assistant Director (DAD), Strategy, Planning, and Functional Integration's (SPFI) ICP process, the Resourcing Steering Committee, and the Resourcing Decision Board are ultimately aligned under the Corporate Executive Board. Readiness-related resource requirements continue to be reviewed using the ICP process. Prioritized requirements are then provided to Deputy Assistant Director, Financial Operations (DAD-FO) to be coordinated through the Resourcing and Manpower Oversight Council, aligned under the Senior Military Medical Action Council, for Health Affairs approval.

d. Provide guidance to end users within the DHA of the new ICP process.

2. APPLICABILITY. This DHA-PI applies to Defense Health Agency (DHA), Direct Support Organizations, Markets, Military Medical Treatment Facilities (MTF), Military Departments through their Surgeons General, Defense Health Regions outside the Continental United States (OCONUS) post-transition, or their designated representatives. All personnel to include: assigned or attached active duty and reserve members, federal civilians, contractors (when required by the terms of the applicable contract), and other personnel assigned temporary or permanent duties at DHA, to include DHA regional and field activities (remote locations), and subordinate organizations administered and managed by DHA, to include medical treatment facilities under the authority, direction, and control of the DHA.

3. POLICY IMPLEMENTATION.

a. It is DHA's instruction, pursuant to References (a) through (q), that the as described herein Requirements validated by an Assistant Directors (AD)/DAD from throughout DHA (including DHA, MTF Directors, and Market Managers and Directors) will be submitted to the ICP process using an Authority to Proceed Decision Briefing Package upon successful exit from the new Military Health System Request Submissions Portal Triage Process, following the guidance outlined in Enclosure 3. See also <https://info.health.mil/sites/stratp/imd/RqmtsMgmtPortal/SitePages/Home.aspx>.

b. Disestablishes the Integrated Capabilities Portfolio Board as an officially chartered Board.

4. CANCELLED DOCUMENTS. This DHA-PI cancels DHA Integrated Capabilities Portfolio Board Charter of March 19, 2019. See signed document in: https://info.health.mil/sites/stratp/imd/ICP/AddDocs/ICPB_Signed_Charter

5. RESPONSIBILITIES. See Enclosure 2

6. PROCEDURES. See Enclosure 3

7. RELEASABILITY. **Cleared for public release**. This DHA-PI is available on the Internet from the Health.mil site at: www.health.mil/DHAPublications.

8. EFFECTIVE DATE. This DHA-PI:

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).

A handwritten signature in black ink, appearing to read 'Ronald J. Place', followed by a horizontal line.

RONALD J. PLACE
LTG, MC, USA
Director

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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) United States Code, Title 10, Section 1073c, (also known as "Administration of Defense Health Agency and Military Medical Treatment Facilities" as amended), 2018
- (e) Department of Defense, Report to the Armed Services Committees of the Senate and House of Representatives, Final Plan to Implement Section 1073c of Title 10, United States Code, June 30, 2018
- (f) DoD Report, "Summary of the National Defense Strategy of the United States of America," January 19, 2018
- (g) Defense Health Agency Report, Fiscal Year 2019 Quadruple Aim Performance Plan, June 8, 2018
- (h) Defense Health Agency Memorandum, Implementation of New Enterprise-Wide Item Scoring Tool, signed by Director, DHA, dated April 10, 2019
- (i) DHA-Administrative Instruction 109, "Defense Health Agency Decision-Making Architecture (DMA)," October 15, 2019
- (j) Undersecretary of Defense for Personnel & Readiness Memo, "Implementation of Military Health System Governance Reform," signed by S. Barna, September 28, 2018
- (k) Report to Armed Service Committees, Appendix B, "Organizational Framework of the Military Healthcare System to Support the Medical Requirements of the Combatant Command," April 17, 2019
- (l) Chairman of the Joint Chiefs of Staff Instruction (CJCSI) 3170.01I "Joint Capabilities Integration and Development System (JCIDS)," January 23, 2015
- (m) DoD Directive 5000.01, "Defense Acquisition System," August 31, 2018
- (n) DoD Instruction 5000.02, "The Defense Acquisition System, Change 3," as of October 21, 2019
- (o) DoD Instruction 5000.74, "Defense Acquisition of Services Change 2," as of January 10, 2020
- (p) DoD Instruction 5000.75, "Business Systems Requirements and Acquisition," February 2, 2017
- (q) DHA Plan 3: Implementation Plan for the Complete Transition of Military Medical Treatment Facilities to the Defense Health Agency Plan 3 v6," August 12, 2019

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA will propagate the procedures throughout DHA and provide accountability across applicable DHA ADs, DADs, Direct Support Organizations, and CONUS/OCONUS Markets and MTFs for implementation. OCONUS direction will be provided through the Defense Health Regions after transition to DHA in Fiscal Year (FY) 2021.

