

BRAC 2005 Infrastructure Steering Group (ISG)

Meeting Minutes of February 19, 2004

The Acting Under Secretary of Defense (Acquisition, Technology, and Logistics), Mr. Michael W. Wynne chaired this meeting. The list of attendees is attached.

Mr. Wynne opened the meeting and asked Mr. Peter Potochney, the Director of the OSD BRAC Office, to update the BRAC process to date. Mr. Potochney used the attached slides to review the overall BRAC schedule.

Mr. Potochney highlighted upcoming briefings and hearings to Congress and the nominal timeframe for the next data call. The ISG agreed that the April 2 ISG meeting to discuss Joint Cross-Service Group (JCSG) integration should be expanded from one hour to two hours. The ISG also agreed that all of the JCSG military value reports would be coordinated formally after the integration meeting.

Mr. Potochney then turned the meeting over to Lieutenant General Peach Taylor, the Chair of the Medical JCSG (MJCSG). General Taylor briefed the ISG on the JCSG's approach using the attached slides. General Taylor described the iterative nature of the MJCSG's BRAC process. He noted that MJCSG process must be flexible and dynamic because medical functions will, in many cases, be reacting to changes in the base structure recommended by other JCSGs or the Military Departments.


As part of this discussion, a number of ISG members asked questions about how medical costs will be addressed in the Medical JCSG's deliberations. The MJCSG and a number of the ISG members agreed that DoD's medical costs are dictated by a host of factors such as the medical market, technology, and retiree benefits. Most of these costs factors will not be directly affected by BRAC decisions. The MJCSG emphasized that BRAC will allow DoD to conduct its operations more efficiently.

The ISG also discussed the need for the MJCSG and the other JCSGs to discuss the overall military value of their functions in the aggregate, not just in terms of the military capacity of buildings. In particular, the ISG expressed concern that the core military value of providing medical support to the war fighter was not presented clearly as the primary goal of the MJCSG's approach to BRAC. The MJCSG principals stated that this is their goal and that BRAC is about determining how the medical functions' support to the war fighter is distributed. They also added that the core function requires a broader system to make it effective (e.g., keeping doctors current by providing a sufficient patient load comprised of active duty, retirees and dependents). The Chair noted that as is the case with the other JCSGs, the members of the JCSG are the experts in their field and as such are in the best position to determine what factors should be important to determining the military value of their function.

The ISG members next discussed the criteria weights that the MJCSG assigned. The ISG members expressed concern that the Medical/Dental Market area did not have weights for criteria 2 and 3. The MJCSG members explained that the Medical/Dental Market area would be a factor in the other MJCSG functions military value assessments. The medical and dental market was intended to assess the population available to both keep a medical facility current with sufficient number of patients and to determine whether the medical facility was in an area under or sufficiently served by civilian medical facilities. The MJCSG agreed to reexamine their weighting scheme in light of the ISG's concerns.

General Taylor then proceeded to review the specific scoring plans with the ISG. He noted that the MJCSG used notional data to determine the sensitivity of the scoring plan. The sensitivity analysis showed that the scoring plan would produce an appropriate range of military value. General Taylor also noted that the MJCSG reduced the number of questions they intended to ask by focusing on key metrics that affected the total military value.

At the end of the briefing, the ISG again discussed how to ensure that the MJCSGs military value approach explicitly addresses the core mission of providing support to the war fighter. They noted that integrating lessons learned from recent conflicts and other war planning documents should help flesh out the requirements of this core mission. The ISG also reiterated its concern that the medical/dental market area was not assigning weights to all of the criteria. The ISG Chair thanked the MJCSG for their brief.

