The U.S. Coast Guard
Office of Health Services
Strategic Plan

2008-2013
# Table of Contents

CG-11 Letter of Promulgation ......................................................................................................................... i

Executive Summary ........................................................................................................................................... 1

**Strategic Foundation**
- Mission ......................................................................................................................................................... 2
- Vision ......................................................................................................................................................... 3
- Core Values ................................................................................................................................................ 4
- Principles .................................................................................................................................................... 5
- Stakeholders and Strategic Partners ........................................................................................................ 6
- Customers .................................................................................................................................................. 7
- People ......................................................................................................................................................... 8
- Priorities .................................................................................................................................................... 9
- Strategic Goals ........................................................................................................................................ 10

**Translating Strategy into Action**
- Balanced Scorecard Introduction ........................................................................................................... 11
- What is the Balanced Scorecard? ............................................................................................................. 11
- The Balanced Scorecard and Measurement-Based Management .......................................................... 12
- Strategic Map ........................................................................................................................................... 13
- Stakeholder Perspective ............................................................................................................................ 14
- Financial Perspective ............................................................................................................................... 14
- Customer Perspective .............................................................................................................................. 15
- Internal Process ......................................................................................................................................... 16
- Learning and Growth Perspective ........................................................................................................... 18
- Resource Perspective .............................................................................................................................. 19

Appendix (A): Balanced Scorecard Strategic Objectives ................................................................................ 20

Appendix (B): Establish Measures of Success ............................................................................................... 27
MEMORANDUM

From: M. J. TEDESCO, RADM COMDT (CG-11)  

Reply to: CG-112  
Attn of: CAPT M. Boquard  
(202) 475-5169

To: Distribution

Subj: COAST GUARD HEALTH SERVICES PROGRAM - STRATEGIC PLAN

Ref: (a) Coast Guard Health Services Strategic Plan

1. It is my distinct honor and pleasure to have assumed the role as the Coast Guard Director of Health, Safety and Work Life. As I look at the Coast Guard Health Services Program, I see a very bright future. There are common principles that are essential for accomplishing our mission and achieving our vision. They must be embedded into our processes and culture so they are a natural part of everything we do. These principles include:

   a. Interoperable, interdependent -- anytime, anywhere. We will define appropriate capacities for each site and work in synergy to efficiently and effectively provide, with network partners, required services where needed.

   b. Flexible & agile capabilities -- continually improving while adapting to change. We will move quickly to take advantage of opportunities and stay ahead of the rapidly changing worlds of health care and Coast Guard missions.

   c. Joint, interoperable, interdependent -- anytime, anywhere. We will select the appropriate capacities from each Service and work in synergy to efficiently and effectively provide required services wherever needed.

2. In order to actuate these principles, I have set out distinct goals in a Strategic Plan. This Strategic Plan is a living document that defines the Coast Guard's key health service outputs, expands the framework of accountability, and provides a set of guiding principles to develop our human capital. The Strategic Plan does not encompass everything that we can do in the Coast Guard Health Services Program, nor can we accomplish every stated goal in the near term. Implementation is a multi-year process.
3. However, for the sake of focus, while not limiting the other objectives in the Strategic Plan, I would like to share key efforts that will be programatically addressed this year: transformation of the Coast Guard Health Services program, utilization of medical resource business metrics, implementation of the Periodic Health Assessment (PHA), the Medical Readiness & Reporting System (MRRS), the Electronic Deployment Health Assessment (EDHA), the HIV program, and electronic transition from P-GUI to the Armed Forces Health Longitudinal Technology Application (AHLTA).

   a. As part of the Coast Guard’s Transformation and Modernization, the Health, Safety and Work-life program will undergo a revitalization and reorganization. Changes in the program’s control and billet structure will ensure overall unity of effort IAW Commandant Action Intent Orders 4, 5, 7 & 8.

   b. In order to provide quality, accessible and efficient health care, we will use medical resource business metrics to gauge how well our program is functioning. The use of the Coast Guard Office of Health Services Balanced Scorecard will provide a snapshot of the status of objectives, initiatives, and measurements in the quest to implement the vision of the Strategic Plan. Achieving this balance will enable us to achieve near term performance gains, while ensuring the long-term vitality of the organization.

   c. The PHA aligns exceptionally well with the CG-112 comprehensive Strategic Plan and will be implemented gradually throughout 2008. The PHA is a tailored, prevention oriented health assessment consisting of five key components: (a) The Health Assessment Survey, (b) Clinical Preventive Services, (c) Problem-Based Examinations, (d) Individual Medical Readiness Review, and (e) Occupational Medical Surveillance. In addition to achieving the goal of maintaining a healthy force, the emphasis on using the PHA will improve data collection for population health, increase visibility of the health of the force and assist optimal utilization of Coast Guard clinics. The PHA will replace the 5-year physical examination. Aviation, retirement, accession and occupational specialty physical examinations will continue to be required.

   d. In January 2008, we will begin pilot testing MRRS. MRRS will replace the Medical Readiness System (MRS) program. MRRS provides Commanding Officers with the capability to record, track, and report aggregated medical data and it provides full visibility of individual medical readiness status. It has a user friendly interface and offers seamless interoperability with existing medical and dental readiness metrics, and is AHLTA compatible.

   e. In January 2008, the Coast Guard will no longer use paper-based deployment health assessment forms for expeditionary deployments. The Electronic Deployment Health Assessment (EDHA) primarily affects Coast Guard members deployed to PATFORSWA and those clinics in support of providing follow up care. The EDHA is a web-based program accessible at any computer terminal.
f. By April 2008, the Coast Guard will transition from the U.S. Army to the U.S. Navy as their HIV Program Manager. Additionally, Coast Guard providers and Independent Duty Health Services Technicians (IDHS) will be able to access HIV results within 48 hours via CHCS, HMS Loader or MRRS.

g. The Coast Guard will transition from CHCS to AHLTA over the next year in order to align with the other military services. AHLTA is the military medical and dental clinical information system that will generate and maintain a comprehensive, life-long, computer-based patient record for each beneficiary. AHLTA provides a secure, comprehensive, interoperable, standards-based, enterprise-wide medical and dental clinical information system that generates, maintains, and provides round-the-clock access to longitudinal electronic health records of active duty military, their family members and others entitled to Coast Guard health care in fixed medical/dental facilities, on board ships, and in Theaters of Operations.

4. I applaud each member of the Coast Guard health care team for their service to the Coast Guard. These are ambitious plans and impossible to implement without your help. I will rely on your support and the staff of CG-11 and the MLC’s to assist the clinics and sickbays in implementation.

Dist: CG Chiefs, Health Services Division
CG Medical Officers
CG Dental Officers
CG Clinic Pharmacists
CG Clinic Administrators
CG Independent Duty Health Services Technicians (IDHS)
Regional Health Promotion Managers

Copy: CG-1
   CG-01T
   CG-10
   CG-11T
   CG-83
   CG-61
EXECUTIVE SUMMARY

Readiness: Our Most Important Priority

Today’s Coast Guard is a rapidly changing organization with ever-increasing mission requirements. As the United States faces increasing threats and challenges, the Coast Guard will be relied upon as never before to evolve as a military, multi-mission maritime force. As a result, the U.S. Coast Guard Strategy for Maritime Safety, Security and Stewardship was developed, clearly articulating the Commandant’s mission, vision and strategic goals as the Coast Guard moves forward in the 21st century. To ensure the Coast Guard Office of Health Services is aligned with overall Coast Guard goals and objectives, the following strategic plan was developed.

The strategic plan is a collaborative effort to improve health services’ effectiveness and efficiency, clarify organizational direction, define leadership roles and reporting relationships, enhance communication and leadership team interaction, and improve and standardize management processes.

The objectives of this strategic plan are to:

- Define Coast Guard Health Service’s key outputs
- Assign accountability for those outputs
- Align the leadership team to deliver those outputs

Through the objectives, a solid strategic framework for driving results-based performance has been expressed. Specifically, the strategic plan:

- provides clarity and alignment through measurable goals and strategies for achievement.
- creates an accountability framework that ensures each leadership team member understands his/her role in executing strategies while providing the foundation for cascading clarity and accountability throughout the organization.
- establishes a mechanism for understanding priorities and making appropriate risk/tradeoff decisions.
- maintains a living document that can be shaped to meet priorities as they evolve.

