



Joint Task Force National Capital Region Medical **DIRECTIVE**

NUMBER 5002.01

JUL 03 2012

J-3B

SUBJECT: National Capital Region (NCR) Medical Business Planning Board (BPB) Charter

References: See Enclosure 1

1. PURPOSE. This Directive, in accordance with the guidance and authority in References (a) through (j), establishes the NCR Medical BPB as one of several boards established to ensure the effective and efficient delivery of world-class military healthcare within the NCR. These boards are part of the Integrated Delivery System (IDS) governance as described in Reference (i). NCR Medical IDS will operate as a single entity with a regional, unified perspective for all aspects of healthcare delivery in the NCR. The primary focus of the BPB is to optimize the health and healthcare services for the beneficiary population. There will be a continuous effort within and among NCR Medical IDS boards to identify integration opportunities and innovations that improve quality, value, readiness, and the overall patient experience.

2. APPLICABILITY. This Directive applies to the Joint Task Force National Capital Region Medical (JTF CapMed) Headquarters, Fort Belvoir Community Hospital (FBCH), Walter Reed National Military Medical Center (WRNMMC) [hereafter, FBCH and WRNMMC are referred to as Medical Treatment Facilities (MTFs)], and the Joint Pathology Center (JPC). These organizations form the foundation of an integrated military healthcare network in the NCR.

3. MISSION. Commander, Joint Task Force (CJTF) oversees, manages, and directs all healthcare delivery by military medical units within the NCR. In addition CJTF oversees, manages, and distributes resources to military healthcare assets, and ensures integration of all personnel and resources in the NCR. The NCR Medical BPB is the command's executive oversight committee and point of contact for all matters related to the establishment and operation of the IDS as it relates to workload, performance planning, and healthcare business operations. Specifically, the NCR Medical BPB will focus on the following:

a. Providing advice and recommendations regarding the establishment of the NCR Medical IDS to include strategic imperatives and operational performance of the IDS relating to healthcare metrics, efficiencies, workload management, and uniform business operations.

b. Recommending innovative solutions regarding prioritization and distribution of resources within the IDS.

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c. Developing innovative solutions to current and emerging problems.

d. Monitor and recommend modifications as necessary to the dashboard/strategic management system (SMS) to ensure operational and management controls are consistent with and directly support IDS strategic goals and objectives.

e. Track metrics and outcome measures providing comparative data and to demonstrate progress from previous baselines or guiding benchmarks.

f. Report relevant metrics to the Executive Council quarterly.

4. ORGANIZATION AND MANAGEMENT. The board is composed of subject matter expert representatives from the MTFs and from the JTF CapMed Headquarters. The composition of the board is as follows:

a. Chairperson. As nominated and appointed by the CJTF.

b. Recorder. As appointed by the Chairperson.

c. Voting Members:

(1) J-3B Director, Healthcare Delivery Operations

(2) FBCH Deputy Commander for Healthcare Operations and Strategic Planning.

(3) WRNMMC Deputy Commander for Healthcare Operations and Strategic Planning

(4) J-7 Chief of Graduate Medical and Dental Education

(5) JTF Chief, Cost Assessment and Program Evaluation

(6) Representative, NRMCMEDCOM

(7) Representative, NMNCA/BUMED

(8) Representative, AFMSA/SG3

d. Non-Voting Members:

(1) Director, Integrated Referral Management and Appointing Center

(2) Chairperson, NCR Dental Advisory Board

(3) Representative, Pax River

(4) Representative, Kimbrough

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- (5) Representative, Quantico
- (6) Representative, Annapolis
- (7) Representative, 79th Medical Wing
- (8) Representative, TRO-North
- (9) Representative, Managed Care Support Contractor
- (10) Veterans Integrated Service Network (VISN) Representative

e. Ad Hoc Members:

- (1) Regional Consultants
- (2) Others as required by subjects under consideration or as requested by Chairperson.

f. The board will establish its own operating procedures, meeting schedule, and interim work products necessary for the completion of its mission. All members are expected to attend meetings established by the chairperson and be prepared for discussions and contribute accordingly. Members are expected to keep their respective Component Leaders apprised of their progress, workings, and recommendations and will be responsible for any Service-specific issues.

5. RESPONSIBILITIES. See Enclosure 2

6. RELATIONSHIPS. The NCR Medical IDS BPB shall be accountable to CJTF through the Executive Council and shall:

- a. Provide update briefs for presentation to the Executive Council on IDS establishment and operation issues for areas within its specific area of cognizance.
- b. Monitor initiatives of all NCR Medical IDS boards to ensure:
 - (1) Integration of all interdependencies.
 - (2) Focus on a fully developed and integrated IDS with one standard of healthcare operations regardless of branch of Service or location of care delivery.

7. AUTHORITIES

- a. Tasking Authority. The Chair of the BPB shall:

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(1) Ensure attendance of members as outlined in Section 4 of this Charter. In the event a team member is unable to attend a scheduled meeting, an informed and empowered representative may fulfill the representative's role.