Approved: 
Michael W. Wynne
Acting USD(Acquisition Technology and Logistics)
Chairman, Infrastructure Steering Group

Attachments:

1. List of Attendees
2. Briefing slides entitled "BRAC 2005 Issues" dated February 19, 2004
3. Briefing slides entitled "Medical JCSG Approach to Assessing Military Value" February 19, 2004

Infrastructure Steering Group Meeting February 19, 2004

Attendees

Members:

- Mr. Michael W. Wynne Acting Under Secretary of Defense (Acquisition, Technology and Logistics)
- Mr. Raymond DuBois, Deputy Under Secretary of Defense (I&E)
- Hon. H.T. Johnson, Assistant Secretary of the Navy (I&E)
- Mr. Geoffrey Prosch, for Acting Assistant Secretary of the Army (I&E)
- Admiral William Mullen, Vice Chief of Naval Operations
- Hon. Nelson Gibbs, Assistant Secretary of the Air Force (IE&L)
- General George Casey, Vice Chief of Staff, Army
- General William Nyland, Assistant Commandant of the Marine Corps

Alternates:

- Lieutenant General James Cartwright, Director, Force Structure, Resources and Assessment, Joint Staff for General Peter Pace, Vice Chairman, Joint Chiefs of Staff
- Major General Gary W. Heckman, Assistant Deputy Chief of Staff of the Air Force for Plans and Programs for General Michael Mosley, Vice Chief of Staff of the Air Force

Medical JCSG

- Lieutenant General Peach Taylor, Surgeon General of the Air Force
- Vice Admiral Michael Cowan, Surgeon General of the Navy
- Mr. Nelson Ford, Deputy Assistant Secretary (Health Budgets and Financial Policy), Office of the Assistant Secretary of Defense (Health Affairs)
- Major General Ken Farmer, Deputy Surgeon General of the Army
- Major General Darrell Porr, Joint Staff Surgeon

Technical JCSG

- Dr. Ronald Segal, Director, Defense Research and Engineering

Headquarters and Support Activities JCSG

- Mr. Don Tison, Assistant Deputy Chief of Staff of the Army, Programs

Others:

- Dr. Craig College, Deputy Assistant of the Army (I&A)
- Ms. Anne Davis, Deputy Assistant Secretary of the Navy (I&A)
- Mr. Phil Grone, Principal Assistant Deputy Under Secretary (Installations and Environment)
- Mr. Pete Potochney, Director, OSD BRAC

- Mrs. Nicole Bayert, Associate General Counsel, Environment and Installations, DoD
- Captain Gene Porter, Senior Military Assistant for the Under Secretary of Defense (AT&L)
- Ms. Deborah Culp, Program Director, Contract Management Directorate, Office of the Inspector General
- Mr. Andrew Porth, Assistant Director, OSD BRAC
- Commander John Lathroum, Force Integration Branch Officer, Forces Division, J-8
- Captain Al Shimkus, Director BRAC, Bureau of Naval Medicine
- Colonel Mark Hamilton, Executive to the Air Force Surgeon General