The plan does not encompass everything we do in Coast Guard Health Services Program but provides a framework where health services collective efforts can be evaluated and improved. Furthermore, this plan will allow us to see how our individual actions contribute to the strategic objectives of Coast Guard Health Services Program.
OUR MISSION

The mission of the Coast Guard Health Services Program is to provide health care to active duty and reserve members in support of Coast Guard missions, to ensure the medical and dental readiness of all Coast Guard members to maintain ability for worldwide deployment, and to ensure the availability of quality, cost effective health care for all eligible beneficiaries.
OUR VISION

The vision of Coast Guard Health Services Program is to continually improve and optimize the care and services we provide to our beneficiaries in order to support the full range of Coast Guard missions and sustain the health of those entrusted to our care.
OUR CORE VALUES

We are a values-based, operationally focused organization. Our core values are the never changing foundation that reflect who we are and drive our behavior every day. The values of Coast Guard Health Services are Mission Always, Selfless Service, Leadership and Teamwork, Integrity, Professionalism, and Stewardship. Coast Guard Medicine is committed to promoting these values.

Mission Always. We are committed to supporting the Coast Guard mission. We will be responsive to all threats and all hazards.

Selfless Service: We are honored to serve the Coast Guard Active Duty and Reserve Members and beneficiaries who trust us to always meet their needs, anytime, anywhere.

Leadership and Teamwork. We lead with passion, respect, and loyalty because this is the best way to achieve our goals and meet our high expectations. We work jointly in close collaboration with line leadership to meet our operational and health support mission. We lead through example, mentoring, and serving others, recognizing that strong leadership is paramount to the delivery of high quality health care.

Integrity. We adhere to the highest ethical standards of care and are committed to the principles of patient autonomy, beneficence, nonmaleficence, and justice.

Professionalism: We achieve excellence through consistent application of our knowledge, skills and high standards; therefore, education, training and mentoring are a high priority.

Stewardship: We know effective management and wise use of resources is necessary to achieve our goal of meeting the needs of our customers.
OUR PRINCIPLES

There are common principles that are essential for accomplishing our mission and achieving our vision. They must be embedded into our processes and culture so they are a natural part of everything we do.

Interoperable, interdependent -- anytime, anywhere. We will define appropriate capacities for each site and work in synergy to efficiently and effectively provide, with network partners, required services where needed.

Flexible & agile capabilities – continually improving while adapting to change. We will move quickly to take advantage of opportunities and stay ahead of the rapidly changing worlds of health care and Coast Guard missions.

Joint, interoperable, interdependent -- anytime, anywhere. We will select the appropriate capacities from each Service and work in synergy to efficiently and effectively provide required services wherever needed.

Culture of innovation with aligned authority & accountability. We will manage resources and take calculated risks to achieve innovative advances in meeting our mission.

Incentives to promote performance based, cost effective, efficient, customer focused services. We will apply sound management principles to wisely utilize resources and will reward improvements that reduce costs or increase value.

Continuous improvement in health and fitness. We will work to improve health and fitness through prevention and evidence-based disease treatment – keys to operational force effectiveness and improvement in the quality of life for our beneficiaries.

Patient-centered care provided in partnership with the patient. We will be patient-centered and employ the best practices in health care delivery as we partner with our patients to make them a member of the team focused on improving their health.
OUR STAKEHOLDERS and STRATEGIC PARTNERS

Our Stakeholders and Strategic Partners expect the best medical support for the Coast Guard Member. Our stakeholders include the Congress, President of the United States, Secretary of Homeland Security, Secretary of Defense, Coast Guard Commandant, Service Secretaries, Managed Care Support Contractors and Coast Guard Unit Commanders.
OUR CUSTOMERS

We serve two major customer groups with different needs and must simultaneously employ two strategies to focus our efforts on what is most important to each group. Our customer groups are not mutually exclusive.

Commanders and Service Members collaborate with us to achieve individual medical readiness and enhanced performance. They expect and deserve responsive, capable, coordinated medical services anywhere, anytime. No other health system in the world can provide what we provide. Because we face a rapidly changing multi-mission/multi-threat environment, we must excel at developing and deploying innovative products and services that meet mission requirements. This is part of the overall Military Health System (MHS) “product leadership” strategy.

Our beneficiaries desire health services that are convenient and tailored to their individual health needs. Providing superb, evidence-based care in a seamless way across our health system of military providers and strategic partners will enable us to partner with our beneficiaries, resulting in behavior that promotes health and conserves resources. The key success factor is our ability to do the simple things well every time. Stated simply, if our beneficiaries are satisfied with us every time they “touch” our system, they will be much more likely to help us help them manage their health over the long term.
OUR PEOPLE

The uniformed, civilian and contract workforce employed by the Coast Guard Health System is the key to our success. Our people value the opportunity to serve the active duty and reserve members as well as other beneficiaries – to do meaningful work and to make a difference. They are our most precious asset.

To achieve our shared goals and fully develop our people, the Coast Guard has aligned itself with the three strategic objectives of the DoD Human Capital Strategy, which include:

a. maintaining a decisive force

b. aligning the total force which includes active duty, reserves, government civilians and contract employees; and

c. enhancing agility.

These initiatives will enable our transformation to a performance-based culture where leaders inspire, managers improve processes and all of our people are encouraged and empowered to come up with innovative solutions everyday.
OUR PRIORITIES

Readiness—Aligned and Agile: Our mission is readiness. To be ready, Coast Guard medical personnel must be responsive, agile, and aligned with the operational forces. We must have the right people with the right capabilities continually ready to deploy in support of the Homeland Security team. Our integration into Homeland Security has challenged us to broaden our view of readiness. Our clinics and sickbays must be prepared to respond to any contingency, to provide expert care to casualties, and to support the Nation’s needs for humanitarian relief and disaster assistance.

Shaping Tomorrow’s Force: Our human capital strategy must provide the right force to accomplish our mission. This means refining and shaping our force by recruiting, training and retaining the right mix of health professionals (officer, enlisted and civilian) and by providing competent health services. We must seamlessly integrate the talents and strengths of our entire workforce to accomplish our mission of force health protection.

Quality, Economical Health Services: Coast Guard Health Services will continue to provide the finest, cost-effective health services to Coast Guard active duty members, reservists and family members. In addition, Coast Guard Health Services personnel will serve as the lead advocate for our retirees and family members to ensure availability to health care.

Joint Medical Capabilities: Coast Guard Medicine will continue to collaborate with our service counterparts to ensure mission success. We will be integrated with local, State and Federal agencies to respond to homeland security threats. Since the MHS plays a critical role in national security, we will be trained and fully interoperable with our DoD colleagues and ready to respond-anywhere, anytime.
OUR STRATEGIC GOALS

Our strategic goals translate Coast Guard Health Services’s mission, vision, values, principles and priorities into a framework for measuring success. By focusing efforts on these strategic goals, Coast Guard Health Services personnel will exceed expectations, which will ultimately drive success. At the highest level of accountability, Coast Guard Health Services has five strategic goals:

(1) Medically Ready and Protected Coast Guard Active Duty and Reserve Members

(2) Maintain and Develop a Deployable Medical Capability and Operationally Ready Coast Guard Medical Force

(3) Provide Quality, Accessible and Efficient Health Care

(4) Transform Coast Guard Health Care Financial Management to be compliant with CFO Act Audit Requirements

(5) Reorganize Health, Safety and Work-life organizational structure IAW Coast Guard Transformation Initiatives.

Each strategic goal will have corresponding strategic objectives. Progress towards attaining strategic objectives will be based on the performance of Health Services activities. Each of the activities deemed critical towards achieving a strategic objective will be measured through performance benchmarks and initiatives.
TRANSLATE STRATEGY INTO ACTION

COAST GUARD OFFICE OF HEALTH SERVICES

BALANCED SCORECARD

The Coast Guard Office of Health Services utilizes the Balanced Scorecard methodology to construct and manage the execution of the Coast Guard Health Services Strategic Plan. The Balanced Scorecard provides us with a comprehensive and balanced methodology towards ensuring strategic objectives are met.

What is the Balanced Scorecard?