2. DHA AD/DAD; DIRECT SUPPORT ORGANIZATION DIRECTORS; MTF DIRECTORS; MARKET MANAGERS; AND DIRECTORS; AND DEFENSE HEALTH REGION DIRECTORS. DHA AD/DAD; Direct Support Organization Directors; MTF Directors; Market Managers and Directors; and Defense Health Region Directors (after the Regions are set-up and transitioned to DHA in FY 2021), or their designated representatives must, prior to submission of the Authority to Proceed (ATP) package to the ICP Gatekeeper, warrant that their request:

a. Represents a problem and/or capability gap endorsed by the requester's highest-ranking senior officer or civilian equivalent in their AD/DAD, Market, or MTF.

b. Has been evaluated for links to DHA Strategic Goals and Capabilities, such as Joint Capability Areas, Quadruple Aim Performance Plans, and the DHA Strategy Map.

c. Is endorsed by AD/DAD to move forward and aligns to the capabilities and requirements within their respective area. The AD/DAD is the decision maker for converting a request to a requirement within the approved MHS Requirements Management resourcing process.

d. Meets the appropriate ATP Decision Briefing Package template minimum standards for package contents, including problem metrics, return on investments, quality standards, and future performance metrics. Each ATP Decision Briefing Package submission must include the current command-approved executive summary page (currently the one-page A3 format) and all required supporting slides and materials. See the following link for the ICP support document, ([READ ME FIRST-Before you start working on your ATP Slides and A3 Form.pdf](#)) containing the most current minimum standards and criteria for ATP packages. See link (https://info.health.mil/sites/stratp/imd/ICP/Shared%20Documents/ATP_Templates). If an ATP Decision Briefing Package is prepared under a specific pathway (e.g., Joint Capabilities Integration and Development System, Business Capability and Acquisition Cycle, etc.) and that process is more stringent for related packages, the Capabilities Based Assessment, Capabilities Development Document, Capability Requirements Document, and other related documents may be submitted concurrently with the appropriate Phase ATP Decision Briefing Packages (References (l) through (q)).

3. MILITARY DEPARTMENTS. Military Departments, through their Surgeons General, or their designated representatives must, prior to submission of the Authority to Proceed (ATP) package to the ICP Gatekeeper, warrant that their request:

a. Represents a problem and/or capability gap endorsed by the requester's highest-ranking senior officer or civilian equivalent in their AD/DAD, Market, or MTF.

b. Has been evaluated for links to DHA Strategic Goals and Capabilities, such as Joint Capability Areas, Quadruple Aim Performance Plans, and the DHA Strategy Map.

c. Is endorsed by AD/DAD to move forward and aligns to the capabilities and requirements within their respective area. The AD/DAD is the decision maker for converting a request to a requirement within the approved MHS Requirements Management resourcing process.

d. Meets the appropriate ATP Decision Briefing Package template minimum standards for package contents, including problem metrics, return on investments, quality standards, and future performance metrics. Each ATP Decision Briefing Package submission must include the current command-approved executive summary page (currently the one-page A3 format) and all required supporting slides and materials. See the following link for the ICP support document, ([READ ME FIRST-Before you start working on your ATP Slides and A3 Form.pdf](#)) containing the most current minimum standards and criteria for ATP packages. See link (https://info.health.mil/sites/stratp/imd/ICP/Shared%20Documents/ATP_Templates). If an ATP Decision Briefing Package is prepared under a specific pathway (e.g., Joint Capabilities Integration and Development System, Business Capability and Acquisition Cycle, etc.) and that process is more stringent for related packages, the Capabilities Based Assessment, Capabilities Development Document, Capability Requirements Document, and other related documents may be submitted concurrently with the appropriate Phase ATP Decision Briefing Packages (References (l) through (q)).

f. After formal transition of the Defense Health Regions to DHA in FY 2021, Military Departments, through their Surgeons General, will continue to retain their current responsibilities and decision-making authorities for readiness-related resourcing analyses and approvals as well as provide readiness-related support to the DHA Markets and Defense Health Regions.

