**JOINT REQUIREMENTS
OVERSIGHT COUNCIL**
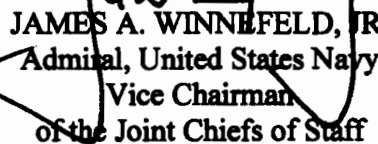
JROCM 031-14
26 March 2014

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: Force Health Protection DOTmLPF-P Change Recommendation

1. The Joint Requirements Oversight Council (JROC) reviewed and endorses the Force Health Protection DOTmLPF-P Change Recommendation. The JROC approves the enclosed actions and designates the Joint Staff Surgeon as the lead organization for their implementation.

2. The JROC requests the Office of the Secretary of Defense, the Joint Staff, USTRANSCOM, and the Services implement actions as outlined in the enclosure.

3. Should implementation of the actions contained in the enclosure result in the identification of additional DOTmLPF-P requirements, then the Joint Staff Surgeon, as the designated lead organization, will seek Joint Capabilities Board validation prior to taking action.

JAMES A. WINNEFELD, JR.
Admiral, United States Navy
Vice Chairman
of the Joint Chiefs of Staff

Enclosure

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Force Health Protection
DOTMLPF Change Recommendation (DCR) Actions

DOTMLPF Category and OPR	Action	Suspense Date

DOTMLPF: Doctrine
OPR: JS J4/HSD (OCR: OSD (Health Affairs), Services, and the National Center for Medical Intelligence (NCMI))
	1. Review and revise JP 4-02 in order to:
	
	   a. Establish/refine the common lexicon/definitions for Tactical Combat Casualty Care (TCCC) provided at point of injury (POI).
	   b. Establish evidence based practices and procedures for TCCC provided at POI.
	   c. Establish the requirement for documenting care from POI throughout the continuum of care in order to enable continuity of information tracking, ensure all pre-hospital treatment is included/recorded in electronic health records (EHRs), and institutionalize common practices for the tracking and management of CL VIII supplies.
	   d. Develop a common definition, mechanisms and metrics for assessing "quality of care" in deployed settings.
	   e. Define the operational needs and technical requirements to achieve "Comprehensive Health Surveillance," for the deployed joint force. This definition is necessary to drive integration of medical intelligence, health surveillance, and medical information, in support of Joint Intelligence Preparation of the Operational Environment Health Care System (HCS).
	   f. Define food and water safety/
		JROCM + 3 yrs

DOTMLPF Category and OPR	Action	Suspense Date
	defense in accordance with proposed terminology from DODD 6400-04, *DoD Veterinary Public and Animal Health Services.*	
DOTMLPF: Doctrine OPR: USA (OCR: JS J4/HSD & Services)	2. Nominate a Joint concept requirement for a joint Global Health Engagement CONOPS and focused analysis to define medical planning, preparation, execution and assessment support requirements for stability operations. Focus areas include assessing the operational environment (integrating medical intelligence, information, health and bio surveillance data and lessons learned), interacting and sharing information with foreign partners, developing partner capacity, employment considerations (persistent vs. episodic), transition criteria, host country care considerations (rules of engagement on standards of care, medical ethics, credentialing and licensing issues etc). The CONOPS should also reflect the requirement to maintain awareness of global health issues, cultural norms, traditional health practices, and locally and regionally available pharmaceuticals, to contribute to the JFC's situational awareness and understanding of potential impact on the health of the deployed force. 3. Subsequently, review and revise as necessary, JP4-02 and the medical sections of JP 3-07 Stability Operations and JP 3-29 Foreign Humanitarian Assistance.	JROCM + 3 yrs
DOTMLPF: Organization OPR: JS J4/HSD (OCR: Services and OSD(HA))	4. Develop a concept and subsequently conduct focused analysis on alternative deployable joint medical organizational constructs that will formalize coordinating and synchronization ways and means. Maintain focus on Joint	JROCM + 4.5 yrs

DOTMLPF Category and OPR	Action	Suspense Date
	operations requiring FHP activities as a primary mission capability and for which partnering with coalition, non-governmental, or foreign nation medical capabilities is necessary. Subsequently publish a Joint Health Services concept.	
DOTMLPF: Training OPR: Services	5. Subsequent to development of standard clinical guidance, develop pre-deployment training for first responders that addresses: a. Execution of TCCC at POI (e.g. blood and blood products, eye care etc.). b. Use of traumatic brain injury (TBI) diagnosis tools in theater.	JROCM + 3 yrs
DOTMLPF: Training OPR: Services (OCR: OSD(HA))	6. Develop health care provider training to ensure that military health processes are fully tracked and integrated into Service member and deployed civilian medical records to ensure completeness, to capture behavioral health data and OEH data needed for the individual Longitudinal Exposure Record (ILER), and to ensure that service member and deployed civilian records are accurately maintained. This maintenance will support post-service review, medical care, and claims adjudication for Veterans as well as ongoing and post-service medical care and workers compensation claim determinations for DOD civilian employees.	JROCM + 2.5 yrs
DOTMLPF: Training OPR: Services (OCR, JS S, Uniform Services University Health Sciences (USUHS), and relevant OGA)	7. Develop joint or multi-service tactics, techniques and procedures or appropriate handbooks to: a. Provide methodologies and processes to develop a comprehensive understanding the operating environment. This includes both an understanding of with a focus on the medical threats to stability, capacity of host nation HN HCS, and capabilities	JROCM + 2.5 yrs