The Balanced Scorecard was developed in the early 1990's by Dr. Robert Kaplan (Harvard Business School) and Dr. David Norton. Recognizing some of the weaknesses and vagueness of previous management approaches, the balanced scorecard approach provides a clear prescription as to what organizations should measure in order to 'balance' their financial perspective.

The balanced scorecard is a management system (not only a measurement system) that enables organizations to clarify their vision and strategy and translate them into action. It provides feedback around both the internal business processes and external outcomes in order to continuously improve strategic performance and results. When fully deployed, the balanced scorecard transforms strategic planning from an academic exercise into the nerve center of an enterprise.

The balanced scorecard suggests that the Coast Guard Office of Health Services view the organization from five perspectives, and to develop metrics, collect data and analyze it relative to each of these perspectives:

- The Stakeholder Perspective
- The Customer Perspective
- The Internal Process Perspective
- The Learning and Growth Perspective
- The Financial and Resource Management Perspective
The Balanced Scorecard and Measurement-Based Management

The balanced scorecard methodology builds on some key concepts of previous management ideas such as Total Quality Management (TQM), including customer-defined quality, continuous improvement, employee empowerment, and measurement-based management and feedback.

The balanced scorecard incorporates feedback around internal business process outputs, as in TQM, but also adds a feedback loop around the outcomes of business strategies. This creates a "double-loop feedback" process in the balanced scorecard.

Outcome Metrics

The Coast Guard Office of Health Services cannot improve what it cannot measure. As a result, metrics have been developed based on the priorities of the Office of Health Services Strategic Plan, which provides the key business drivers and criteria for metrics that managers most desire to watch. Processes are designed to collect information relevant to these metrics and reduce to numerical form for storage, display, and analysis. Decision makers examine the outcomes of various measured processes and strategies and track the results to guide the organization and provide feedback. The goal of making measurements is to permit managers to see their organizations more clearly, from many perspectives, thus making wiser long-term decisions.

The Coast Guard Office of Health Services Balanced Scorecard will be frequently updated and will provide a complete picture of the status of objectives, initiatives and measurements in the quest to implement the vision as described within the Coast Guard Office of Health Services Strategic Plan. Achieving this balance will enable us to achieve near term performance gains while ensuring the long-term vitality of the organization. The Balanced Scorecard is a structured approach for the ongoing process of measuring performance of specific objectives, defining performance targets, developing initiatives to achieve improvements in individual objectives, monitor success of initiatives and assigning resources to systematically support the elements of the improvement process. The Balanced Scorecard will give a complete picture of the status of objectives, initiatives and measurements in the quest to achieve the Coast Guard Office of Health Services vision.
The first component of the strategic map is the Stakeholder Perspective. To meet the expectations of our Stakeholders, Coast Guard Health Services personnel must create value and simultaneously excel in several areas. Stakeholders expect the following five outcomes, (1) Coast Guard active duty forces are medically ready to deploy, their performance is enhanced through medical interventions, and Coast Guard beneficiary communities are protected from medical threats, (2) Death, injuries and diseases are reduced and performance is enhanced during and after Coast Guard operations, (3) Coast Guard beneficiaries are satisfied with their health care, (4) The Coast Guard creates healthy communities. (5) The Coast Guard Health Program is reorganized creating a command, control and billet structure ensuring overall Coast Guard Support Command unity of effort IAW Commandant Action Intent Order 7.
The second component of the strategic map articulates our customers’ expectations of the Coast Guard Health Services. The Coast Guard Office of Health Services will only create value for stakeholders if it satisfies the requirements of our customers. Our strategy is dependent upon forming effective partnerships with our two customer groups – (1) Unit Commanders and Service members and (2) Coast Guard healthcare beneficiaries. The way we form partnerships with our Unit Commanders and service members is to provide them the most innovative solutions for their unique operational problems. For our beneficiaries, we will serve as their lead advocate and ensure they are provided with comprehensive, convenient and personalized health services.

**Unit Commanders and Service Members** want our support in achieving individual medical readiness and enhancing performance. They also expect that the Coast Guard and MHS will provide responsive, capable and coordinated medical services anywhere, anytime. Unit Commanders and Service members consider us trusted partners because they recognize that the Coast Guard Office of Health Services, by serving their medical needs, is critical to mission effectiveness.

**Coast Guard Beneficiaries** must be assured health services are easy to access and tailored to their individual health needs. We must ensure they are provided with superb care, thereby earning trust so our beneficiaries collaborate with us to improve their health. The key to our success lies in having a strong partnership with each beneficiary so they will accept evidenced-based recommendations and take actions to promote their health.
INTERNAL PROCESS PERSPECTIVE

Internal processes specifically reflect the strategies the Coast Guard Office of Health Services have adopted to meet the distinctive needs of our two customer groups.

Our internal processes will focus on our two customer groups, (1) Unit Commanders and Service Members and (2) Coast Guard healthcare beneficiaries. Each customer group will have a unique set of internal processes, which serve their needs.

Mission Centered Care processes will serve our Unit Commanders and Service Members. Patient Centered Care processes will serve our Coast Guard beneficiaries.

Mission Centered Care

Mission Centered Care will be accomplished through close partnership with Unit Commanders and Coast Guard members. The operational environment is constantly changing so we must anticipate new requirements, develop solutions and then rapidly deploy them. To do this, we continuously gather and make available comprehensive health and threat information, and then use that information to support a robust and integrated medical surveillance capability. These foundational objectives support the two themes of mission-centered care.

The first objective is a Medically Ready and Protected Force and Homeland Security for our Communities. We continuously monitor health status to identify medical threats and find ways to provide protection and improve health.

The second theme within Mission-Centered Care is Deployable Medical Capability. To meet the needs of Coast Guard Commanders we must be able to deploy anywhere, anytime with flexibility, interoperability and agility. Again, this capability is dependent on globally accessible health information and rapid development and deployment of innovative medical services and products. Since we support the full range of Coast Guard operations, we must be ready to assist in civil support and homeland defense operations such as disaster relief and management of pandemic flu.
Managing and delivering the health benefit is the strategic theme for the MHS’s Patient-Centered Care Program. To effectively accomplish Patient-Centered Care, the Coast Guard Health Services Program must aggressively build partnerships with our beneficiaries and ensure an integrated health delivery system that encompasses MTFs, private sector care and other federal health care facilities, including the Veterans Administration. This is particularly important as our civilian partners through Managed Care Support Contracts now deliver 70% of care for Coast Guard beneficiaries. Comprehensive globally accessible health and business information will allow us to create health care processes that are patient-centered, effective and efficient.

These systems will also help us to employ evidence-based medicine to improve quality, safety, and appropriate utilization of services. The combination of evidence-based medicine and effective health delivery processes creates an atmosphere that engenders trust and results in a partnership with a shared responsibility to promote health. Since the integrated health system must support an escalating operational tempo, partnerships with civilian and other federal providers must also buffer the effects of changes in MTF operations due to operational deployments by enabling focused backfill of personnel when appropriate.
LEARNING AND GROWTH PERSPECTIVE

Learning and growth objectives describe how the people, technology, and organizational climate combine to support our strategy. We will transform our organization and culture so that the Coast Guard achieves performance based management, innovation and a clear focus on results. Since teamwork is one of our core values and we are part of the larger Coast Guard transformation to a joint, interoperable and interdependent military capability, we embrace a culture of jointness and cooperation. In the past, our ability to create relevant incentives and hold people accountable has been limited by the scarcity of reliable performance data. We will ensure that we have high quality data, relevant measures of performance and aligned incentives.

To foster innovation and optimal performance, our leaders and managers must have authority to control resources and take risks to achieve excellence, but this must be balanced with accountability for mission effectiveness. To a great degree, the attitude and behavior of our people is a function of the culture of the Coast Guard. We are striving to transform our culture to encourage and empower our people to create success for our customer”, meaning easy access to superb health care.