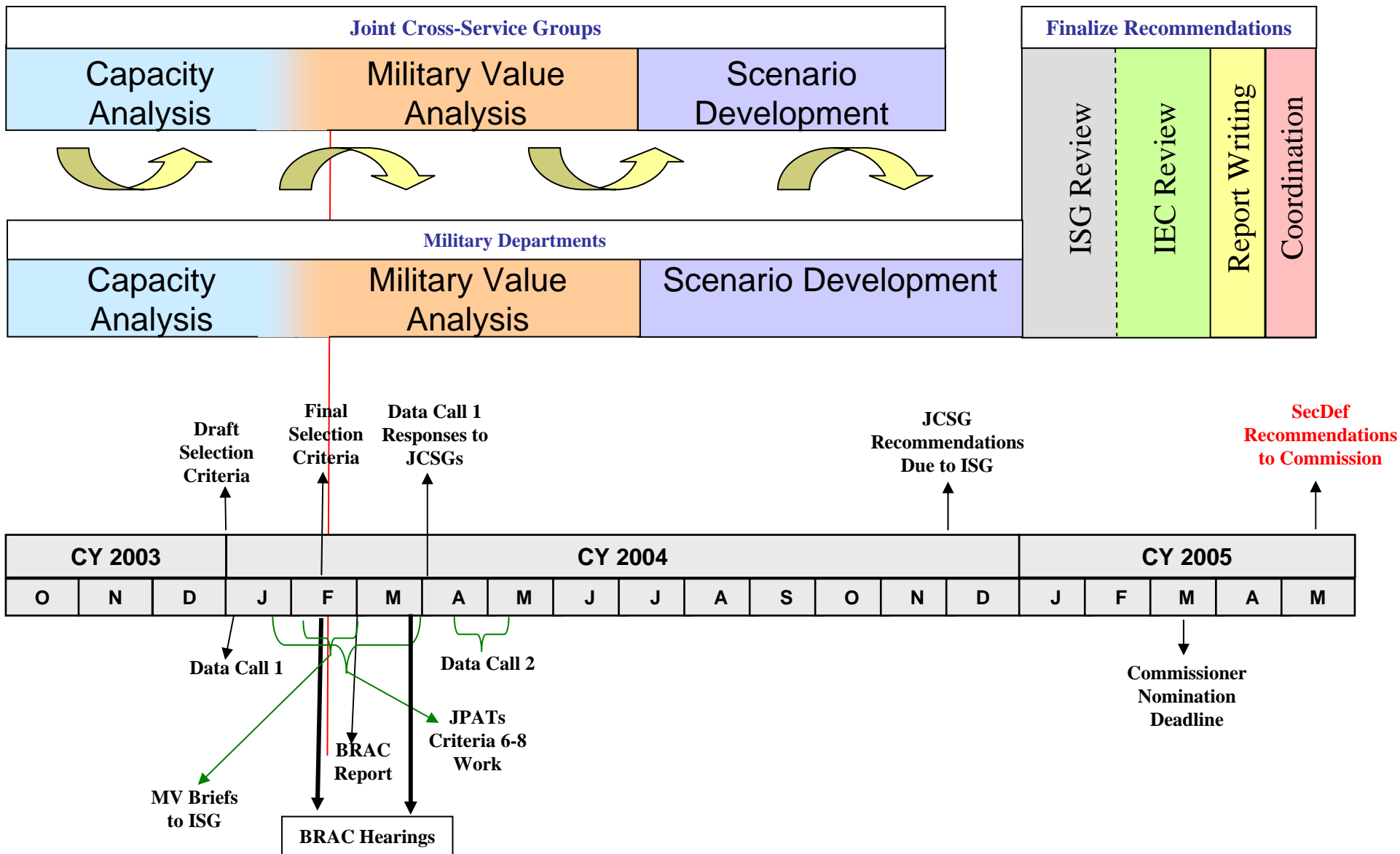
BRAC 2005 JCSG Approach to Military Value

Briefing to the
Infrastructure Steering Group

February 19, 2004



Process Overview





JCSG Military Value Briefing Schedule

■ Schedule for Military Value briefings

- ✓ Feb 17 @ 14:00-15:00 Technical
- Feb 19 @ 10:00-11:00 Medical
- Feb 20 @ 14:30-15:30 Supply & Storage
- Feb 23 @ 09:00-10:00 Industrial (from Feb 12)
- Feb 23 @ 13:00-14:00 H&SA
- Feb 24 @ **10:00-11:00** Education & Training
- Mar TBD Intelligence
- Apr 2 @ 10:30-11:30 JCSG MV Integration