4. DAD SPFI. The DAD SPFI will review completed ATP Decision Briefing Packages to ensure that the described Government Identification (GOV ID)-numbered requirement is adequately aligned to Joint Capability Areas, the DHA Strategy Map, and/or approved Market, DAD, or Headquarters (HQ) projects or initiatives. The DAD SPFI will either concur or non-concur that the ATP Decision Briefing Package meets the ATP criteria. DAD SPFI specific responsibilities include:

a. Establishing its own working structure (e.g., Procedures Manual or Procedures Memorandum, as appropriate) to meet its needs.

b. Monitoring the progress on developing and delivering prioritized requirements to ensure proper alignment to DHA goals and mission priorities.

c. Reviewing capabilities and requirements to ensure that the resources requested provide a value-based solution that is in alignment with DHA strategy when measuring health outcomes against the cost of delivering the outcomes. With visibility of requirements packages across DADs and the full spectrum of DHA capabilities, the ICP process takes the broader enterprise view when reviewing Requirements. The Enterprise view requires the DAD SPFI to:

(1) Consult with IPTs, WGs, and other lines of business advisors as necessary.

(2) Perform Quality Controls (QC) by assessing risks to determine the impact of current capabilities as cited by owning ADs/DADs. QC is performed to ensure that Requirements Packages:

(a) Meet the requirements of the ATP Decision Briefing Package Templates.

(b) Properly linked to the enterprise capabilities.

(c) Do not appear to cause an adverse impact on the capabilities with the AD/DAD or within DHA overall.

d. Integrating the prioritized and validated capabilities and requirements based on functional Subject Matter Expert (SME) recommendations.

e. Adjudicating emergent DHA-prioritized functional community requirements (e.g., Clinical Communities, medical treatment facilities, facilities, manpower, etc.). Optimize the quality of information at each step, i.e., ensure that data-driven evidence supports each issue elevated.

f. Supporting efficient and timely submission of integrated, validated, and prioritized requirements to the Resourcing Steering Committee.

g. Reviewing and making recommendations on items for rationalization and/or consolidation. AD/DADs will initially address this issue during the Triage process' environmental scan where the owner AD/DAD's internal submittal triage-support team reviews what products or processes are already available anywhere within the Department of Defense to solve this problem or fill the capability gap.

h. Identifying candidates for Performance Improvement Projects or similar Market, DAD, or HQ projects or initiatives.

i. Conducting annual performance reviews of each portfolio of capabilities for alignment to DHA strategic priorities. DAD SPFI will continually evaluate the AD/DAD-specific capabilities for new, improved, or decremented linkage to DHA enterprise capabilities.

(1) The reviews focus on whether previously funded work/equipment:

- (a) Meet the promised outcomes at the indicated levels,
- (b) Serve to support the indicated linkage to AD/DAD and enterprise capabilities

(c) Do not negatively impacting one or more capabilities internal or external to the AD/DAD.

(2) ICP Gatekeeper will manage a process to review, at minimum, the following project or initiative attributes annually beginning at each requirement package's 12-month anniversary of the RDB's decision to fund and the subsequent receipt of funding for execution (Requirements packages are denoted by their GOV ID number assigned automatically by the MHS Request Submissions Portal). Results of the annual performance reviews will be reported to the DAD SPFI. Results will include, but are not limited to:

- (a) Cost
- (b) Schedule
- (c) Contract Execution and Planning
- (d) Quality Control Reporting (internal work)
- (e) Scheduled Quality Assurance Surveillance Plan Reporting
- (f) Performance
- (g) Risks / Mitigations
- (h) Issues
- (i) Opportunities
- (k) Standardization and Rationalization
- (l) Annual Performance Plans

5. WORKING GROUPS (WG)/INTEGRATED PRODUCT TEAMS (IPT). Each AD/DAD may stand up its own WG and IPT as needed. The DAD SPFI may request advice from existing entities and individual SME at the time they are needed during the ICP process.