By describing employees as Human Capital, we acknowledge that people are our most valued asset. We focus on recruiting, educating, training and retaining the optimal mix of military, civilian, and contract personnel to make up our total medical force. Our challenge is to shape our force to enhance their individual capability to adapt to changing mission requirements. We must shape our force to include critical job families that specifically support our strategies.
RESOURCE PERSPECTIVE

A predictable stream of financial resources managed in a transparent manner is essential for supporting all the other components in the strategy map to meet our customer’s requirements and build value for our stakeholders. We are accountable for aligning and allocating resources to outputs and outcomes so that the Coast Guard Health program has a system, which can articulate how resources were used and what value, were received. Being completely transparent in our financial behavior and able to demonstrate wise use of resources will engender continued support from our stakeholders. That support will ensure that resources are predictably available. We also need a culture that wisely uses resources so we can provide more care with the resources we have. We must ensure the ability to sustain and recapitalize our facility infrastructure to optimize our performance across the entire Coast Guard enterprise.
BALANCED SCORECARD SUMMARY

In Summary, the Balanced Scorecard is the tool we will use to translate our strategy into tangible actions needed for success. The BCS specifies where we intend to go, how we will get there and how we will know that, we have arrived. It will be a public document readily available on line which will be frequently updated so all members of the Coast Guard can monitor our progress in reaching our vision as a world class military health system.

GOVERNANCE

Ensuring Focus and Relevance

Coast Guard Health Services governance process:

- Maintains ongoing focus on goals to ensure achievement
- Ensures ongoing relevance of the goals as opportunities, risks, and experienced-based knowledge evolve

As the Strategic and Business Planning cell of the Coast Guard Surgeon General, the Coast Guard Medical Services Working Group, through the Board of Directors, will alter the course based on internal and external environmental changes, continual scanning for internal alignment, and risk determination.

This strategic plan is a framework for decision-making. Decisions should be viewed in the context of our purpose, vision, priorities and goals. Ask the fundamental question: "Is this direction consistent with our strategic plan?"

A Living Document

Coast Guard Office of Health Services Strategic Plan is a working document that forms a stable framework for action while retaining the flexibility to adapt as we pursue our goals. Content changes - such as the purpose, vision, values and goals - will normally only occur during bi-annual review of the strategic plan and will require the review and approval of the Coast Guard Surgeon General.

Execution of the Plan

Responsibility for each element of the plan is clearly indicated in the following appendix. Goal owners are accountable for accomplishing their strategies, removing barriers, identifying resources, and tracking progress. Furthermore, goal owners will establish tiger teams to determine a Plan of Action and Milestones (POA&M) for their goals and monitor progress toward their achievement.

Guidelines for changing this Plan are:
• Designated Goal Owners can recommend changes to objectives. However all changes must be discussed and approved during the Medical Resource Services Working Group.
• The Coast Guard Surgeon General must approve all changes.
• The Coast Guard Office of Health Services Strategic Plan will be reviewed at least annually.
This is a list of the Coast Guard’s Strategic Objectives as categorized utilizing the Balanced Scorecard.

**Stakeholder Perspective**

**To meet our Stakeholder’s expectations, what must the Coast Guard Office of Health Services accomplish?**

**S1** Coast Guard forces are medically ready to deploy, their performance is enhanced through medical interventions, and Coast Guard beneficiary communities are protected from medical threats to the extent possible.

The Coast Guard Office of Health Services will identify and make available relevant information and methods necessary to promote health and improve performance so that service members are fit and mission ready.

**S2** Death, injuries and diseases are reduced and performance is enhanced during and after Coast Guard operations.

The Coast Guard Office of Health Services will ensure that when service members are sick or injured, they will be treated and returned to duty, or stabilized in a timely manner.

**S3** Coast Guard beneficiaries are satisfied with their health care.

Coast Guard will operate an efficient and effective medical system that is user-friendly to the beneficiaries. The system will self-solve problems that arise at the lowest level and minimize administrative burdens for the beneficiaries. The system will maintain the privacy and security of all protected health information.

**S4** The Coast Guard Office of Health Services creates healthy communities.

The Coast Guard Health Care Program will promote health through education and partnership with beneficiaries, protect communities from environmental and industrial hazards, and provide high quality care.

**S5** The Coast Guard Health Program is reorganized its command and control and billet structure to ensure overall Coast Guard Support Command unity of effort IAW Commandant Action Intent Order 8.

The Coast Guard Office of Health Services will lead CG-11 efforts to reorganize the command and control and billet structure of Coast Guard health care facilities and personnel.

**Financial Perspective**
To meet our shareholders expectations, what must financial outcomes must the Coast Guard Office of Health Services accomplish?

**F1** Coast Guard Health Care costs are managed efficiently.

The Coast Guard health care delivery system will be engineered to achieve optimal efficiency and mission effectiveness. The Coast Guard Office of Health Services will reinforce appropriate use of resources and demand for services, and will engage the individual to actively manage his/her health.

**F2** The Coast Guard Financial Management Program is compliant with CFO Act and other relevant Federal Financial Management statutory requirements IAW Commandant Intent Action Order 5.

The Coast Guard Office of Health Services will coordinate CFO Act remediation efforts and develop an action plan leading to a future unqualified audit opinion.

Customer Perspective

To meet our customer’s expectations, what must the Coast Guard Office of Health Services accomplish?

**C1** “I am a partner with my healthcare team. We know and care about improving my health.”

Coast Guard providers will listen to Coast Guard members, treat all with dignity and provide them with the information they need to manage their health. The Coast Guard health care team will be available to me when the workforce demands them.

**C2** “It feels like the Coast Guard and Military Health System was designed just for me.”

Coast Guard members will be able to care when they need it. My health team will help me maximize my health.

**C3** “I have responsive, capable and coordinated medical services anywhere, anytime.”

Coast Guard members will know how to get high quality medical care for themselves and their shipmates anywhere, anytime. Any appropriate, approved provider will meet the Coast Guard’s medical needs.

**C4** “The Coast Guard Office of Health Services supports me in achieving individual medical readiness and enhancing performance.”

The Coast Guard will have a streamlined process for assuring IMR takes the least amount of time away from other mission priorities, and the customer will understand the value of IMR as part of the mission. The customer will support it because the information is available to him/her and the measures will be relevant to him/her as a Coast Guard service member.
Internal Processes Perspective
What must Coast Guard Health Services excel at to meet our Strategic Goals?

IP1 Evidence based medicine is used to improve quality, safety, and appropriate utilization of services

All medical staff will know what most likely will produce the best health outcomes for beneficiaries. This knowledge will be shared with the beneficiaries to develop individual health plans that manage utilization and maximize patient self-care.

IP2 Beneficiaries collaborate with us to improve health outcomes

Through patient education and individualized care, we will work with beneficiaries to improve their understanding of their individual health needs. Together we will change behaviors to promote better health.

IP3 Our health care processes are patient centered, safe, effective and efficient

We will treat every patient with dignity and respect and provide the care that the patient wants, delivered when he/she desires it, in a way that is convenient and comfortable. This will be accomplished in the appropriate setting using the appropriate resources – “Right setting, Right resources, Reasonable cost”.

IP4 Joint, interoperable, and interdependent processes effectively deliver care anytime, anywhere

Coast Guard health care providers will be trained and postured to provide world class operational health care at both underway and ashore units. All deployable medical equipment and training will be interoperable and support mission requirements.

IP5 Comprehensive, globally accessible health and business information enables medical surveillance, evidence-based medicine, and effective healthcare operations.

A globally accessible electronic health record (EHR) containing situation ally relevant medical information supporting continuity of care across the theater locale and the spectrum of medical settings will be supported by the MHS. The EHR will support the effective, efficient delivery of health care while capturing data to support medical surveillance, evidence based medicine and better decision-making capabilities.

IP6 Coast Guard Commanding Officer Force Health Protection needs are effectively supported.

Environmental surveillance, combined with development of effective medical countermeasures will support homeland security.
IP7 New products, processes and services will be rapidly developed and deployed to support the mission.

The Coast Guard will coordinate with DoD efforts to rapidly deploy advances in biomedical science and technology that support mission requirements.

IP8 Continuous, efficient health status monitoring focuses health improvement activities

Throughout the life cycle of a Service member, the system will capture and analyze health information and identify health hazards associated with the operational environment enabling focused health promotion and disease prevention.

IP9 Individual Medical Readiness is assessed and managed to improve health and enhance performance

During each health care encounter, Coast Guard members IMR requirements will be checked and updated so that members are deployment-ready while minimizing the amount of time taken from duty.

Learning and Growth Perspective

To ensure Coast Guard Health Services Personnel meet stakeholder and customer requirements, what organization culture must exist?