DOTMLPF Category and OPR	Action	Suspense Date
	of partners. b. Provide methodologies and metrics for assessing and conducting Foreign Humanitarian Assistance / Disaster Relief (FHA/DR) missions. This methodology should mirror the USAID Field Operations Guide for Disaster Assessment and Response in order to facilitate planning, execution and transition of responsibilities to organizations other than DOD for sustainment.	
DOTMLPF: Training OPR: USA (OCR: Services)	8. Develop joint TTP and associated handbook for the determination and integration of medical intelligence, information and surveillance requirements in support of CCDR plans to include best-practices regarding the integration of joint medical planners with Joint Force (JF) staff (including collection managers) during planning activities and discussion of intelligence and information resources available to the joint force. Ensure that MHS elements provide appropriate feedback on this handbook through the Joint Lessons Learned Information System.	JROCM + 2.5 yrs
DOTMLPF: Training OPR: USTRANSCOM (OCR: Services)	9. Develop joint or multi-service tactics, techniques and procedures or appropriate handbooks describing the both the capabilities of, and employment considerations for, TRAC2ES at the CCMD level.	JROCM + 2.5 yrs
DOTMLPF: Materiel OPR: OSD(HA) ICW USA Army Medical Research and Materiel Command (USAMRMC)and Services	10. Conduct further analysis in support of an Initial Capabilities Document (ICD) for a. TBI and psychological care b. Combat Casualty Care c. Human Performance Optimization (HPO) activities in support of Military Operational Medicine (e.g. physical and physiological enhancements to warfighters, physiological sustainment capabilities, personnel protection,	JROCM + 4 yrs

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DOTMLPF Category and OPR	Action	Suspense Date
	physiological monitoring and decision aids etc.).	

DOTMLPF: Materiel
OPR: OSD(HA) (OCR: JS J4 HSD and Services)
	11. Conduct further analyses to support capability development of the following:
	a. Conduct a comprehensive study of FHP functional, operational and technical needs for achieving interoperability among medical operations, surveillance, and information systems; subsequently evaluate programmed Defense Health Information Management Systems and Defense Medical Logistics Support System architectures against budget priorities.
	b. Conduct analysis to standardize Medical Common Operational Picture tools for CCMD and JFS staffs in order to provide visual sharing of risk data.
	c. Develop capabilities for the EHR that.
	   - Enable the first responder to enter patient data at the POI for subsequent incorporation into the EHR.
	   - Enable integration of population-based surveillance and OEH exposure-related data with the Integrated EHR (iEHR) in order to full inform medical diagnosis and treatment as well as medical surveillance and epidemiologic studies.
		JROCM + 4.5 yrs

DOTMLPF: Materiel OPR: OSD(HA)	12. Conduct further analysis for a business case to support development of: a. A health IT system that creates a longitudinal data record that includes all aspects of a Service member's medical record, including Occupational and Environmental Medicine (and exposure-related issues) from the ILER and behavioral medicine (to include health status) from the accession until after separation or retirement.	JROCM + 2.5 yrs

DOTMLPF Category and OPR	Action	Suspense Date
	b. A common service medical checklists system with decision trees to support consistent medical service clinical decision-making in determining most appropriate health assessment options for individual Service members to include treatment of HN and non-DOD beneficiaries.	
DOTMLPF: Materiel OPR: USA (OCR: OSD(HA) and Services)	13. Conduct further analysis to support development of Initial Capabilities Documents for the following: a. Deployable capability to input and manage and share Veterinary and Public Health (PH) data (animal infectious disease and zoonotic disease data; all-hazards bio-surveillance data; food protection data, preventive medicine data, and working animal care data etc.) to support mission planning. b. Deployable air/water/food pathogen detection system to detect and neutralize microorganisms that can be used by adversaries to support agro-terrorism, create economic threats, and create threats to locally procured food.	JROCM + 3.5 yrs

DOTMLPF: Leadership and Education
OPR: JS J4/HSD (OCR: OSD(HA))
	14. Review and revise
	a. The Joint Medical Planner's Course (JMPC) to ensure it includes information about (Suspense: Oct 14):
	    -Aeromedical Evacuation operations, review of capabilities of TRAC2ES system for tracking of patients within the area of responsibility (AOR).
	    -Medical intelligence that highlights the combined skill set required for effective medical planning and intelligence integration.
	    -Establishing appreciation for medical intelligence and information, a composite risk assessment that includes health risks, and generating / maintaining the medical common operating picture within operational
		JROCM + 2.5 yrs