6. ICP GATEKEEPER. The ICP Gatekeeper will receive, review, provide comments and suggestions on, coordinate prioritization for, and facilitate reviews by the DAD SPFI of ATP Decision Briefing Packages. Review highlights include:

- a. Verify sufficient requirement alignment to the Strategy Map, Command Priorities, and/or approved Market, DAD, and HQ projects and initiatives;
- b. Verify that data sufficient to demonstrably justify the requirement has been provided to finalize the specified information blocks in the A3 form, which is a one-page executive summary document. For Phase 1, the ICP Gatekeeper must ensure that the Requester has completed A3 form blocks 1-3 in full and blocks 4 and 5 in draft) that tells the story of the problem or issue discovered, supporting data, recommended COAs, resourcing and cost to support the solution through the FYDP, the value and risk it brings to the organization, and metrics that will be track to show success;
- c. Verify completion and inclusion of all coordination and endorsements by the recommended Office(s) of Secondary Responsibility, e.g., Manpower, IT, Analytics and Evaluation, etc.
- d. Verify that data sufficient in details and back-up materials has been included to support prioritization using the approved prioritization tool (Reference (h)) or its Command-approved replacement tool;
- e. Verify that sufficient data has been included in the ATP Decision Briefing Package documents to stand on its own without the need to brief the request. The ATP Decision Briefing Package must define the problem (i.e., provide data, recommend a Course of Action, show an estimate of cost and resource requirements); show value to the organization; and show traceability by metrics supported by data.

7. PRIORITIZATION QUALITY CONTROL COORDINATOR (PQCC). The PQCC will receive, review, and provide comments and suggestions on OPR input into a prioritization questionnaire regarding their ATP Decision Briefing Packages for input consistency and validation.

ENCLOSURE 3

PROCEDURAL STEPS

1. REQUESTER – Step 1. AD/DAD, Direct Support Organization Directors, Directors, MTF, Market Managers and Directors, and Defense Health Region Directors, or their designated representatives, must migrate their AD/DAD-approved requirements packages from the MHS Request Submissions Portal Triage Process to the ICP process for review and prioritization. OPR must, upon completion of an ATP briefing to the AD/DAD, assign sufficient and appropriate resources for the next resourcing step. See also the Integrated Capabilities Portfolio Phase 1 Process Overview diagram located within https://info.health.mil/sites/stratp/imd/ICP/Shared%20Documents/ICP_PI_Attachments.

a. The Requester's ATP document development team, which includes the OPR Action Officer (AO), Capabilities Portfolio Manager (CPM), Shared Services Team (SST), and Subject Matter Experts, must complete all sections of the appropriate ATP Decision Briefing Package Template (slides and supporting materials) for submission. Templates are available within https://info.health.mil/sites/stratp/imd/ICP/Shared%20Documents/ATP_Templates.

b. The CPM and OPR AO must coordinate on completion of the prioritization questionnaire. Upon concurrence on the responses to the questionnaire, the OPR AO must obtain the AD/DAD Signature on the ATP Signature Page approving the package.

c. The Requester's team must submit the complete ATP Decision Briefing Package to the ICP Gatekeeper for a quality control review 5 to 10 business days prior to the DAD SPFI's next scheduled ICP review. See also the ICP Requirements Prioritization Timeline located within https://info.health.mil/sites/stratp/imd/ICP/Shared%20Documents/ICP_PI_Attachments.

d. In accordance with Reference (j), Readiness requirements that align under Operational Medicine or are a mix of Operational Medicine and Health Services Delivery requirements must continue to flow through the ICP process for review by DAD SPFI. The ICP process aligns with 10 U.S.C. § 1073c (Reference (d)) on the resourcing Alignment of Operational and Installation-Specific Medical Functions and Responsibilities (Reference (k)).

