



Functional Bureau Strategy

Bureau of Medical Services

FOR PUBLIC RELEASE

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1. Executive Statement

The mission of the Bureau of Medical Services (MED) is to safeguard and promote the health and well-being of America's diplomatic community. Overseas, MED provides primary care and mental health services, manages hospitalizations and medical evacuations, and assesses local health threats and medical resources for 66,000 employees and their eligible family members serving at U.S. diplomatic missions. We promote wellness through health promotion, education, immunizations, and attention to health maintenance. We provide occupational and travel medical services to ensure a safe workplace and healthy workforce worldwide. We also prepare for medical responses to pandemics, disasters, and terrorist attacks through emergency planning, staff training, and stockpiling of emergency drugs, medical supplies, and personal protective equipment. We support deployment to zones of armed conflict by promoting psychological resiliency, and later screening and treating employees for post-traumatic stress disorders or other related mental health conditions. We administer a medical clearance program to assure that individuals with chronic diseases can safely serve in locations where required services are available for their medical conditions. We strive for quality patient care by monitoring credentials, patient satisfaction, care delivered, risk assessment, and by providing continuing medical education to our nurses and medical specialists. The Bureau of Medical Services is ISO 9001-certified, a quality management process that continually strives for improvement in service delivery by collecting data, evaluating metrics, and surveying those we serve.

There are more than 200 MED health units throughout the world, and most are staffed by Foreign Service (FS) Medical Specialists – nurse practitioners, physician assistants, physicians (including psychiatrists) and laboratory scientists. A large majority of these FS medical specialists are assigned to hardship and danger posts. We provide medical support for U.S. diplomatic missions in many remote, high-risk, and/or medically austere locations presenting complex challenges for MED's health care providers who have a heterogeneous range of experience and training. MED's medical practitioners often operate without the readily-available medical consultant and emergency resources that are common within the United States.

2. Bureau Strategic Framework

Goal 1: Render medical support in an efficient, effective, and accountable delivery model that keeps pace with the Department's changing needs and footprint around the world and conforms to the ISO 9000 Quality Management standards.

Objective 1.1: Enhance existing medical Information Technology (IT) capabilities to deliver a cost-effective system of high-quality collaborative care that ensures individual and organizational accountability.

Objective 1.2: Augment biomedical and diagnostic technological resources at missions in medically austere locations where local health services are inadequate or unreliably accessible in order to enhance the overall health of Mission personnel.

Objective 1.3: Provide comprehensive and fully integrated behavioral health services to employees and their families deployed overseas that are coping with medical, educational, personal, and employment-related stressors in an effort to ensure that tours of diplomatic personnel are not terminated early due to health concerns or complications and that personnel are able to focus effectively on their assignments and the advancements of U.S. foreign policy.

Objective 1.4: Embrace adaptive planning and program management best practices by adopting Office of Federal Procurement Policy Federal Acquisition Certification standards, developing a cadre of professionals skilled in contingency contract and program management.

Goal 2: Maintain a global medical workforce that has the required training and education to meet the needs of the Department worldwide.

Objective 2.1: Expand professional development and training opportunities for MED staff members to ensure that their medical skills and knowledge are current with evolving medical therapies to address special medical threats to Department personnel.

Objective 2.2: Develop a cadre of bureau professionals skilled in health care program management and contingency contracting to adopt and institute established health care organizational best-practices and embrace adaptive planning.

Goal 3: Facilitate forward-deployed, high-risk, high-threat diplomatic engagement (HRHTDE) by mitigating medical risk.

Objective 3.1: Improve forward-deployed medical support to HRHTDE through carefully synchronized interagency contingency planning and strategic resourcing of key support capabilities to ensure the safety and security of the Department's overseas workforce.

Objective 3.2: Improve the security, safety, and response capabilities of the Department's worldwide diplomatic platform through improved medical planning and risk management, instilling a culture of preparedness that enables posts to responsively adapt health service support to a rapidly changing threat environment.

Objective 3.3: Deliver effective, efficient, and evidence-based, Operational Medicine support, fully embracing innovative, next-generation biocontainment.

