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THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

NOV 07 1995

MEMORANDUM FOR LEAD AGENTS THROUGH:

SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Lead Agent Guidelines

Over the past several months, the MHSS Strategic Plan Working Group has been addressing the need to more clearly articulate the roles of the Lead Agents. The Lead Agents and their staffs stated at the TRICARE Conference in July that they needed further clarification of their roles and identified specific areas of concern. Their recommendations were incorporated into the Working Group's activities and a draft set of assumptions was developed and forwarded to the Lead Agents in September 1995, for their review and comment. This input was reviewed by the Working Group and has been consolidated into the attached document.

This document, Lead Agent Guidelines, is designed to provide over-arching direction in clarifying the Lead Agents' roles and is not meant to be prescriptive. The intent is to allow for maximum flexibility at the local level while requiring some standards in execution.

Your assistance in helping to develop these guidelines is greatly appreciated. Only through a broad range of input were we able to develop these useful guidelines. My point of contact for this activity remains CAPT M. Jane Markley who can be reached at 703-693-1684 or e-mail: mmarkely@ha.osd.mil.

Edward D. Martin, M.D.
Principal Deputy Assistant Secretary

Attachment:
Lead Agent Guidelines

LEAD AGENT (LA) GUIDELINES

These guidelines are designed to clarify LAs' roles without being prescriptive, therefore allowing for variation in execution based on the needs of each region. They are meant to support LA decisions in developing their regional planning structure in concert with the expectations of the Military Health Services System (MHSS). These guidelines are NOT intended to construe that the LA is the exclusive stakeholder of these responsibilities, nor do they imply any command and control relationship between the LA and the military medical treatment facility (MTF) commanders within the region. However, they do mean that LAs are to communicate and work in concert with the regional MTF commanders, as well as Service headquarters' staffs and Health Affairs (HA) to support the MHSS mission. It is also important to note that this listing is not necessarily all encompassing, it purposely lacks detailed guidance to allow for maximum flexibility at the local level. The innovation and dedication of LAs has been notable, and it is hoped that these guidelines will provide some additional insight into the MHSS leadership's view of the LAs' role. LAs are encouraged to continue to share their experiences and their successes amongst themselves and with the MHSS leadership so that, utilizing the tenets of Total Quality Leadership, we can enhance TRICARE and the entire MHSS.

LAs are expected to be familiar with the MHSS and Service-specific Strategic Plans, and will ensure that their activities actively support these coordinated plans. Although there is no mandate for each region to have their own Strategic Plan, strategic planning activities to identify the region customers, determine internal and external threats and opportunities, and a collaborative planning and coordination process that supports integrated health care delivery are strongly encouraged. These activities have proven extremely beneficial to some regions and have promoted an increased sense of team building and personal ownership of the process.

I Lead Agents will assume the following responsibilities:

A. Readiness

1. Support contingency operations, including backfill requirements, through provisions including the managed care support contract, resource sharing, or other resource support arrangements to ensure effective coverage during contingencies and mobilization
2. Support ongoing medical readiness training for region
3. Participate in the planning process and support plans for CONUS casualty reception

B. Development and Execution of Regional Health Services Plan

1. Manage regional referrals and referral patterns and coordinate non-availability statements
2. Coordinate rightsizing and skill mix across region, making recommendations to Services and HA
3. Participate in decisions related to availability of clinical services at regional MTFs
4. Ensure regional quality and utilization management systems are in place
5. Designate and maintain regional STSs and recommend national STSs to HA
6. Resolve coordination issues with overlapping catchment areas
7. Recommend facilities projects for sustaining and improving services
8. Coordinate plans for health promotion and preventive services

C. Regional Business Management

1. Monitor direct care regional expenses/costs
2. Participate in MHSS metric standardization of data to be reported/used
3. Analyze, monitor and report standardized health metrics across region
4. Monitor regional budget targets
5. Ensure quality management systems coordinated with intermediate and Service HQs
6. Maintain regional enrollment data
7. Include business case management in technology decisions
8. Measure and benchmark ambulatory and inpatient care with case management, UM, outcomes management and clinical path development
9. Assist Services and HA in developing universal definitions and standards for PCMs, specialty services, and ancillary support
10. Serve as an agent for change in re-engineering health care delivery
11. Collect, analyze, and distribute lessons learned

D. Contract Management

1. Lead in the development, evaluation and execution of the regional MCS contract
2. Propose innovative contract improvements in concert with MTF commanders and obtain Service buy-in to MCS contract
3. Facilitate region-wide planning focused on creating MTF incentives to optimize the use of MTFs through resource sharing
4. Reduce managed care overhead at MTFs and LA offices using appropriate contract and non-contract mechanisms
5. Work as a partner with OCHAMPUS

E. Marketing

1. Ensure MTF staff are educated in TRICARE and the MHSS
2. Orchestrate marketing activities, including regional market analysis, and evaluate the success of the marketing efforts

F. Integration Issues

1. Collaborate to achieve MHSS solution vice redundant regional efforts
2. Facilitate ongoing, timely communication to the MTFs and encourage feedback
3. Recognize command prerogatives
4. Keep military chain of command, Service SGs and HA informed of ongoing issues

5. Coordinate relations with other agencies, ensuring they are informed of regional progress in regard to MHSS initiatives
6. Provide support for joint R&D efforts

G. Information Management Support Systems

1. Actively pursue the definition and documentation of information management support needed by LAs
2. Work with MTFs, other LAs, Executive Agents, Services and HA to assure region-wide deployment planning and execution and to ensure integration/coordination across multiple information system projects
3. Participate in and oversee automated information systems projects and programs to assure that Lead Agent requirements are met
4. Establish regional information exchange requirements among TRICARE support contractors, MTFs and Las

H. Training

1. Support professional, managerial and technical training across the region

Definition:

Support: constructively participate in a positive manner to enhance rather than impede a process

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Last update: 12/21/1998