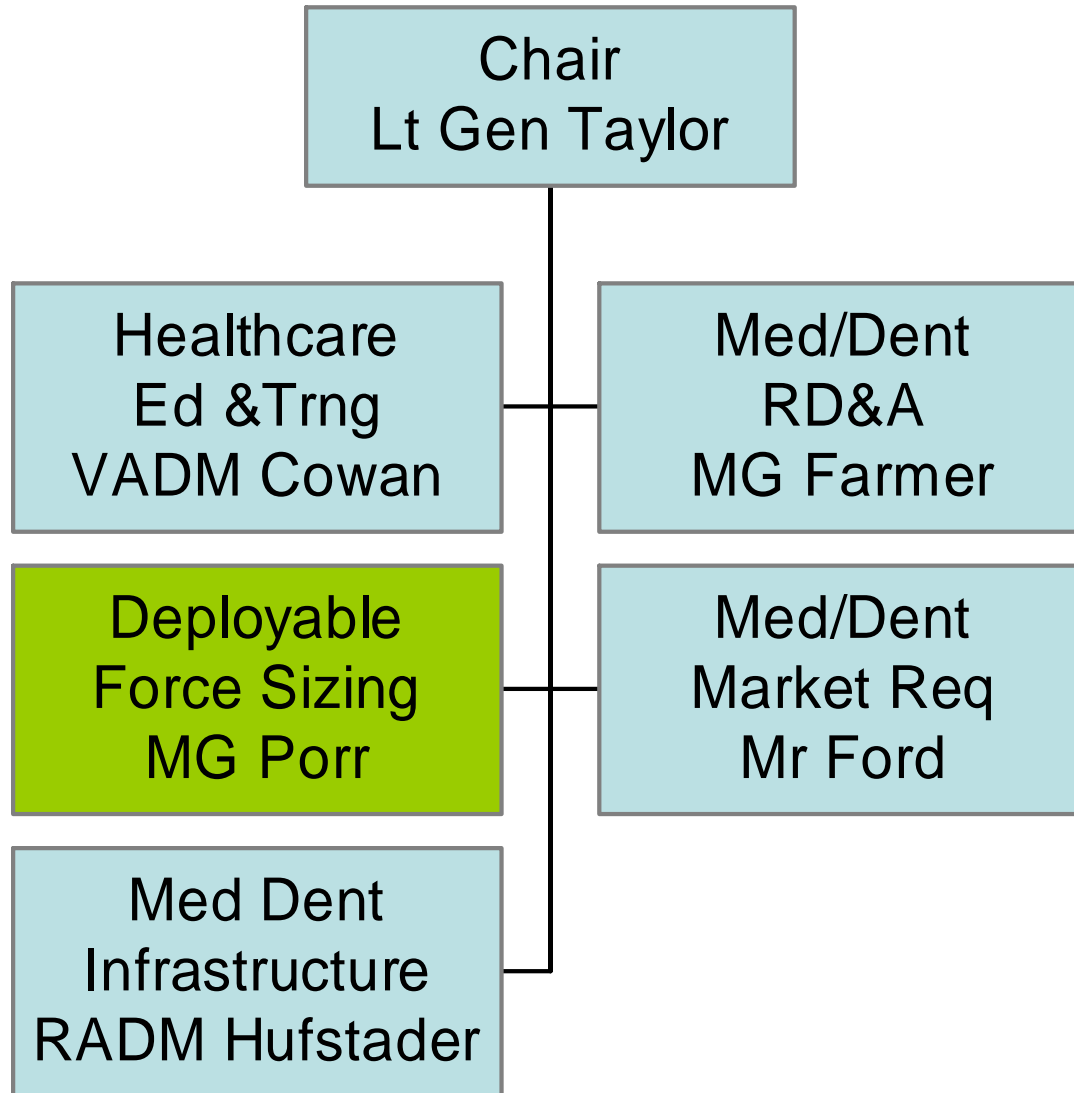


Medical JCSG Approach to Assessing Military Value

Briefing to the
Infrastructure Steering Group
19 Feb 2004



MJCSG Structure



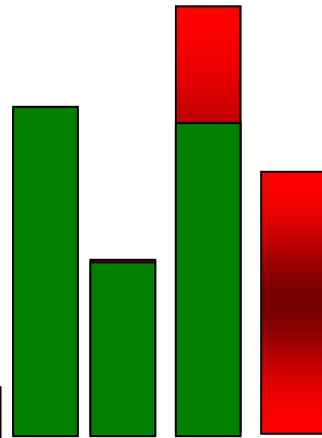


Analytical Framework

MJCSG
Recommendation
- Nov-Dec 04



Service
and
JCSG
BRAC Plans



Facilities

Deployed
Req'ts
and
Force Sizing
Demands

Scenarios –
Fall 04

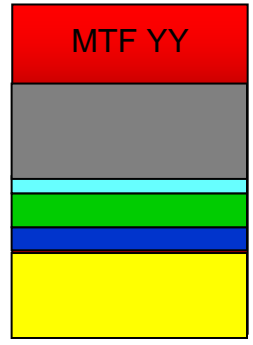
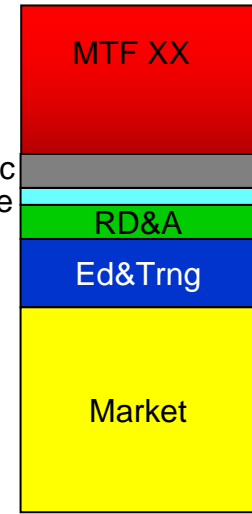