L1 Employees create success for customers

Through incentives, staff will be developed who place customer requirements first when designing processes & accomplishing business activities

L2 The Coast Guard Health Care System embodies performance-based management and a culture of innovation focused on results

Local activities will have the capability and authority to manage to achieve results according to standard measures of success. Incentives will be aligned with desired performance.

L3 Culture of jointness and interagency cooperation

Tri-Service or interagency interdependence will take precedence over independence; cost effective partnerships with other federal or commercial entities will be encouraged. All new processes will be designed for interoperability.

L4 Authority and accountability are aligned throughout the Coast Guard Health Care System

Alignment of responsibility and accountability will be achieved through streamlined organization and governance in an increasingly joint environment.

L5 Personnel are recruited, trained, educated, and retained to meet requirements
The Coast Guard will accurately forecast the demand for people based on mission and market requirements. Through the use of appropriate incentives, people will be recruited, selected, trained, developed, promoted, compensated, retained, transitioned to another element of the Total Force, let go, or retired. Incentives will reward innovation and improved performance.

L6 IM/IT is leveraged to enhance capabilities

Requirements for new information technology will be tied to performance improvement; effective business process redesign will maximize the effectiveness of new IT services and will precede their implementation.

Resources Perspective
To ensure resources are managed properly, what must the Coast Guard be good at?

R1 Resources are predictably available, aligned and transparent

1. Our business planning and budget processes will work seamlessly to predict and justify our true needs.
2. We will maintain effective relationships with our stakeholders ensuring their continued financial support.
3. Funds will be made available to Coast Guard Health Services needs in a timely and predictable manner.
4. The use of those funds will be tracked and monitored to ensure accountability for financial management.

R2 Infrastructure is maintained and improved to optimize performance.

Facilities will be sized to meet mission and market requirements. State of the art designs will enable efficient joint operations. Sufficient resources will be available for construction and maintenance.

R3 Human Resource capital is managed effectively.
APPENDIX (B)

ESTABLISH MEASURES OF SUCCESS

Mapping Balanced Scorecard Objectives to a Strategic Goal

To ensure the Coast Guard Office of Health Services makes progress towards its strategic goals, it must track progress towards attaining individual Balanced Scorecard strategic objectives. To effectively track this progress, each Balanced Scorecard objective was mapped to a strategic goal category.

<table>
<thead>
<tr>
<th>Balanced Scorecard Perspectives</th>
<th>Strategic Goal 1</th>
<th>Strategic Goal 2</th>
<th>Strategic Goal 3</th>
<th>Strategic Goal 4</th>
<th>Strategic Goal 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medically Ready and Protected Coast Guard Active Duty and Reserve Member Workforce</td>
<td>Maintaining and Developing a Deployable, Agile Medical Capability and Operationally Ready Coast Guard Medical Force</td>
<td>Provide Quality, Accessible and Efficient Health Care</td>
<td>Transform Coast Guard Health Care Financial Management to be compliant with CFO Act Audit Requirements</td>
<td>Realign Coast Guard Health Care Command and Control Infrastructure</td>
</tr>
<tr>
<td>Stakeholders Perspective</td>
<td>S1, S2, S4</td>
<td>S1, S2, S4, S5</td>
<td>S3, S4</td>
<td>none apply</td>
<td>S5</td>
</tr>
<tr>
<td>Financial Perspective</td>
<td>F1</td>
<td>F1</td>
<td>F1</td>
<td>F2</td>
<td>F1</td>
</tr>
<tr>
<td>Customer Perspectives:</td>
<td>C3, C4</td>
<td>C3, C4</td>
<td>C1, C2, C3, C4</td>
<td>C3</td>
<td>C3</td>
</tr>
<tr>
<td>Internal Process Perspective</td>
<td>IP7, IP8, IP6, IP5, IP4, IP1</td>
<td>IP7, IP8, IP6, IP5, IP4, IP1</td>
<td>IP9, IP7, IP8, IP6, IP5, IP1</td>
<td>IP4, IP3, IP2</td>
<td>IP7, IP4</td>
</tr>
<tr>
<td>Learning and Growth:</td>
<td>L1, L2, L3, L4, L5, L6</td>
<td>L1, L2, L3, L4, L5, L6</td>
<td>L1, L2, L3, L4, L5, L6</td>
<td>L1</td>
<td>L2, L3, L4, L5, L6</td>
</tr>
<tr>
<td>Resource Management</td>
<td>R1, R2, R3</td>
<td>R1, R2, R3</td>
<td>R1, R2, R3</td>
<td>R1</td>
<td>R1, R2, R3</td>
</tr>
</tbody>
</table>
Balanced Scorecard Strategic Objectives to be Measured

Ideally, each Balanced Scorecard objective would be measured to ensure progress towards attaining a strategic goal. However, due to resource constraints, this is not possible. Therefore, each objective was prioritized. Those objectives deemed critical to measure have been highlighted below in red.

<table>
<thead>
<tr>
<th>Balanced Scorecard Perspectives</th>
<th>Strategic Goal 1 Medically Ready and Protected Coast Guard Active Duty and Reserve Member Workforce</th>
<th>Strategic Goal 2 Maintaining and Developing a Deployable, Agile Medical Capability and Operationally Ready Coast Guard Medical Force</th>
<th>Strategic Goal 3 Provide Quality, Accessible and Efficient Health Care</th>
<th>Strategic Goal 4 Transform Coast Guard Health Care Financial Management to be compliant with CFO Act Audit Requirements</th>
<th>Strategic Goal 5 Realign Coast Guard Health Care Command and Control Infrastructure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholders Perspective</td>
<td>S1, S2, S4</td>
<td>S1, S2, S4, S5</td>
<td>S3, S4</td>
<td>none apply</td>
<td>S5</td>
</tr>
<tr>
<td>Financial Perspective</td>
<td>F1</td>
<td>F1</td>
<td>F1</td>
<td>F2</td>
<td>TBD</td>
</tr>
<tr>
<td>Customer Perspectives:</td>
<td>C3, C4</td>
<td>C3, C4</td>
<td>C1, C2, C3, C4</td>
<td>C3</td>
<td>TBD</td>
</tr>
<tr>
<td>Internal Process Perspective</td>
<td>IP7, IP8, IP6, IP5, IP4, IP1</td>
<td>IP7, IP8, IP6, IP5, IP4, IP1</td>
<td>IP9, IP7, IP8, IP6, IP5, IP1 IP4, IP3, IP2</td>
<td>IP7</td>
<td>IP4</td>
</tr>
<tr>
<td>Learning and Growth:</td>
<td>L1, L2, L3, L4, L5, L6</td>
<td>L1, L2, L3, L4, L5, L6</td>
<td>L1, L2, L3, L4, L5, L6</td>
<td>L1</td>
<td>L2, L3, L4, L5, L6</td>
</tr>
<tr>
<td>Resource Management</td>
<td>R1, R2, R3</td>
<td>R1, R2, R3</td>
<td>R1, R2, R3</td>
<td>R1</td>
<td>R1, R2, R3</td>
</tr>
</tbody>
</table>
### Universe of Performance Metrics and Initiatives

The following is a list of performance metrics and initiatives that were considered for the measurement of strategic objectives. The rows highlighted in yellow were deemed critical as they measure the aforementioned high priority strategic objectives.

