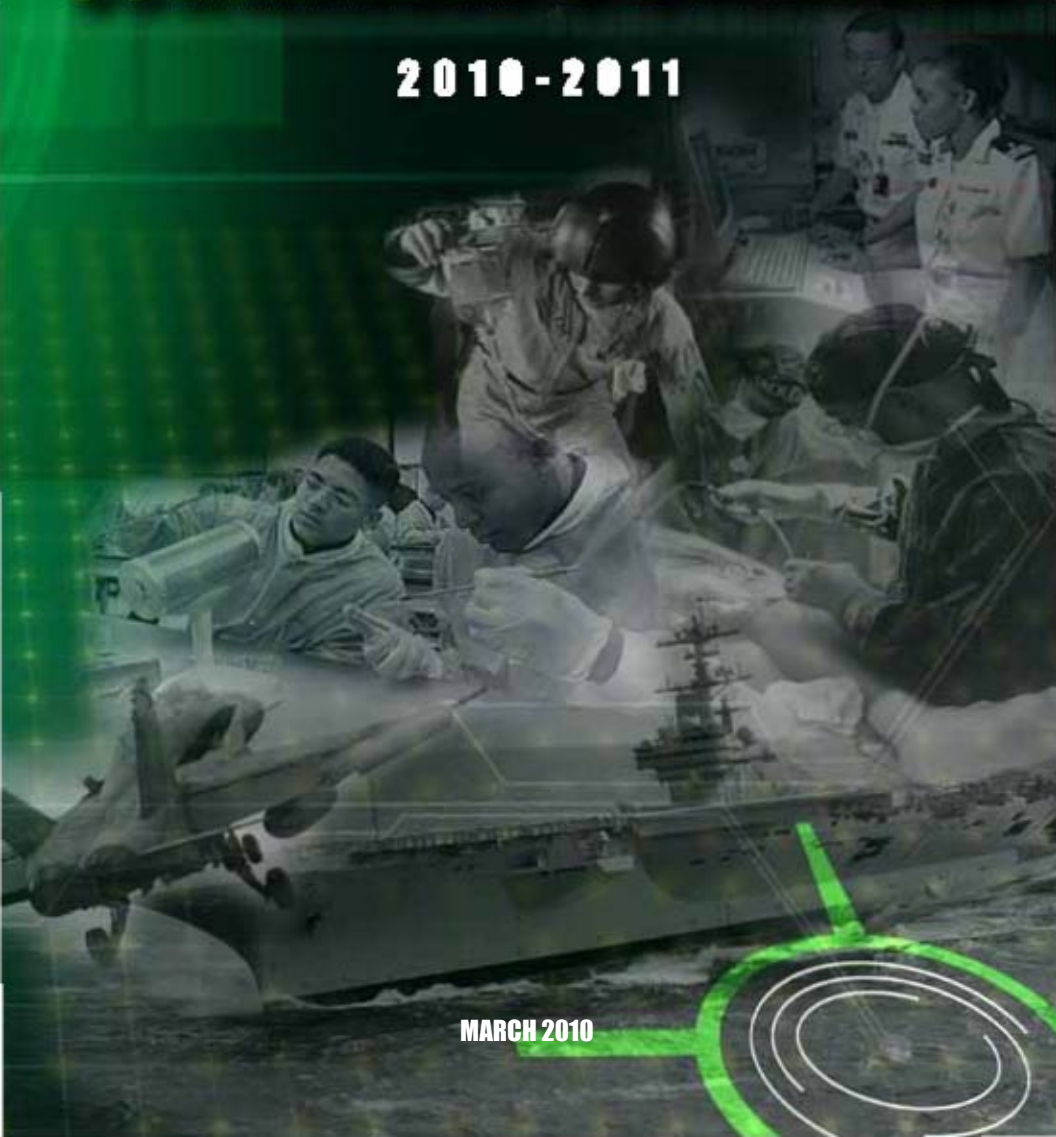




COMMANDER'S GUIDANCE

2010-2011



MARCH 2010

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From: Commander, Navy Medicine Support Command, Jacksonville, FL
To: Members of Navy Medicine Support Command

Subj: NMSC COMMANDER'S GUIDANCE FOR 2010-2011

Ref: (a) CJCS Guidance for 2009-2010, 21 December 2009
(b) CNO Guidance 2010, September 2009
(c) SG Guidance for 2010, November 2009

BACKGROUND

The mission of Navy Medicine Support Command is to provide a single point of accountability for all support services within Navy Medicine and to exercise command and control, and financial management oversight over subordinate commands assigned, and to carry out the necessary courses of action to ensure the economical and effective delivery of Navy Medicine enterprise-wide support services. How well we perform our mission is critical to the success of the Navy and Marine Corps and will be evident in the execution of the Navy Medicine missions of force health protection and healthcare delivery in all venues of the globe. Just as the Navy has adopted the banner: "America's Navy, A Global Force for Good,"

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A Global Force
for Good"*



so do we find Navy Medicine Support Command (NMSC) providing services throughout the globe in support of both The Maritime Strategy and the National Security Strategy enabling delivery of the full continuum of healthcare in



all venues. As you read the guidance of our leaders (references (a-c)), you will recognize the call to address the support functions that we provide and the mandate to take them to the next level of capability.