Capacity
Analysis

Spring Plan	Number of Attributes	Mission	Facilities	Contingency	Cost
Medical/Dental Market	4	63%	0%	0%	33%
Med/Dent Infrastructure	3	50%	30%	13%	9%
Healthcare Ed&T	4	20%	23%	33%	16%
Med/Dent R&D&A	7	53%	9%	23%	17%

Military
Value

MJCSG
Analysis
Summer
04





Overview

- Introduction
- Overall Military Value Approach--Strategy
 - Military Value Summary
- Military Value Scoring Plan Examples
 - Medical/Dental Infrastructure
 - Healthcare Education and Training
 - Medical Market
- Issues Impacting Analysis



Overall Military Value Approach--Strategy

- Providing ready service members and medics to support military operations was key driver
- Medical currency and sustaining the benefit were highlighted in the scoring plan
- Develop 4 military value rankings – one for each Function



JCSG Military Value Summary

Scoring Plan	Number of Attributes	Mission	Facilities	Contingency	Cost
Med/Dent Infrastructure	3	50%	30%	15%	5%
Healthcare E&T	4	40%	25%	20%	15%
Med/Dent RD&A	7	55%	5%	23%	17%
Medical/Dental Market*	4	65%	0%	0%	35%

*Note: Incorporation of dental and veterinary markets under development



Infrastructure

Criteria		Attributes		Metrics		
Name	Weight	Name	Weight	Name	Weight	Points
C1: Mission	50	A1: Physical capacity and facility condition	80%	M1: Facilities	60%	24.00
				M2: Information technology	15%	6.00
				M3: Class VIIIA	5%	2.00
				M4: Equipment	20%	8.00
		A2: Operations/mission responsiveness	10%	M5: Blood	50%	2.50
				M3: Class VIIIA	50%	2.50
		A3: Throughput	10%	M6: Exam rooms	100%	5.00
C2: Facilities	30	A1: Physical capacity and facility condition	100%	M1: Facilities	75%	22.50
				M2: Information technology	10%	3.00
				M3: Class VIIIA	5%	1.50
				M4: Equipment	10%	3.00
C3: Contingency	15	A2: Operations/mission responsiveness	100%	M5: Blood	40%	6.00
				M3: Class VIIIA	20%	3.00
				M7: Contingency beds	40%	6.00
C4: Cost	5	A1: Physical capacity and facility condition	100%	M1: Facilities	60%	3.00
				M2: Information technology	20%	1.00
				M4: Equipment	20%	1.00



Infrastructure (Metrics to Questions)

	Name	Weight	Name	Weight	Points
M I S S I O N	M1: Facilities	60%	Q1: FCI	45%	10.80
			Q2: Weighted Age	45%	10.80
			Q3: Military Uniqueness	10%	2.40
	M2: Information technology	15%	Q4: Network usage	50%	3.00
			Q5: Network classification	20%	1.20
			Q6: Cable plant	30%	1.80
	M3: Class VIIIA	5%	Q7: Climate control	65%	1.30
			Q8: Proximity	35%	0.70
	M4: Equipment	20%	Q9: Equipment average age	100%	8.00
	M5: Blood	50%	Q10: Population	50%	1.25
			Q11: On-Site FDA Testing	50%	1.25
	F A C I L I T Y	M3: Class VIIIA	50%	Q12: Climate control	65%
			Q13: Proximity	35%	0.88
M6: Exam rooms		100%	Q14: Exam rooms	100%	5.00
M1: Facilities		75%	Q15: FCI	50%	11.25
			Q16: Weighted Age	50%	11.25
M2: Information technology		10%	Q18: Network usage	20%	0.60
			Q19: Network classification	30%	0.90
			Q20: Cable plant	50%	1.50
M3: Class VIIIA		5%	Q21: Climate control	65%	0.98
			Q22: Proximity	35%	0.53
M4: Equipment		10%	Q23: Equipment average age	100%	3.00
C O N T I N G		M5: Blood	40%	Q24: Population	50%
			Q25: On-Site FDA Testing	50%	3.00
	M3: Class VIIIA	20%	Q26: Climate control	65%	1.95
			Q27: Proximity	35%	1.05
M7: Contingency beds	40%	Q28: Contingency beds	100%	6.00	
C O S T	M1: Facilities	60%	Q29: FCI	50%	1.50
			Q30: Weighted Age	50%	1.50
	M2: Information technology	20%	Q31: Network usage	20%	0.20
			Q32: Network classification	30%	0.30
			Q33: Cable plant	50%	0.50
	M4: Equipment	20%	Q34: Equipment average age	100%	1.00