<table>
<thead>
<tr>
<th>BSC Objective</th>
<th>Performance Metric (PM)</th>
<th>PM Ref</th>
<th>Performance Benchmark: Red</th>
<th>Performance Benchmark: Yellow</th>
<th>Performance Benchmark: Green</th>
<th>Reporting Requirement</th>
<th>Responsible Office</th>
<th>Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1</td>
<td>Customer Satisfaction Surveys</td>
<td>1</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>&gt;100% project completion</td>
<td>Monthly</td>
<td>CG-1122</td>
<td>See Footnote 1</td>
</tr>
<tr>
<td>C2</td>
<td>Access to Care Standard Met: Specialty (28 average days or less)</td>
<td>2</td>
<td>&lt;75%</td>
<td>75% - 89%</td>
<td>&gt;=90%</td>
<td>Monthly</td>
<td>MLCs</td>
<td>Monitor and Report</td>
</tr>
<tr>
<td>C2</td>
<td>Access to Care Standard Met: Dental Routine (21 average days or less)</td>
<td>3</td>
<td>&lt;75%</td>
<td>75% - 89%</td>
<td>&gt;=90%</td>
<td>Monthly</td>
<td>MLCs</td>
<td>Monitor and Report</td>
</tr>
<tr>
<td>C2</td>
<td>Access to Care Standard Met: Routine (7 average days or less)</td>
<td>4</td>
<td>&lt;75%</td>
<td>75% - 89%</td>
<td>&gt;=90%</td>
<td>Monthly</td>
<td>MLCs</td>
<td>Monitor and Report</td>
</tr>
<tr>
<td>C2</td>
<td>Access to Care Standard Met: Acute (24 average hours or less)</td>
<td>5</td>
<td>&lt;75%</td>
<td>75% - 89%</td>
<td>&gt;=90%</td>
<td>Monthly</td>
<td>MLCs</td>
<td>Monitor and Report</td>
</tr>
<tr>
<td>C2</td>
<td>Access to Care Standard Met: Wellness (28 average days or less)</td>
<td>6</td>
<td>&lt;75%</td>
<td>75% - 89%</td>
<td>&gt;=90%</td>
<td>Monthly</td>
<td>MLCs</td>
<td>Monitor and Report</td>
</tr>
<tr>
<td>C3</td>
<td>Credentialing and Privileging Compliance (For Providers)</td>
<td>7</td>
<td>&lt;75%</td>
<td>75% - 99%</td>
<td>100%</td>
<td>Monthly</td>
<td>CG-1122</td>
<td>See Footnote 2</td>
</tr>
</tbody>
</table>

---

1 Working Group to create a plan to collect, track and act upon customer satisfaction surveys.
2 PGUI ALHTA Access keys linked to Privileging Status. This is an ongoing initiative. In addition, CG-1122, on a monthly basis, will cross check those providers credentialed and privileged to monthly manpower report.
<table>
<thead>
<tr>
<th>BSC Objective</th>
<th>Performance Metric (PM)</th>
<th>PM Ref</th>
<th>Performance Benchmark: Red</th>
<th>Performance Benchmark: Yellow</th>
<th>Performance Benchmark: Green</th>
<th>Reporting Requirement</th>
<th>Responsible Office</th>
<th>Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>C3</td>
<td>AAAHC Certification for all CG Clinics</td>
<td>8</td>
<td>Less than 3 years</td>
<td>Full</td>
<td>Monthly</td>
<td>CG-1122</td>
<td>Monitor and Report</td>
<td></td>
</tr>
<tr>
<td>C3</td>
<td>DMOA: Oversight and Assessment</td>
<td>9</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1123</td>
<td>See Footnote3.</td>
</tr>
<tr>
<td>C3</td>
<td>Peer Review Program Compliance</td>
<td>10</td>
<td>&lt;75%</td>
<td>75% - 99%</td>
<td>100%</td>
<td>Monthly</td>
<td>CG-1122</td>
<td>See Footnote.4</td>
</tr>
<tr>
<td>C4</td>
<td>Access to Care: Drive Time (less than 30 minutes)</td>
<td>11</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1123</td>
<td>See Footnote.5</td>
</tr>
<tr>
<td>R3</td>
<td>Clinic Contract Dental Officer Productivity</td>
<td>12</td>
<td>&lt;1,320 Patient Encounters per year</td>
<td>&gt;1320 - 1759 Patient Encounters per year</td>
<td>&gt;=1760 Patient Encounters</td>
<td>Monthly</td>
<td>MLCs</td>
<td>Monitor and Report</td>
</tr>
<tr>
<td>F1</td>
<td>Clinic Unit AOR List</td>
<td>13</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Quarterly</td>
<td>CG-1123</td>
<td>See Footnote.6</td>
</tr>
<tr>
<td>R3</td>
<td>Clinic Contract Dental Hygienist Productivity</td>
<td>14</td>
<td>&lt;1,290 Patient Encounters per year</td>
<td>&gt;1290 - 1719 Patient Encounters per year</td>
<td>&gt;=1720 Patient Encounters</td>
<td>Monthly</td>
<td>MLCs</td>
<td>Monitor and Report</td>
</tr>
<tr>
<td>R3</td>
<td>Clinic Contract Medical Provider Productivity</td>
<td>15</td>
<td>&lt;2475 Patient Encounters per year</td>
<td>&gt;2475 - 3299 Patient Encounters per year</td>
<td>&gt;=3300 Patient Encounters</td>
<td>Monthly</td>
<td>MLCs</td>
<td>Monitor and Report</td>
</tr>
</tbody>
</table>

3 Working Group to develop Theater Medical Information System tool to improve DMOA oversight and assessment of IDHS units.
4 Continue with external peer review with increased focus on timely reporting
5 Request waiver authority from TMA regarding 30 minutes drive time requirement.
6 Working Group: Develop system to track units assigned to each clinic. GIS feasibility study. MLCPAC to take lead.
<table>
<thead>
<tr>
<th>BSC Objective</th>
<th>Performance Metric (PM)</th>
<th>PM Ref</th>
<th>Performance Benchmark: Red</th>
<th>Performance Benchmark: Yellow</th>
<th>Performance Benchmark: Green</th>
<th>Reporting Requirement</th>
<th>Responsible Office</th>
<th>Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1</td>
<td>Medicare Eligible Retiree Health Care Fund Billing Program Implemented</td>
<td>16</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1123</td>
<td>See Footnote.⁷</td>
</tr>
<tr>
<td>R3</td>
<td>Clinic Active Duty Medical Provider Productivity</td>
<td>17</td>
<td>&lt;1,920 Patient Encounters per year</td>
<td>&gt;1920 - 2559 Patient Encounters per year</td>
<td>&gt;=2560 Patient Encounters</td>
<td>Monthly</td>
<td>MLCs</td>
<td>Monitor and Report.</td>
</tr>
<tr>
<td>R3</td>
<td>Clinic Active Duty Dentist Officer Productivity</td>
<td>18</td>
<td>&lt;1,020 Patient Encounters per year</td>
<td>&gt;1020 - 1359 Patient Sittings per year</td>
<td>&gt;=1360 Patient Sittings</td>
<td>Monthly</td>
<td>MLCs</td>
<td>Monitor and Report.</td>
</tr>
<tr>
<td>F1</td>
<td>Measure number of clinic TRICARE referrals (e.g. referrals by provider, etc.)</td>
<td>19</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>TBD</td>
<td>CG-1123</td>
<td>See Footnote.⁸</td>
</tr>
<tr>
<td>F1</td>
<td>Clinic Appointment Management: Open Access⁹</td>
<td>20</td>
<td>&lt;75%</td>
<td>75% - 89%</td>
<td>&gt;90%</td>
<td>Monthly</td>
<td>MLCs</td>
<td>TBD</td>
</tr>
<tr>
<td>F1</td>
<td>Clinic Appointment Management: No show rate</td>
<td>21</td>
<td>&gt;7%</td>
<td>5% - 7%</td>
<td>&lt;5%</td>
<td>Monthly</td>
<td>MLCs</td>
<td>TBD</td>
</tr>
<tr>
<td>F1</td>
<td>Referral Management: Implement MCSC metrics.¹⁰</td>
<td>22</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1123</td>
<td>See Footnote.¹¹</td>
</tr>
</tbody>
</table>

---

⁷ Working Group: Develop an implementation plan to bill the MERHCF.
⁸ Working Group: Referral Management Working Group to better understand the referral process within the CG
⁹ Proportion of all open access (acute) appointments booked for a given month that are requested & booked on the same day
¹⁰ MCSC Metrics to include authorization return time, consult report return time, number of appointments kept.
¹¹ Working Group: Referral Management Working Group to better understand the referral process within the CG.