Goal 4: Enable the Department to field a healthy and resilient workforce that can serve effectively worldwide.

Objective 4.1: Facilitate a coordinated process of assessing the Department's unique work-life wellness needs at all domestic and overseas worksites and implement a program that enhances the health and well-being of employees.

Objective 4.2: Develop a more agile and interactive medical-clearance and post-approval process that balances the Department's hiring and assignment requirements with employees' career goals and is employment law-compliant.

Objective 4.3: Provide education and guidance to deployed employees and family members regarding the potential health effects of environmental hazards such as air pollution as well as mitigation strategies that will better ensure a healthy workforce and allow the Department to maintain safe continuity of operations in affected areas.

3. Goals and Objectives

Bureau Goal 1: Render medical support in an efficient, effective, and accountable delivery model that keeps pace with the Department's changing needs and footprint around the world and conforms to the ISO 9000 Quality Management standards.

a. Description and Linkages:

Advances in technology are changing virtually every organization and enterprise, perhaps none more so than the delivery of healthcare in the U.S., and around the world. The use of Information technology (IT) to capture, store and analyze medical information is leading this healthcare revolution. Medical technological innovations come in many forms, including electronic health record systems, telemedicine videoconferencing, medical data warehousing, and data mining for bio surveillance and other population health activities. The Bureau of Medical Services (MED) must keep abreast of these IT advances in order to deliver state-of-art medical care to its globally dispersed and highly mobile patient population, and to maintain readiness to respond to natural and man-made disasters. MED's goal also aligns with JSP Objective 4.2 to provide modern and secure infrastructure and operational capabilities to support effective diplomacy and development. Implementing advanced information technology will enhance MED's workforce performance, leadership, engagement, and accountability to execute our mission more efficiently and effectively.

Significant barriers, including austere technology infrastructure and a need for heightened security of sensitive medical information, pose enormous challenges for implementing this technology. The information contained within the health IT systems is only useful when it is accurate, available and actionable. Insofar as MED clinical staff will be responsible for both entering data and accessing information from these systems, they must be adequately trained to ensure maintenance of both data integrity and quality. The productivity and efficiency of MED clinicians may be impacted during the transition from existing data management tools and workflows to newer electronic processes. Finally, MED staff must understand their obligation to protect the privacy and security of this information, and the stringent measures required to do so.

b. Statement of Risk:

There are a number of potential risks associated with MED FBS Goal #1. The most significant risk is the transfer of records to an EHR. Internal risks include inadequate staff and training to fully implement the EHR, and existing processes that may be inconsistent

with the EHR system. External risks include the possibility that such data may be compromised by outside sources.

Bureau Objective 1.1: Enhance existing medical Information Technology (IT) capabilities to deliver a cost-effective system of high-quality collaborative care that ensures individual and organizational accountability.

a. Justification

Information Technology helps drive operational efficiencies and improve overall patient outcomes. It facilitates communication and coordination among providers in delivering patient care that is safe, timely and effective.

To improve the level of collaboration between clinicians, the Office of Medical Services (MED) is continuing with its process of identifying and implementing an Electronic Health Record (EHR) system to be deployed worldwide. The EHR will provide clinicians a powerful tool to deliver better, more efficient care by having access to the latest patient information.

Telemedicine is the use of video teleconferencing technology to conduct medical consultations between a patient and a clinician who are in geographically separate locations. It is especially useful to provide care to individuals in remote locations with limited medical resources, and thus is ideally suited to support the healthcare needs of many of the patients MED cares for. MED has launched a telemedicine program to over a hundred posts and has also used this technology to provide expanded mental health services to our patient population.

Bureau Objective 1.2: Augment biomedical and diagnostic technological resources at missions in medically austere locations where local health services are inadequate or unreliably accessible in order to enhance the overall health of Mission personnel.

a. Justification

The Department of State, Bureau of Medical Services (MED), provides medical support for U.S. diplomatic missions in many remote, high-threat, and/or medically austere locations which present complex challenges for MED's health care providers who have a diverse range of experience and training. MED's medical providers often operate without the readily available resources commonly available within the United States.