The Chairman, Joint Chief of Staff (CJCS) identifies the mandate to underpin our efforts against the Al Qaeda through increasing our net of global partners through stronger professional relationships and broadening the application of civil services. Further, he addresses speed to service: we must increase our

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adaptive capability to deliver in an ever changing and demanding environment. We can expect sustained or even increased civilian and military assistance programs. Concerns are articulated at all levels of leadership regarding the health of our force and our families. CJCS identifies the requirement for broad flexible capabilities and well-defined readiness. He applies these principles to not only the workforce, but also, the wellness of our systems, equipment, and processes. We will need to address the unique war wounds with research, and to improve our processes through development of cyber capabilities, not just the technology but the integration of the capabilities into daily operations.

The Chief, Naval Operations (CNO) addresses functions of NMSC specifically in his guidance (reference (b)). He calls for alignment of “requirements, resources, and acquisition processes to achieve accountability and deliver the right capability and capacity on time and at optimum cost throughout the lifecycle.” Further, there will be increased effort to establish international relationships to achieve common interests.



The Navy Surgeon General (SG) echoes the other leaders as he prescribes a focus on improving agile capabilities; deployment readiness; patient-and family-centered care; quality care; performance-based budgeting; integration and alignment of research and development with clinical investigation programs; and total force management to access, retain, educate and train the right force. Significant strategic thrusts defined by the SG include: continuing the planning and execution of the Navy Medicine Transformation Plan moving from large platforms to adaptive smaller capabilities, and incorporating humanitarian and stability operation capabilities; refining our Primary Care delivery model to improve care continuity and access by moving to patient-centered care teams; and improving deployment health services expanding the medical readiness monitors to identify status of active duty units in MTF “readiness catchment areas.” There is significant interest in the voice of the customer driving executive review of patient satisfaction survey responses. The total force plan speaks to more tools for managing all



staff: civilian, contract and military: getting the right mix with the right skills. It is a given that the operational tempo will remain high and that we need to continue to identify means to adapt and respond in a way that effectively meets our healthcare delivery and healthcare support missions in all venues.



BRIEF ASSESSMENT

Navy Medicine Support Command offers strength to Navy Medicine through integration of capabilities required to support the execution of the Navy Medicine missions of force health protection, healthcare delivery, and healthcare support. During 2010 and beyond, NMSC will refine and further define the integration role by interjecting presence and support capabilities into forums where requirements and future planning are discussed. Exercising this role will definitely require all our NMSC activities to be responsive and continuously improving. Functions historically tasked to individual commands will require coordination to deliver products from each command that converge into a concerted system solution.

EDUCATION & TRAINING

Navy Medicine Support Command provides world class training and education, and management of the Navy Medicine total force training pipeline. Over the past few years, significant effort has gone into the preparation to execute the Base Realignment and Closure (BRAC) laws and to follow the call for a “Born Joint” training pipeline in the current Medical Defense Review. Facilities have been prepared and are ready to begin occupancy for not only co-located enlisted training programs with our sister services, but to actually deliver integrated curriculum to the maximum extent possible. In 2010, some of the programs will move to the enlisted campus in San Antonio. We must ensure that as we move into this cooperative environment that we never lose sight of our mission to provide ready personnel to meet the Navy and Marine Corps missions.





We must monitor the outcomes of our training pipelines under the new integrated model and ensure that we continue to provide the high quality of Navy corpsmen - basic and technically advanced. Paramount to our success and sustainment of our operations is the need to be active subject matter experts in development of training plans, especially as we continue the transformation of our expeditionary medical model moving from large and cumbersome platforms to more adaptive force packaging. We must promote and exploit our capability to deliver operational medical training ensuring that our medical personnel are ready for the deployments and requirements that the Fleet and Marine Corps define. We will need to leverage the sister service and other Navy Enterprise programs to find the complement and define our role in providing a sustained ready force. We will need to collaborate across the enterprise to capture the readiness in the central systems that feed actionable information to both BUMED and the Fleet.