Education & Training

Criteria		Attributes		Metrics		Total
Name	Weight	Name	Weight	Name	Weight	Points
C1: Mission	40	A1: Operational Readiness	40%	M1: Throughput	100%	16
		A2: Physical Capacity	10%	M2: Ability to Train On-Site	50%	2
				M3: MTF Enrichment Services	50%	2
		A3: Military Unique Training	30%	M4: Prog w/o Civ Counterpart	60%	7
				M5: Military Time Efficient	40%	5
		A4: Joint/Integrated Trng	20%	M6: Joint Civilian Venture	50%	4
				M7: Integrated Interservice	50%	4
C2: Facilities	25	A2: Physical Capacity	60%	M2: Ability to Train On-Site	50%	8
				M3: MTF Enrichment Services	50%	8
		A3: Military Unique Training	40%	M4: Prog w/o Civ Counterpart	60%	6
				M5: Military Time Efficient	40%	4
C3: Contingency	20	A3: Military Unique Training	60%	M4: Prog w/o Civ Counterpart	60%	7
				M5: Military Unique Trng	40%	5
		A4: Joint/Integrated Trng	40%	M6: Joint Civilian Venture	50%	4
				M7: Integrated Interservice	50%	4
C4: Cost	15	A1: Operational Readiness	30%	M1: Throughput	100%	5
		A2: Physical Capacity	40%	M2: Ability to Train On-Site	50%	3
				M3: MTF Enrichment Services	50%	3
		A3: Military Unique Training	30%	M4: Prog w/o Civ Counterpart	60%	3
				M5: Military Time Efficient	40%	2



E&T (Metrics to Questions)

MISSION	M1: Throughput	100%	Q1: $(\text{Throughput} \times \text{trng length}) / \text{Total Trnd} - \text{Graduate}$	50%	8.00
			Q2: $(\text{Throughput} \times \text{trng length}) / \text{Total Trnd} - \text{Initial}$	50%	8.00
	M2: Ability to Train On-Site	50%	Q3: % Trnd Local Area - Graduate	40%	0.80
			Q4: % Trnd Local Area - Initial	60%	1.20
	M3: MTF Enrichment Services	50%	Q5: Grad Ed Eliminated - Reduce Svcs	60%	1.20
			Q6: Initial Ed Eliminated - Reduce Svcs	40%	0.80
	M4: Prog w/o Civ Counterpart	60%	Q7: % of Prog w/o civilian counterpart - CE	50%	3.60
			Q8: % of Prog w/o civilian counterpart - Initial	50%	3.60
	M5: Time Efficient Training	40%	Q9: % of Equivalent Programs Shorter Time - Initial Trng	100%	4.80
	M6: Civlian Joing Training	50%	Q10: % of Grad Ed Prog Joint Sponsored by Civ Inst	50%	2.00
			Q11: % of Initial Trng Joint Sponsored by Civ Inst	50%	2.00
	M7: Interserive/Integrated Training	50%	Q12: % of Grad Prog Interservice/Integrated	50%	2.00
			Q13: % of Intitial Prog Interservice/Integrated	50%	2.00
FACILITY	M2: Ability to Train On-Site	50%	Q3: % Trnd Local Area - Graduate	40%	3.00
			Q4: % Trnd Local Area - Initial	60%	4.50
	M3: MTF Enrichment Services	50%	Q5: Grad Ed Eliminated - Reduce Svcs	60%	4.50
			Q6: Initial Ed Eliminated - Reduce Svcs	40%	3.00
	M4: Prog w/o Civ Counterpart	60%	Q7: % of Prog w/o civilian counterpart - CE	50%	3.00
		Q8: % of Prog w/o civilian counterpart - Initial	50%	3.00	
M5: Time Efficient Training	40%	Q9: % of Equivalent Programs Shorter Time - Initial Trng	100%	4.00	
CONTING	M4: Prog w/o Civ Counterpart	60%	Q7: % of Prog w/o civilian counterpart - CE	50%	3.60
			Q8: % of Prog w/o civilian counterpart - Initial	50%	3.60
	M5: Military Unique Trng	40%	Q9: % of equivalent Programs Shorter Time - Initial Trng	100%	4.80
	M6: Civillian Joint Training	50%	Q10: % of Grad Ed Prog Joint Sponsored by Civ Inst	50%	2.00
			Q11: % of Initial Trng Joint Sponsored by Civ Inst	50%	2.00
M7: Interserive/Integrated Training	50%	Q12: % of Grad Prog Interservice/Integrated	50%	2.00	
		Q13: % of Initial Prog Interservice/Integrated	50%	2.00	
COST	M1: Throughput	100%	Q1: $(\text{Throughput} \times \text{trng length}) / \text{Total Trnd} - \text{Graduate}$	50%	2.25
			Q2: $(\text{Throughput} \times \text{trng length}) / \text{Total Trnd} - \text{Initial}$	50%	2.25
	M2: Ability to Train On-Site	50%	Q3: % Trnd Local Area - Graduate	40%	1.20
			Q4: % Trnd Local Area - Initial	60%	1.80
	M3: MTF Enrichment Services	50%	Q5: Grad Ed Eliminated - Reduce Svcs	60%	1.80
			Q6: Initial Ed Eliminated - Reduce Svcs	40%	1.20
	M4: Prog w/o Civ Counterpart	60%	Q7: % of Prog w/o civilian counterpart - CE	50%	1.35
			Q8: % of Prog w/o civilian counterpart - Initial	50%	1.35
	M5: Time Efficient Training	40%	Q9: % of Equivalent Programs Shorter Time - Initial Trng	100%	1.80