While MED cannot replicate the resource-rich environment in which US clinicians practice in the medically austere locations where our diplomats serve, we can at a minimum mirror what is now available in primary and urgent care practices and remote hospital emergency departments. That includes placing widely-accepted new diagnostic technology such as hand-held ultrasound and automated bio-detection laboratory equipment in health units to allow MED clinicians to identify diseases without resorting to medical evacuation.

To further support the healthcare needs of many of the patients in remote locations with limited medical resources, MED has deployed telemedicine units at 20 of our Health Units in remote locales, and at 10 of our regional support hubs. This initiative augments the care MED clinicians provide patients in these medically underserved locations. Given the regional coverage responsibilities of many MED clinicians, TeleMED is an excellent way to use technology to expand the care we deliver.

With enhanced in-house technology, improved diagnostic capability at more health units, and expanded use of telemedicine, Foreign Service Officers with existing medical conditions will have more opportunities to serve in medically austere locations.

Bureau Objective 1.3: Provide comprehensive and fully integrated behavioral health services to employees and their families deployed overseas that are coping with medical, educational, personal, and employment-related stressors in an effort to ensure that tours of diplomatic personnel are not terminated early due to health concerns or complications and that these personnel are able to focus effectively on their assignments and the advancement of U.S. foreign policy.

a. Justification

Traditionally, the Bureau of Medical Services Mental Health Services program (MED/MHS) has operated on a model based on community standards employed in the treatment of the U.S. civilian population. With the increased need for State employees to serve at unaccompanied, high-threat locations, a modified approach is evolving that incorporates preventive strategies and lessons-learned from the experiences of the U.S. military. Supporting these employees and their families also increasingly involves other offices and agencies external to MED, including USAID, the Family Liaison Office, and the Foreign Service Institute.

The Mental Health Services (MHS) section within MED directs mental health care delivered to Foreign Service employees and eligible family members by Regional Medical Officers/Psychiatrists and other ancillary providers. In 2016, MHS managed 124 medevacs, and of these, the Alcohol and Drug Awareness Program (ADAP) managed 14 medevacs. We also provide preventive care by offering seminars on mental

health topics, stress management, dealing with cancer, coping with divorce, raising children overseas, conflict resolution in the workplace, substance abuse, and coping with depression and anxiety. To meet a critical Department need, the Deployment Stress Management Program (DSMP) works to identify and prevent mental health conditions related to deployment at high stress, high threat, and unaccompanied posts.

The increasing number of children in the Foreign Service community with special educational requirements led MED to expand its special Child Psychiatry capabilities by creating the Child and Family Program (CFP). The CFP, staffed by clinicians with specialized training and qualifications in children's services, is the main resource office for families whose children require clinical and special education services while serving abroad. The ECS program provides confidential employee assistance and counseling to employees and family members.

Bureau Objective 1.4: Embrace adaptive planning and program management best practices by adopting Office of Federal Procurement Policy Federal Acquisition Certification standards, developing a cadre of professionals skilled in contingency contract and program management.

a. Justification

The President's Management Agenda directs federal agencies to improve efficiency by adopting cost and quality benchmarks for mission-support operations, providing "agency decision-makers better data to compare options, allocate resources, and improve processes.

Bureau Goal 2: Maintain a global medical workforce that has the required training and education to meet the needs of the Department worldwide.

a. Description and Linkage:

The Mission Statement of the Bureau of Medical Services (MED) is to safeguard and promote the health and well-being of America's employees and their eligible family members (EFM) who represent U.S. government (USG) agencies abroad. Many of the posts overseas have significant health risks and local medical facilities are often inadequate to cope with ongoing issues. Our medical specialists are responsible for administering a full range of community health care services including primary care (acute/chronic, integrated mental health) and preventive health education for the U.S. Embassy's official community. To ensure that our medical corps is adequately prepared to practice and face the challenges around the world, MED must provide its practitioners and specialists with an enhanced dynamic training, education and professional development program as well as the newest medical technological tools necessary to deliver high quality, evidence-based integrated patient care.