Page 31 of 39
<table>
<thead>
<tr>
<th>BSC Objective</th>
<th>Performance Metric (PM)</th>
<th>PM Ref</th>
<th>Performance Benchmark: Red</th>
<th>Performance Benchmark: Yellow</th>
<th>Performance Benchmark: Green</th>
<th>Reporting Requirement</th>
<th>Responsible Office</th>
<th>Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1</td>
<td>Referral Management: Measure number of Clinic TRICARE referrals Referrals by Branch of service</td>
<td>23</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1123</td>
<td>See Footnote.</td>
</tr>
<tr>
<td>F1</td>
<td>OHI Billing Program implemented</td>
<td>24</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1123</td>
<td>See Footnote&quot;.</td>
</tr>
<tr>
<td>F2</td>
<td>Health Care Accounts CFO Act OMB A-123 Compliance</td>
<td>25</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>TBD</td>
<td>CG-1012</td>
<td>See Footnote.</td>
</tr>
<tr>
<td>IP 10</td>
<td>TBD</td>
<td>26</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>IP 1</td>
<td>Clinic QIIG Compliance as measured by OHRP</td>
<td>27</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1123</td>
<td>See Footnote.</td>
</tr>
<tr>
<td>IP 1</td>
<td>Peer Review Feedback</td>
<td>28</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1122</td>
<td>See Footnote&quot;.</td>
</tr>
<tr>
<td>IP 2</td>
<td>Patient Advisory Committee Policy Compliance</td>
<td>29</td>
<td>&lt;75%</td>
<td>75% - 89%</td>
<td>&gt;=90%</td>
<td>Monthly</td>
<td>TBD</td>
<td>Monitor and Report</td>
</tr>
</tbody>
</table>

12 Working Group: Develop Referral Management Working Group to better understand the referral process within the CG.
13 Working Group: Develop an implementation plan for OHI
14 Newly chartered CG-10 - CG-11 CFO Act remediation working group
15 Need to develop a CG-wide online solution for evidenced based medicine
16 Need a CG policy on Peer Review, data on population health program

Page 32 of 39
<table>
<thead>
<tr>
<th>BSC Objective</th>
<th>Performance Metric (PM)</th>
<th>PM Ref</th>
<th>Performance Benchmark: Red</th>
<th>Performance Benchmark: Yellow</th>
<th>Performance Benchmark: Green</th>
<th>Reporting Requirement</th>
<th>Responsible Office</th>
<th>Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>IP3</td>
<td>TRICARE Customer Service Survey</td>
<td>30</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1122</td>
<td>See Footnote.17</td>
</tr>
<tr>
<td>IP4</td>
<td>Improve Health Services Communication</td>
<td>31</td>
<td>&lt;75%</td>
<td>75% - 90%</td>
<td>&gt;90%</td>
<td>Monthly</td>
<td>CG-1121</td>
<td>See Footnote.18</td>
</tr>
<tr>
<td>IP4</td>
<td>OHRP - Skills Training Matrix Compliance through the OHRP</td>
<td>32</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1121</td>
<td>TBD</td>
</tr>
<tr>
<td>IP5</td>
<td>Population Health Portal Deployment, Access and Usage</td>
<td>33</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1122</td>
<td>See Footnote.19</td>
</tr>
<tr>
<td>IP6</td>
<td>Monthly Medical Account Briefings to CG-11 by CG-10</td>
<td>34</td>
<td>No Briefing Occurred</td>
<td>N/A</td>
<td>Briefing Occurred</td>
<td>Monthly</td>
<td>CG-1012</td>
<td>Monitor and Report</td>
</tr>
<tr>
<td>IP6</td>
<td>AHLTA deployment</td>
<td>35</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1123</td>
<td>See Footnote.20</td>
</tr>
<tr>
<td>IP7</td>
<td>Coding Accuracy</td>
<td>36</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1123</td>
<td>See Footnote.21</td>
</tr>
<tr>
<td>IP7</td>
<td>Monthly MIS Program Review Board Meetings</td>
<td>37</td>
<td>No Meeting</td>
<td>n/a</td>
<td>Meeting held on time</td>
<td>Monthly</td>
<td>CG-1123</td>
<td>Monitor and Report</td>
</tr>
</tbody>
</table>

---

17 Working Group: Develop program
18 Create new and improved CG-11 Web Page.
19 Working Group: Form a Population Health Implementation Working Group to provide access to the Population Health Portal. Working to also develop policy for implementation
20 CG-1123 to enter into contract with SPAWAR to conduct AHLTA Migration Study
21 Workgroup: Initial development of coding policy. Then develop a coding compliance plan.

Page 33 of 39
<table>
<thead>
<tr>
<th>BSC Objective</th>
<th>Performance Metric (PM)</th>
<th>PM Ref</th>
<th>Performance Benchmark: Red</th>
<th>Performance Benchmark: Yellow</th>
<th>Performance Benchmark: Green</th>
<th>Reporting Requirement</th>
<th>Responsible Office</th>
<th>Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>IP8</td>
<td>TBD</td>
<td>38</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IP9</td>
<td>CHCS Role-Based Security Program</td>
<td>39</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>TBD</td>
<td>CG-1123</td>
<td>See Footnote 22</td>
</tr>
<tr>
<td>IP9</td>
<td>HIPAA training requirements compliance</td>
<td>40</td>
<td>&lt;75%</td>
<td>75% - 89%</td>
<td>&gt;90%</td>
<td>Quarterly</td>
<td>CG-1122</td>
<td>Monitor and Report</td>
</tr>
<tr>
<td>L1</td>
<td>Health Services Awards Program Compliance</td>
<td>41</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1122</td>
<td>TBD</td>
</tr>
<tr>
<td>L2</td>
<td>New Performance Based Management Culture</td>
<td>42</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-112</td>
<td>See Footnote 23</td>
</tr>
<tr>
<td>L3</td>
<td>Number of new agreements entered and approved.</td>
<td>43</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>CG-1122</td>
<td>TBD</td>
</tr>
<tr>
<td>L4</td>
<td>Transformation Initiatives</td>
<td>44</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-112</td>
<td>Monitor and Report</td>
</tr>
</tbody>
</table>

22 CG-1123 is to modify contract with FedTech to draft Role-Based Security Program for CG Health Program. Contract to call for qualification sheets for each role.
23 Working Group: to design an incentive based system to encourage performance towards CG-11 initiative areas. Concentration on CG AD, PHS.
<table>
<thead>
<tr>
<th>BSC Objective</th>
<th>Performance Metric (PM)</th>
<th>PM Ref</th>
<th>Performance Benchmark: Red</th>
<th>Performance Benchmark: Yellow</th>
<th>Performance Benchmark: Green</th>
<th>Reporting Requirement</th>
<th>Responsible Office</th>
<th>Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>L5</td>
<td>Training Database</td>
<td>45</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1123</td>
<td>See Footnote.24</td>
</tr>
<tr>
<td>L6</td>
<td>MIS Procurement</td>
<td>46</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1123</td>
<td>See Footnote.25</td>
</tr>
<tr>
<td>R1</td>
<td>AFC-57 Budget Model Development</td>
<td>47</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1123</td>
<td>See Footnote.26</td>
</tr>
<tr>
<td>R1</td>
<td>AFC-57 Resource Proposals Actively Managed and Defended</td>
<td>48</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>Monthly</td>
<td>CG-1123</td>
<td>Monitor and Report</td>
</tr>
<tr>
<td>R1</td>
<td>AFC-57 Financial Resources Management Manual (FRMM) Compliance</td>
<td>49</td>
<td>&lt;75%</td>
<td>75% - 90%</td>
<td>&gt;90%</td>
<td>Monthly</td>
<td>CG-1123</td>
<td>Monitor and Report</td>
</tr>
</tbody>
</table>

24 CG health services program needs to assess its mission requirements and current level of qualification. Our training program is very fragmented, needs to be corrected. Each Force Manager to provide the BOD a brief on the state of their respective forces once a quarter
26 Working Group: Develop a new AFC-57 budget model.
<table>
<thead>
<tr>
<th>BSC Objective</th>
<th>Performance Metric (PM)</th>
<th>PM Ref</th>
<th>Performance Benchmark: Red</th>
<th>Performance Benchmark: Yellow</th>
<th>Performance Benchmark: Green</th>
<th>Reporting Requirement</th>
<th>Responsible Office</th>
<th>Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1</td>
<td>TBD</td>
<td>50</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>R1</td>
<td>Redesign AFC-30 Budget Build</td>
<td>51</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1123</td>
<td>See Footnote&lt;sup&gt;27&lt;/sup&gt;</td>
</tr>
<tr>
<td>R2</td>
<td>Tracking Minor and Major AC&amp;I projects</td>
<td>52</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1123</td>
<td>TBD</td>
</tr>
<tr>
<td>R3</td>
<td>Labor and Workload Reporting System</td>
<td>53</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1123</td>
<td>See Footnote&lt;sup&gt;28&lt;/sup&gt;</td>
</tr>
<tr>
<td>R3</td>
<td>A-76 Compliance</td>
<td>54</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1123</td>
<td>See Footnote&lt;sup&gt;29&lt;/sup&gt;</td>
</tr>
<tr>
<td>R3</td>
<td>Clinic Staffing Standards Policy Development</td>
<td>55</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1123</td>
<td>See Footnote&lt;sup&gt;30&lt;/sup&gt;</td>
</tr>
<tr>
<td>S1</td>
<td>Periodic Health Assessment Compliance: Coast Guard Active Duty and Reserve</td>
<td>56</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>TBD</td>
<td>CG-1121</td>
<td>See Footnote&lt;sup&gt;31&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>27</sup> Workgroup: 30 budget build process.