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DOTMLPF Category and OPR	Action	Suspense Date
	commanders and staff. -Understanding of global health issues and requirements for understanding of cultural norms. b. JFS staff education curriculum (JMPC, MSOC etc.) to include deployed comprehensive health surveillance, Med Intel & foreign nation surveillance data, and Global Health Engagement (including stability operations doctrine, planning & processes).	
DOTMLPF: Leadership and Education OPR: Services (OCR: OSD (HA)	15. Develop health care provider education to ensure that military health processes are fully tracked and integrated into the medical records of deployed personnel in order to ensure completeness, capture behavioral health data and OEH data needed for the individual Longitudinal Exposure Record (ILER, and ensure that records are accurately maintained. This maintenance will support post-service review, medical care, and claims adjudication for Veterans as well as ongoing and post-service medical care and workers compensation claim determinations for DOD civilian employees.	JROCM + 3 yrs
DOTMLPF: Leadership and Education OPR: Services	16. Review Public Health personnel education courses to ensure JTF- and GCC-level requirements and standards are met in order for Public Health personnel to be fully integrated into the joint planning process.	JROCM + 2.5 yrs
DOTMLPF: Leadership and Education OPR: Services	17. Develop education for contracting officers who work with food service contracts for deployed organizations, prioritizing the requirement for use of the Tri-service Food Code and the uniform food protection checklist.	JROCM + 2.5 yrs
DOTMLPF: Leadership and Education OPR: USA (OCR: Services)	18. Develop an education program for medical and unit personnel on medical evacuation of military and contracted	JROCM + 2.5 yrs

DOTMLPF Category and OPR	Action	Suspense Date
	working animals.	
DOTMLPF: Personnel OPR: Services	19. Develop relevant career development model and skill identifier to assist in consistently staffing JFS billets with qualified medical planners and Global Health Engagement (GHE) specialists who have an understanding of global health issues and the impact of cultural norms on medical practice and treatment options.	JROCM + 2 yrs
DOTMLPF: Policy OPR: OSD(HA)	20. Establish a single coordinating office with authority to: a. Align functional, operational and business system requirements for medical information systems to support development of joint and interoperable capabilities. b. Establish business rules for the FHP enterprise to ensure connectivity among disparate systems for collecting and tracking patient information (from POI through VA system). c. Standardize COP capability requirements for Joint Force Surgeon staffs. d. Develop standards for a medical common operating picture.	JROCM + 2.5 yrs
DOTMLPF: Policy OPR: OSD(HA)	21. Review and revise current FHP policies in order to: a. Expand the current JTS capability to include additional (non-trauma related) medical issues at lower taxonomies of care in order to provide improved real-time lessons learned process for medical personnel in theater. b. Mandate that treatment documentation and patient tracking begin at the point of injury. c. Drive development of standard clinical guidance for first responder care. d. Require clearly defined, relevant metrics for assessing and managing the	JROCM + 2.5 yrs

DOTMLPF Category and OPR	Action	Suspense Date
	overall health and fitness of personnel from accession through retirement. e. Develop a more comprehensive approach to use of post-deployment survey/systems to diagnose the health needs of deployed personnel. f. Articulate policy guidelines regarding standards of care, medical ethics, and credentialing/licensing matters with regards to non-DOD beneficiaries.	
DOTMLPF: Policy OPR: OSD(HA) (OCR: Services)	22. Review and revise current FHP policies in conjunction with affected "line agencies," to better integrate and synchronize the HPO community. Issuances should address the functions, roles, and responsibilities of OSD HA and the Services in the development and tracking of HPO activities. a. Integrated approaches and structure (e.g. common lexicon) within the HPO community to address common human performance challenges (such as TBI and muscular-skeletal injuries). b. Potential creation of an interdisciplinary center for investigating human performance optimization in operational settings c. Business rules and process metrics to determine HPO enterprise performance. d. Information and data sharing requirements across research, medical and operational boundaries. e. Assess and integrate, where appropriate, Service concepts for optimizing human performance f. Integration of the different Service programs to ensure interdisciplinary cooperation. g. Comprehensive approach for determining, assessing and managing human performance issues (e.g. warfighter fatigue, cognitive skills, and	JROCM + 2.5 yrs

DOTMLPF Category and OPR	Action	Suspense Date

	performance).
	   - Requirements for common frameworks, science based approaches to assess and manage warfighter fatigue, standardized assessments (and supporting tools sets) of warfighter fatigue. '
	   - Required capabilities and metrics needed to define a common baseline for cognitive skills and the requirement to manage individuals from enlistment through discharge.
	   - Common framework, standardized assessment and appropriate tools for assessing performance of various occupational specialties; and appropriate mitigation strategies to counter warfighter performance detractors.	

DOTMLPF: Policy OPR: OSD (Personnel & Readiness)	23. Update DODI 6000.16 the reflect guidance in the GHE cable.	JROCM + 2.5 yrs

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