MED's medical education and training program must become longitudinal and continuous, and provide more integrated training opportunities for all health unit staff to meet the health care demands of their mission communities. Doing so will require additional personnel resources to provide the critical training required and to create a training float to cover staffing gaps at health units. Additional financial resources will also be required to fund essential training costs both internally and externally.

Meeting MED's medical and educational training needs strategically aligns with both JSP Objective 4.3 (to enhance workforce performance, leadership engagement, and accountability to execute our mission efficiently and effectively) and JSP Objective 4.4 (strengthening the security and safety of our overseas workforce).

b. Statement of Risk:

The most significant risk is that training investments in specific medical skillsets to counter specific threats may be overcome by events (*e.g.*, the employment of a non-traditional medical threat to COM personnel). While MED will work to ensure that medical training and competency are aligned with current threats and requirements at post, the myriad threats facing COM personnel make it impossible to fully mitigate all medical risk

Bureau Objective 2.1: Expand professional development and training opportunities for MED staff members to ensure that their medical skills and knowledge are current with evolving medical therapies to address special medical threats to Department personnel.

a. Justification

The health and safety of our patients is at risk if we do not continue to improve and enhance our orientation, education and professional development training programs. At a minimum, maintaining and improving basic medical skills is necessary for certification and licensure. But without enhanced training matched to the needs of the specific environments in which our overseas missions operate, our medical specialists in the field will lack the proper skills and expertise to deliver the high-quality specialized care needed in places where there is a unique risk of life-threatening infectious diseases. Preparation for assignment at high threat or austere posts also requires training in advanced trauma skills and providing life-sustaining treatment for extended periods of time.

Bureau Objective 2.2: Develop a cadre of bureau professionals skilled in health care program management and contingency contracting to adopt and institute established health care organizational best-practices and embrace adaptive planning.

a. Justification

The President's Management Agenda directs federal agencies to improve efficiency by adopting cost and quality benchmarks for mission-support operations, providing "agency decision-makers better data to compare options, allocate resources, and improve processes."¹

Bureau Goal 3: Facilitate forward-deployed, high-risk, high-threat diplomatic engagement (HRHTDE) by mitigating medical risk.

a. Description and Linkages:

Strategic goal 3 in MED's Functional Bureau Strategy ensures that USG personnel assigned to high-threat posts receive medical support commensurate with their increasingly violent environment. The Directorate of Operational Medicine (MED/DMD/OM) executes the Operational Medicine Program as part of the Worldwide Security Program, planning, developing, resourcing, and executing medical contingency plans to enhance the security of U.S. diplomats engaged in high-risk environments worldwide and providing senior decision makers with flexible response options following an attack. The Operational Medicine Program compliments the Worldwide Medical Program, allowing the MED to holistically address the medical needs of Chief of Mission personnel in all environments and across the spectrum of care. MED FBS Goal 3 is strategically aligned with multiple JSP Objectives, to include JSP Objectives, that relate to national security, safety, and efficiency (JSP Objectives 1.1, 1.2, 3.3, 3.4, 4.1, 4.3, and 4.4). A further breakdown is provided at the FBS Objective Level.

b. Statement of Risk:

There are a number of known and unknown risks that jeopardize the success of FBS Goal 3. These primarily relate to medical threats from terrorist and other violent organizations who seek to thwart U.S. diplomatic efforts overseas by harming U.S. diplomats and development professionals seeking to advance U.S. interests in high-risk and medically austere environments. Additional risks include the inability to transport lifesaving medical equipment and supplies to areas impacted by a manmade or natural disaster — especially in the context of a pandemic or other outbreak of a highly-infectious disease. Finally, limitations on human capital and personnel with right blend of skills and experience may impede or limit successful implementation of FBS Goal 3.

¹ Management Agenda Priorities for the FY 2016 Budget, M-14-12, Appendix A, page 8 (July 18, 2014).

Bureau Objective 3.1: Improve forward-deployed medical support to HRHTDE through carefully synchronized interagency contingency planning and strategic resourcing of key support capabilities to ensure the safety and security of the Department's overseas workforce.

a. Justification

The totality of Goal 3 is to address myriad threats facing COM personnel in the HRHTDE operating environment, requiring careful synchronization of activities across a spectrum from preparedness to medical response to a crisis. Bureau Objective 3.1 seeks to address the activities associated with initial crisis response as well as full integration of medical personnel with security and crisis response teams and personnel.