2. ICP GATEKEEPER – Step 2. The ICP process is integrating over 20 major areas and more than 220 pathways forward for resourcing requirements within DHA. (See references (l) through (q).) Subsequent resourcing process steps after Phase 1 depend on the nature of the Joint Capability Area(s) involved (e.g., Operational Medicine or Health Services Delivery), the nature of commodity (i.e., what is being requested), whether it is a materiel / non-materiel solution, Dollar Thresholds, and the presence or absence of an existing (legacy) resourcing decision workstream within the ADs/DADs having primary responsibility under which the commodity (goods, facilities, systems, contract staff, new Government hires, etc.) falls. These Process Pathways can be found within <https://info.health.mil/sites/stratp/imd/RqmtsMgmtPortal/POAM/Forms/AllItems.aspx>.

a. ICP Gatekeeper receives and reviews for completeness each requester's ATP Decision Briefing Package, coordinates the needed revisions with the Requester, and reviews the revised ATP Decision Briefing Package again as necessary. ICP Gatekeeper can assist the AD/DAD to link their AD/DAD-validated requirement to DHA enterprise Capabilities, existing and potential Market, DAD, and HQ projects and initiatives, and the DHA Strategy Map, if necessary.

b. If not complete, the ICP Gatekeeper will return the ATP Decision Briefing Package to the AD/DAD (via the Requester's assigned OPR Action Officer) for completion. ICP Gatekeeper will send a summary report to the AD/DAD's OPR Action Officer noting any mandatory and optional data, information, or metrics missing from the ATP Decision Briefing Package.

3. REQUESTER – Step 3.

a. Requester's OPR Action Officer within the AD/DAD must revise the ATP Decision Briefing Package to meet all requirements of the ATP Decision Briefing Package Template, respond to the ICP Gatekeeper's questions, and, if necessary, update the previous prioritization questionnaire.

b. After addressing all ICPB Gatekeeper QC Review questions, the Requester's CPM must submit the complete ATP Decision Briefing Package and notification that the Prioritization Questionnaire has been submitted to the ICP Gatekeeper for a quality control review 5 to 10 business days prior to the DAD SPFI's next scheduled ICP review.

4. ICP GATEKEEPER – Step 4. Receives the ATP Decision Briefing Package and Prioritization Questionnaire submission notice from the Requester, reviews it the ATP package again, and if complete, forwards the ATP Decision Briefing Package and a request for QC review of the prioritization questionnaire to the Prioritization Quality Control Coordinator (PQCC).

5. PRIORITIZATION QUALITY CONTROL COORDINATOR – Step 5.

a. Reviews the data and supporting material entered into a prioritization questionnaire by the OPR for validation.

b. Reviews any input inconsistencies or problems with the ICP Gatekeeper and Requester.

c. Upon validation of the input, PQCC releases the questionnaire to generate a new prioritized DHA ICP 1-N List and notifies the ICP Gatekeeper that a new prioritized DHA 1-N List has been created with the prioritized ATP Decision Briefing Package.

6. ICP GATEKEEPER – Step 6.

a. Retrieves a new prioritized DHA 1-N List to determine the prioritization level of the ATP Decision Briefing Package.

b. Enters the item's prioritization into the body of the original ATP Decision Briefing Package that resides in the ICP SharePoint Acquisition Sensitive / DAD_SPFI_ICP_Decision_Memorandums folder. See also <https://info.health.mil/sites/stratp/imd/ICP/AcqSen/Forms/AllItems.aspx>.

c. Performs final quality control inspection on ATP Decision Briefing Package.

d. Schedules the ATP Decision Briefing Package on an upcoming DAD SPFI ICP review. Certain resourcing requests that come directly from Director, DHA; AD – Healthcare Administration; AD – Management/Component Acquisition Executive; or Assistant Director Combat Support Agency (AD-CSA) are processed on a priority basis.

e. Provides final prioritization of the DHA ICP 1-N List to DAD SPFI prior to the ICP review.

7. DAD SPFI – Step 7.

a. Reviews the Requester's ATP Decision Briefing Package, including its prioritization on the DHA ICP 1-N List.

b. Contacts the Requester, SME, and/or Working Group and Integrated Product Team representatives for additional information if necessary to make an informed decision to approve or disapprove an ATP Decision Briefing Package to exit from the current Phase.