<sup>28</sup> Working Group: Establish CG Medical Program Labor, Workload Reporting System and Program. Establish policies and procedures.

<sup>29</sup> CG-1123 to work closely with workgroup developing Manpower Reporting System to ensure A-76 data integration.

<sup>30</sup> Working Group: Create Staffing Standards Working Group. Draft implement, and enforce new standard. Group also to develop new CG Health Program Manpower Reporting System.

<sup>31</sup> Working Group: Form Periodic Health Assessment Implementation Action Team to prepare plan for CG wide rollout.
<table>
<thead>
<tr>
<th>BSC Objective</th>
<th>Performance Metric (PM)</th>
<th>PM Ref</th>
<th>Performance Benchmark: Red</th>
<th>Performance Benchmark: Yellow</th>
<th>Performance Benchmark: Green</th>
<th>Reporting Requirement</th>
<th>Responsible Office</th>
<th>Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1</td>
<td>PHA Compliance</td>
<td>57</td>
<td>&lt;75%</td>
<td>75% - 90%</td>
<td>&gt;90%</td>
<td>Monthly</td>
<td>CG-1121</td>
<td>See Footnote.</td>
</tr>
<tr>
<td></td>
<td>(a) CG AD &amp; Reserve</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) CG Health Services Personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S1</td>
<td>Immunization Status Compliance:</td>
<td>58(a)</td>
<td>&lt;75% &lt;90%</td>
<td>75% - 90% 90% - 98%</td>
<td>&gt;90% &gt;98%</td>
<td>Monthly</td>
<td>CG-1121</td>
<td>Monitor and Report</td>
</tr>
<tr>
<td></td>
<td>(a) CG AD &amp; Reserve</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) CG Health Services Personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S1</td>
<td>No Deployment Limiting Condition Compliance</td>
<td>59</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>TBD</td>
<td>CG-1121</td>
<td>See Footnote.</td>
</tr>
<tr>
<td>S1</td>
<td>Dental Readiness Compliance:</td>
<td>60(a)</td>
<td>&lt;75% &lt;90%</td>
<td>75% - 90% 90% - 98%</td>
<td>&gt;90% &gt;98%</td>
<td>Monthly</td>
<td>CG-1121</td>
<td>Monitor and Report</td>
</tr>
<tr>
<td></td>
<td>(a) CG AD &amp; Reserve</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) CG Health Services Personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S1</td>
<td>Medical Readiness Lab Test Compliance: Coast Guard Active Duty and Reserve</td>
<td>61</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1122</td>
<td>See Footnote.</td>
</tr>
<tr>
<td>S1</td>
<td>Individual Medical Equipment Compliance</td>
<td>62</td>
<td>&lt;75% Project completions</td>
<td>75% to 99% Project completion</td>
<td>100% Project completion</td>
<td>Monthly</td>
<td>CG-1121</td>
<td>TBD</td>
</tr>
<tr>
<td>S2</td>
<td>Medical Encounter Electronic Documentation Compliance</td>
<td>63</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>TBD</td>
<td>CG-1123</td>
<td>See Footnote.</td>
</tr>
<tr>
<td>S2</td>
<td>Pre and Post Deployment Health Assessments Compliance</td>
<td>64</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1122</td>
<td>See Footnote.</td>
</tr>
</tbody>
</table>

32 To be implemented upon full roll-out of PHS program.
33 Recommend CG-1121 research whether temporary deployment limiting conditions, are required to be tracked separately by MRS.
34 Working Group: Establish business rules / internal controls to ensure all active duty are linked to a corpsman and HIV info is entered into MRS.
35 Working Group: Form Medical Encounter Documentation Working Group to ensure restrictions are addressed.
36 Workgroup: Recommendation for Portsmouth to enter PDHA, PDHRA into PGUI. This proposal needs to be fleshed out and enforcing policy drafted. A system of BSC reporting would need to be developed.
<table>
<thead>
<tr>
<th>BSC Objective</th>
<th>Performance Metric (PM)</th>
<th>PM Ref</th>
<th>Performance Benchmark: Red</th>
<th>Performance Benchmark: Yellow</th>
<th>Performance Benchmark: Green</th>
<th>Reporting Requirement</th>
<th>Responsible Office</th>
<th>Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>S3</td>
<td>Customer Satisfaction Survey Program</td>
<td>65</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1122</td>
<td>See Footnote.37</td>
</tr>
<tr>
<td>S4</td>
<td>Population Health Surveillance for CG AD and Reserve, as reported through Peer Review Process</td>
<td>66</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>Monthly</td>
<td>CG-1122</td>
<td>See Footnote.38</td>
</tr>
<tr>
<td>S5</td>
<td>CG Human Resources Transformation Compliance</td>
<td>67</td>
<td>&lt;75% project completion</td>
<td>75% - 99% project completion</td>
<td>100% project completion</td>
<td>TBD</td>
<td>CG-112</td>
<td>See Footnote.39</td>
</tr>
</tbody>
</table>

37 Working Group: (1) CG facilities standardize the reporting process and questions (2) Network care Customer satisfaction survey policy
38 Need a CG policy on Peer Review, data for population health program.
39 Transformation Team: CG HR Transformation Team currently has lead.
## Mapping Performance Metrics and Initiatives to the Strategic Map

<table>
<thead>
<tr>
<th>Balanced Scorecard Perspectives</th>
<th>Strategic Goal 1</th>
<th>Strategic Goal 2</th>
<th>Strategic Goal 3</th>
<th>Strategic Goal 4</th>
<th>Strategic Goal 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medically Ready and Protected Coast Guard Active Duty and Reserve Member Workforce</td>
<td>Maintaining and Developing a Deployable, Agile Medical Capability and Operationally Ready Coast Guard Medical Force</td>
<td>Provide Quality, Accessible and Efficient Health Care</td>
<td>Transform Coast Guard Health Care Financial Management to be compliant with CFO Act Audit Requirements</td>
<td>Realign Coast Guard Health Care Command and Control Infrastructure</td>
</tr>
<tr>
<td>Stakeholders Perspective</td>
<td>56, 58, 59, 60, 61, 62, 63, 64</td>
<td>56, 58, 59, 60, 61, 62, 63, 64</td>
<td>65</td>
<td>n/a</td>
<td>67</td>
</tr>
<tr>
<td>Financial Perspective</td>
<td>13, 16, 19, 20, 21, 22, 23, 24</td>
<td>13, 16, 19, 20, 21, 22, 23, 24</td>
<td>13, 16, 19, 20, 21, 22, 23, 24</td>
<td>n/a</td>
<td>TBD</td>
</tr>
<tr>
<td>Customer Perspectives:</td>
<td>7, 8, 9, 10</td>
<td>7, 8, 9, 10</td>
<td>7, 8, 9, 10</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>Internal Process Perspective</td>
<td>32, 35, 36, 37</td>
<td>32, 35, 36, 37</td>
<td>39, 40, 32, 35, 36, 37</td>
<td>36, 37</td>
<td>TBD</td>
</tr>
<tr>
<td>Learning and Growth:</td>
<td>41, 42, 44, 45, 46</td>
<td>41, 42, 44, 45, 46</td>
<td>41, 42, 44, 45, 46</td>
<td>41</td>
<td>TBD</td>
</tr>
<tr>
<td>Resource Management</td>
<td>51, 12, 14, 15, 17, 18, 55</td>
<td>51, 12, 14, 15, 17, 18, 55</td>
<td>51, 12, 14, 15, 17, 18, 55</td>
<td>51</td>
<td>TBD</td>
</tr>
</tbody>
</table>