Bureau Objective 3.2: Improve the security, safety, and response capabilities of the Department's worldwide diplomatic platform through improved medical planning and risk management, instilling a culture of preparedness that enables posts to responsively adapt health service support to a rapidly changing threat environment.

a. Justification

Bureau Objective 3.2 seeks to address the activities associated with mitigating medical risk through improved medical planning and risk management. Crisis and disaster response overseas not only requires a tactical response, but also a carefully integrated, synchronized, and well-rehearsed interagency response plan and Post specific planning, rehearsals, and interagency exercises in order to ensure that posts are prepared and equipped to adapt and respond to the rapidly changing threat environment.

Bureau Objective 3.3: Deliver effective, efficient, and evidence-based, Operational Medicine support, fully embracing innovative, next-generation biocontainment.

a. Justification

Goal 3 requires that the Department continue to facilitate forward-deployed, high-risk, high-threat diplomatic engagement (HRHTDE) by mitigating medical risk. However, this cannot be achieved without management support. There are inherent programmatic, logistical, and interagency liaison challenges that exist when supporting diplomatic engagement in an increasingly non-permissive environment. Thus, facilitating forward-deployed HRHTDE and ensuring that there is no delay in response requires effective

administrative oversight and also requires having the necessary tools to provide crisis response, including medical evacuation, with or without biocontainment.

4. Cross-Cutting Management Objectives or Management Goal

Management Goal 4: Enable the Department to field a healthy and resilient workforce that can serve effectively worldwide.

a. Description and Linkages:

The Department's workforce is required to deploy to disparate locations with very little notice. To maintain this high level of functional flexibility, Department employees must be resilient, well-adjusted to the demands of their work and psychologically prepared for the frequent changes that they confront. The workforce and the individuals who make it up need to be "well" in the most comprehensive sense. There is ample evidence, especially from the private sector, that workplace wellness programs can substantially lower health insurance premiums, decrease absenteeism, and improve morale and productivity.

MED has developed a robust wellness program to support the Department's global workforce. The program, both directly and through liaisons in other regional and functional bureaus, facilitates health promotion, work life balance, and employee-directed work place satisfaction initiatives. Internally, MED's Executive Office and program managers work closely with the Bureau of Human Resources to aggressively maximize MED's own workforce competency and ensure that all medical personnel effectively serve the Department's needs and improve the delivery of health care services worldwide.

Strategic, comprehensive worksite health & wellness programs provide significant benefits for Federal employees, agencies, and local communities. In support of the June 23, 2014 Presidential Memorandum, OPM issued its own memorandum on March 13, 2015 entitled "Valuing Employee Health and Wellness". That document cited the benefits and potential cost-savings that enhancing employee wellness can bring to agencies. "As work demands increase, budgets tighten, healthcare costs reach an all-time high, and Federal employees reach retirement eligibility, the Federal Government must take steps to ensure our continued success and continuity.

Supporting and maintaining a healthy and resilient global workforce supports JSP Objective 4.3, enhancing workforce performance, leadership, engagement, and accountability to execute our mission more efficiently and effectively. A healthier workforce can improve productivity, increase employee engagement, reduce costs associated with healthcare, disability, and workers' compensation, and make each agency an employer of choice." Currently the total budget of the MED Wellness program is less than \$300,000, including staff salaries and benefits, making it a low cost means for improving employee satisfaction and productivity.

b. Statement of Risk:

The most significant risks to the success of this FBS Goal relate to reliance on stakeholders for engagement. Stakeholders may not be invested in the success of wellness and mental health initiatives because of traditional stigmas, time constraints, and/or limited human capital. Internal risks include inadequate physical space, employees within MED to implement these initiatives, and limited material resources.