RESEARCH & DEVELOPMENT



Beyond executing the BRAC in the research arena, we will work with BUMED to find the best integrated solution for all research efforts in the Budget Submitting Office (BSO). In support of the BUMED objective to develop an overarching strategy for research, Naval Medical Research Center (NMRC) will work with NMSC and BUMED to leverage capabilities to enable alignment and



focus of clinical investigation efforts on key thrust areas identified by BUMED and consistent with the Fleet and Marine Corps requirements. NMSC with NMRC will sponsor the 2010 Research Symposium featuring SG intentions and BUMED Research strategies, and highlighting resources and advances that will offer validation for Fleet and Marine Corps research requirements and provide a menu for Clinical Investigation Programs (CIP) activities. NMRC will work with NMSC and

Office of Naval Research (ONR) to further define and execute the acquisition manager role for the Future Naval Capabilities Force Health Protection IPT.

MEDICAL LOGISTICS

All levels of DoD have identified the acquisition process to be less than responsive to the adaptive enterprise requirements. Until the regulations relieve some of the time-consuming elements of the process, Navy Medical Logistic Command (NMLC) will expand its view of the acquisition process beyond its specific activities to incorporate the planning and work required of the customer with the goal of reducing cycle time and hitting the target of timely service delivery in support of the customers' missions. Specifically, NMLC will continue to work the full planning and execution cycle of health services contracts. NMLC will take the lead on providing the acquisition planning tools and training to achieve the desired efficiencies. Additionally, NMLC will play a major role in the platform transformation as well as remaining effectively responsive to Fleet logistic requirements. Remaining customer focused, they will continue



to deliver the eyewear for designated beneficiaries, proficiently as they historically have done, adapting to new requirements for improvements.

IM/IT SOLUTIONS

Navy Medicine Information Systems Support Activity (NAVMISSA) will continue to build its expert team in San Antonio in order to provide full life cycle execution support for Navy Medicine IM/IT solutions. While continuing to provide excellent data management and information assurance support to the enterprise, they will further build the enterprise services with the outcome of sound requirements development process support for new or enhanced capabilities. NAVMISSA's supporting role in the governance process will be critical to the success of BUMED IM/IT strategies. The depth of the NAVMISSA team will need to be managed and potentially expanded to support timely, effective deployment of systems to support the healthcare delivery and healthcare support missions.



PUBLIC HEALTH

Navy and Marine Corps Public Health Center (NMCPHC) will see the demand for environmental assessments expand as Navy and Marine Corps presence expands across the globe in support of humanitarian, capacity building, stability operations and expeditionary medicine. NMCPHC will provide increasing environmental risk assessment and risk communication services. Now that the EpiData Center has been developed, NMCPHC shall expand its capability through epidemiological examination to



provide information about emerging healthcare requirements, utilization patterns and subsequently develop mitigating products to assist clinical care through the spectrum from preventive to rehabilitative services. NMCPHC will apply the Wounded Ill and Injured Program resources to fully exploit the EpiData Center and its public health capabilities to improve the assessment and interventions of war time health consequences.

THRUST AREAS FOR 2010 AND BEYOND

NMSC must continue to strive toward excellence in support services, incorporating adaptive enterprise constructs to ensure agile and timely responses to our customers. We must incorporate the following attributes into our improvement targets:

- Speed to delivery
- Adaptive packaging
- Sound business approach with cost of full life-cycle requirements
- Integration of all of our services to deliver the full spectrum of D-O-T-M-L-P-F (Doctrine, Organization, Training, Material, Leadership/ Education, Personnel, and Facility)
- Expertise in every mission, function, and task assigned to each NMSC activity.

We must proactively step up-taking every opportunity to manifest our value to Navy Medicine. We offer significant support services that keep Navy Medicine ready. Each activity must increase engagements in forums where planning and requirements are being discussed or developed. In those engagements, it is also your responsibility to 'advertise' what



the other activities of NMSC can provide. I fully intend to project our capabilities every opportunity I get and expect the same of each of you.

Even though each command has many important aspects of their mission and a myriad of functions and tasks that are required to be managed every day, I am asking that each of the commands take a deliberate approach to move the gauge toward excellence in the following areas:

NMPT&E: Expeditionary and Contingency Education and Training

NMLC: Health Services Contracts

NMRC: Navy Medicine Research Strategy to include CIP

NMCPHC: Epidemiology Services and Implementation of WII proposal

NAVMISSA: Capability development support for governance process

NMSC: Management of integration of NMSC support services in support of Capability Requirements execution. Collective Protection (COLPRO) of Expeditional Medical Facilities (EMF) Against Chemical and Biological Attacks will serve as springboard for this thrust area.



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