8. ICP GATEKEEPER – Step 8. After the ICP review, ICP Gatekeeper will distribute the DAD SPFI's Decision Memorandums with information regarding outcomes of the ICP review to the Requester along with instructions for next steps.

a. Copies of ICP Decision Memos are placed in the appropriate folder in the ICP SharePoint site, under the Acquisition Sensitive folder along with the ATP Decision Briefing Package. This information is also made available to the Requester.

b. Information on the disposition of ATP Decision Briefing Packages and DAD SPFI decisions is described in the ICP SharePoint Quick Reference Guide. See link below <https://info.health.mil/sites/stratp/imd/ICP/SitePages/Home.aspx>.

9. REQUESTER – Step 9. Upon DAD SPFI's approval, Requester must review and address any ATP Decision Briefing Package comments from the DAD SPFI. Requester's OPR must assign

sufficient resources to develop and complete all briefing slides and supporting material required for the next appropriate ATP Decision Briefing Package.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AD	Assistant Director
AO	Action Officer
ATP	Authority to Proceed
CPM	Capabilities Portfolio Manager
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
FY	Fiscal Year
GOV ID	Government Identification
HQ	Headquarters
ICP	Integrated Capabilities Portfolio
IPT	Integrated Product Team
MHS	Military Health System
MTF	Military Medical Treatment Facility
OCONUS	outside the Continental United States
OPR	Office of Primary Responsibility
PoC	Person of Contact
PQCC	Prioritization Quality Control Coordinator
SME	Subject Matter Expert
SPFI	Strategy, Planning, and Functional Integration
WG	Working Group
QC	Quality Control

PART II. DEFINITIONS

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

1-N List. The DHA will develop and maintain a prioritized all-inclusive list of GOV ID Requirements Packages that receive Authority to Proceed (i.e., phase exit) approval in a 1-N List each year. The DHA ICP 1-N List is the management control that determines the ranking of requirement packages from each requiring activity for the FY in support of resourcing decisions. The 1-N List serves as a primary document by which the relative value of a resource requirement is ranked against other requests based on the objective prioritization tool. The 1-N List supports the exit criteria decision making by the DAD SPFI and the funding decision making by the Resourcing Decision Board in DAD Financial Operations.

A3. A structured, Lean Six Sigma problem-solving approach widely used across the MHS to drive continuous improvement. See also the MHS Requirements Management Knowledge Exchange Training page under Additional Resources for Reference (link provided below) <https://info.health.mil/sites/stratp/imd/RqmtsMgmtPortal/AddlResources/Forms/AllItems.aspx>

All MHS Requirements. A full spectrum Doctrine, Organization, Training, Materiel, Leadership and Education, Personnel, Facilities, and Policy (DOTmLPF-P) requirements.

Authority to Proceed (ATP). Permission from an AD/DAD or other DHA Command-specified decision maker that a Requirement may proceed to the next appropriate Phase for resourcing consideration. Each Phase has its own set of exit criteria, which must be met within the ATP Decision Briefing Package. For all ATP templates, guidance, and resources, see https://info.health.mil/sites/stratp/imd/ICP/Shared%20Documents/ATP_Templates

capability. A capability is the ability to complete a task or execute a course of action under specified conditions and level of performance.

Defense Health Regions. The new Markets will stand up in the Europe and Indo-Pacific theaters.

Healthcare Capabilities and Requirements. The ICP provides integrated oversight of healthcare capabilities and requirements by combining the various portfolios into a transparent consolidated portfolio across the DHA and the Medical Services, using the approved enterprise-wide prioritization tool.

Markets. DHA is establishing a market-based structure to manage the hospitals and clinics. These market organizations will provide shared administrative services to the hospitals and clinics in their region. They will be responsible for generating medical readiness of active duty members and families in their regions, as well as ensuring the readiness of their medical personnel. They will do that by flexing resources throughout their market regions to ensure we

meet patient demand and the readiness needs of the medical troops, setting goals and monitoring progress through Quadruple Aim Performance Plans. See also <https://info.health.mil/sites/stratp/imd/RqmtsMgmtPortal/AddlResources/Forms/AllItems.aspx>

Medical Services. Air Force Medical Service, Army Medical Command, and Navy Bureau of Medicine or their readiness replacement supporting their respective service line.

portfolio. A portfolio is a collection of specific capabilities, resources, publications, tools, and related investments that are required to accomplish a mission or administrative outcome. A portfolio includes outcome performance measures and a preliminary expected return on investment estimate.

request. A functional needs description that identifies a perceived gap/need.