(2) Assign appropriate deliverables to members, subordinate working groups, and coordinating Implementation Boards.

b. Budgeting Authority. None.

8. ADMINISTRATION

a. Meeting Frequency. The board shall meet at least monthly, and more often as needed, to ensure success of the healthcare business and performance initiatives of the IDS.

b. Decision-Making Methodology. CJTF has ultimate responsibility for all decisions regarding the NCR Medical IDS. The board will provide recommendations through the Executive Council to CJTF for decision.

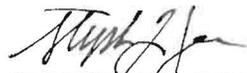
c. Status Reporting. Quarterly Status reports will be presented to the Executive Council.

d. Problem/Issue Escalation and Resolution Processes. Conflicts between competing priorities will be adjudicated by the Executive Council with final resolution by CJTF.

e. Board Status. The NCR Medical IDS BPB is a standing board and will continue to meet and deliberate unless otherwise directed by CJTF.

9. RELEASABILITY. UNLIMITED. This Directive is approved for public release and is available on the Internet from the JTF CapMed Web Site at www.capmed.mil.

10. EFFECTIVE DATE. This Directive is effective upon its publication to the JTF CapMed Issuance Website.



STEPHEN L. JONES
Major General, U.S. Army
Acting Commander

Enclosure

1. References
2. Responsibilities

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ENCLOSURE 1

REFERENCES

- (a) Deputy Secretary of Defense Memorandum, "Establishing Authority for Joint Task Force National Capital Region Medical (JTF CapMed) and JTF CapMed Transition Team (Unclassified)," September 12, 2007
- (b) Deputy Secretary of Defense Action Memorandum, "Civilian and Military Personnel Management Structures for the Joint Task Force National Capital Region Medical," January 15, 2009
- (c) Comprehensive Master Plan for the National Capital Region Medical, April 23, 2010
- (d) Supplement to the Comprehensive Master Plan for the National Capital Region Medical, August 31, 2010
- (e) Defense Health Board Report, Achieving World Class, May 2009
- (f) Creating a World-Class, Integrated Delivery System in the National Capital Region, April 23, 2010
- (g) JTF CapMed-I 5025.02, "JTF CapMed Corporate Decision Making Process," February 10, 2010
- (h) JTF CapMed-I 5025.01, "Formats and Procedures for Development and Processing of Issuances," March 5, 2012
- (i) Establishment of the National Capital Region Medical Integrated Delivery System (IDS CONOPS) July 3, 2012
- (j) JTF CapMed Fiscal Year (FY) 2013-2015 Performance Planning Guidance

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ENCLOSURE 2

RESPONSIBILITIES

1. GENERAL. The primary objective of the NCR Medical IDS BPB is to provide a regional perspective when evaluating processes and making recommendations to improve the management, performance, and efficiency of healthcare delivery in the NCR as prescribed in References (f) and (g). This board has the following responsibilities:

- a. Develop initiatives and activities to optimize both direct and private sector healthcare business programs to mature the NCR Medical IDS.
- b. Advise CJTF on the impact of workload as it affects the delivery of care and impacts the obtainment of the MHS Quadruple Aim performance goals.
- c. Make recommendations to allocate resources to improve efficiency, cost, quality, patient experience, and readiness within the NCR.
- d. Standardize healthcare and business planning processes throughout the NCR to optimize the health and healthcare services as well as patient access for our beneficiary population.
- e. Develop Dashboard/Metrics to measure and monitor NCR Medical IDS “world-class” delivery of care and business operations.
- f. Submit regular updates on MTF optimization and cost management initiatives.
- g. Other duties/responsibilities as assigned by CJTF or delegated representative.

2. CHAIRPERSON. The Chairperson shall:

- a. Forward an agenda to each voting member no later than 3 working days prior to each scheduled meeting. The agenda may be incorporated into the meeting minute’s format.
- b. Forward a clearly written summary of the proceedings of the previous meeting to each voting member no later than 3 working days prior to each scheduled meeting. The written summary must:
 - (1) Endorse information/decision briefs deemed ready for consideration by the Executive Council.
 - (2) Specify the way ahead for information/decision briefs deemed not ready for consideration by the Executive Council.

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c. Appoint individuals and form ad hoc work groups to accomplish tasks consistent with the Board's mission.

d. Appoint a Recorder and an alternate in the absence of the Recorder.

e. Brief Executive Council/CJTF quarterly regarding status of issues within specific area of cognizance.

3. RECORDER. The Recorder shall:

a. Prepare an agenda at the Chairperson's direction in time for the Chairperson to meet the deadline of paragraph 2.a.

b. Prepare a clearly written summary of the proceedings of the previous meeting at the Chairperson's direction in time for the Chairperson to meet the deadline of paragraph 2.b.

4. MEMBERS. The Members shall:

a. Attend meetings established by the Chairperson, be prepared for discussions that ensue and contribute accordingly.

b. Speak with the authority of their Commander or Director.

c. Keep their constituencies engaged and aware of the issues being addressed.

d. Prepare their respective component leader for participation in the Executive Council by discussing salient issues.

e. Act as subject matter experts where appropriate.