Medical Market

Criteria		Attributes		Metrics		
Name	Weight	Name	Weight	Name	Weight	Points
C1: Mission	65%	A1: Demand	60%	M1: Eligible Population	70%	27
				M2: Enrolled Population	30%	12
		A2: Civilian Capacity	40%	M3: Civilian/VA Beds	50%	13
				M4: Civilian/VA Providers	50%	13
C4: Cost	35%	A3: Cost/Efficiency	40%	M5: Inpatient Costs	40%	6
				M6: Outpatient Costs	60%	8
		A4: Throughput	60%	M7: Inpatient Care	30%	6
				M8: Outpatient Care	40%	8
				M9: Pharmacy	15%	3
				M10: Ancillary	15%	3



Medical Market (Metrics to Questions)

	Name	Weight	Name	Weight	Points
M I S S I O N	M1: Eligible Population	70%	Q1: Active Duty Eligibles	85.7%	23.40
			Q2: AD Family Members Eligibles	7.1%	1.94
			Q3: Other Eligibles	7.1%	1.94
	M2: Enrolled Population	30%	Q4: Active Duty and AD Family Members Enroll	66.7%	7.80
			Q5: Total Enrolled	33.3%	3.90
	M3: Civilian/VA Beds	50%	Q6: # of Civilian/VA Hospitals	20.0%	2.60
			Q7: # of Civilian/VA Beds	80.0%	10.40
	M4: Civilian/VA Providers	50%	Q8: # Primary Care providers per population	70.0%	9.10
			Q9: # Specialty Care providers per population	30.0%	3.90
C O S T	M5: Inpatient Costs	40%	Q10: Cost per RWP	100.0%	5.60
	M6: Outpatient Costs	60%	Q11: Cost per RVU	100.0%	8.40
	M7: Inpatient Care	30%	Q12: Total RWP	100.0%	6.30
	M8: Outpatient Care	40%	Q13: Total RVU	100.0%	8.40
	M9: Pharmacy	15%	Q14: Total Scripts	100.0%	3.15
	M10: Ancillary	15%	Q15: Total Weighted Rad Procedures	77.0%	2.43
			Q16: Total Weighted Lab Procedures	23.0%	0.72



Issues

- Contract technical support - \$350K. Required to provide technical support for the MJCSG to accomplish the analysis of its data calls.