Management Objective 4.1: Facilitate a coordinated process of assessing the Department's unique work-life wellness needs at all domestic and overseas worksites and implement a program that enhances the health and well-being of employees.

a. Justification

The geographic distribution of DOS employees makes provision of wellness services challenging. The mandate of the MED Wellness program includes the provision of services overseas to 60,000 DOS employees and family members as well as other USG entities under Chief of Mission authority. Domestically, the program must serve 25,000 employees and contractors at several hundred sites. To date, the program has concentrated on the direct provision of services to employees at Main State and at overseas missions, with support to other sites in the form of technical expertise provided from a distance, or virtually.

The Office of Personnel Management (OPM) has played a central role in guiding the Federal Government's workplace wellness efforts, by promulgating guidance and translating national health goals such as those laid out in the Healthy People project into steps that government agencies can take in the workplace. OPM has set the ambitious ten-year target of establishing comprehensive wellness programs in 75% of worksites, with participation of 75% of employees. Despite the geographic obstacles, the MED Wellness program has embraced these targets. In addition, MED's planned EHR will allow participants in the Wellness program to track and assess the results of their participation, and compare these results with other USG and national values.

Management Objective 4.2: Develop a more agile and interactive medical-clearance and post-approval process that balances the Department's hiring and assignment requirements with employees' career goals and is employment law-compliant.

a. Justification

The Medical Clearance process ensures that the medical needs of a patient are aligned with the medical capabilities of a post. MED maintains a database of overseas medical

capabilities and uses this in the medical clearance process. In 2012, MED launched a new software system - the Medical Capabilities Information (MCI) database - to more effectively manage this information and to improve the efficiency and accuracy of the medical clearance process. The MCI captures the full range of medical capabilities at post, in addition to guiding medical clearance determinations. The MCI also serves as a valuable tool in identifying local resources that could provide medical support during natural disasters and epidemics.

MED has activated a "Medical Clearance Preview" portal to the MCI. This portal will provide Foreign Service bidders with post-specific medical resource information as they start the bidding process. Although this "medical clearance preview" will not replace a formal clearance determination, it will make the medical clearance experience more interactive and transparent for MED's customers.

Management Objective 4.3: Provide education and guidance to deployed employees and family members regarding the potential health effects of environmental hazards such as air pollution as well as mitigation strategies that will better ensure a healthy workforce and allow the Department to maintain safe continuity of operations in affected areas.

a. Justification

Indoor and outdoor air pollution is a leading global health threat, responsible for an estimated 6 million deaths annually. The percentages of deaths due to air pollution is higher in countries with severe air pollution levels. An array of respiratory and cardiovascular effects are linked to short-term and long-term air pollution exposure. While our overseas population typically spends only a few years at a given post and enjoys improved indoor air quality, it is important to note that at least 50% of employees are stationed at posts where the outdoor air quality is significantly worse than the most polluted places in the U.S.

A strong and well-established link exists between exposure to air pollution and adult mortality due to several causes, as well as an inverse relationship between long-term air pollution exposure and children's lung growth velocity. However, the health effects of air pollution on our overseas staff and their families are difficult to ascertain due to a lack of comprehensive scientific literature that focus on high levels of ambient air pollution exposure over the typically 1-3 year durations our employees and their families experience.

MED believes it is imperative to provide Department employees and their families with the best available information and guidance regarding potential health risks from air pollution. To accomplish that objective, the Department must have a proactive, long-term strategic approach to applying the best science to educate employees and families about the risk of air pollution and give them practical guidance to reduce exposures and risks. When indicated and necessary, the Department should participate and drive prospective

risk assessment as well. This objective fits squarely within MED's mission "*to safeguard and promote the health and well-being of America's diplomatic community.*"

Related Department Guidance and Activities:

This sub-objective directly aligns with the air pollution monitoring efforts at posts, run by the Management Bureau. Additionally, the work described in this sub-objective is directly related to measurement and mitigation of indoor air quality conducted by the Overseas Building Operations Bureau in the Office of Safety, Health and Environmental Management. Lastly, this work is in close alignment with the inter-bureau DOS Air Pollution Working Group (M/PRI, OES, SHEM, HR, ALS, regional EX offices, etc.). The Air Pollution Working Group focuses on crafting and implementing policies that enhance employees' and their families' protection against air pollution at posts (See 15 STATE 79872).