



US ARMY MEDICAL RESEARCH AND MATERIEL COMMAND

ACQUISITION REFORM STRATEGIC PLAN

Purpose: The U.S. Army Medical Research and Materiel Command's Acquisition Reform (AR) Strategic Plan is designed to identify goals and objectives, define desired outcomes, develop metrics to judge our progress and effectiveness, and establish a review mechanism to sustain the momentum. This strategic plan will serve as the foundation for the command's implementation of acquisition reform and business practice re-engineering.

Vision: Our vision is to provide world class medical research and materiel solutions for military requirements in support of total quality health care for America's warfighter at home and abroad, accessible to the total defense family, and accountable to the American people. This vision demands innovation, flexibility, responsiveness, teamwork, and the application of the best technologies to fully accomplish our mission.

Mission: Our mission is to provide medical solutions for military requirements to protect and preserve the lives of America's sons and daughters that:

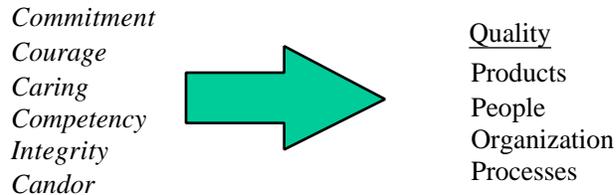
- Enhance readiness
- Ensure the highest quality health care for Army and other elements of the Department of Defense
- Maximize battlefield survival for casualties
- Provide information and information tools which enhance operational efficiency.

Table of Contents

Purpose	1	Strategic Goals	2
Vision	1	Metrics	4
Mission	1	Responsibilities	4
Values	2	Review & Analysis	5
Desired Outcomes	2		

Values: We are fully committed to the Army Values: **Courage, Commitment, Caring, Competency, Integrity, and Candor**, which serve as the framework of our strategic goals and objectives. These characteristics contribute to our overarching value of **Quality** in our products, people, processes, and organizations.

USAMRMC Values



Desired Outcomes: Acquisition Reform and the implementation of our strategic plan will lead to definable enhancements to our current acquisition capabilities. These enhancements, which are listed below as desired outcomes, should yield significant improvement in our efforts to better meet our user’s needs while increasing productivity.

- *Restructured organizations*
- *New business practices*
- *Culturally changed workforce*
- *Cheaper, better, faster products*

1. Organizationally and procedurally streamlined acquisition that reduces product life cycle cost and time.
2. Enhanced and empowered acquisition workforce.
3. Technologically relevant information and materiel solutions available when and where needed.
4. Shift to risk management as opposed to risk avoidance.
5. Team-oriented, customer-focused business practice.

Strategic Goals: Strategic goals and action plans support the desired outcomes; the list below describes the Command’s goals. They have been grouped in the manner that best supports our mission; the organization, people, processes, and products that make up our acquisition accountability. Appendix A provides a further breakdown of actions/initiatives that support these goals.

- Strategic Goals
- *Optimize Organizational Structure*
 - *Develop Human Resources*
 - *Effect Business Reform*
 - *Adopt Commercial Products*

Goal 1: OPTIMIZE OUR ORGANIZATIONAL STRUCTURE

1. Realign organizations, as necessary, to eliminate redundancies, create single accountabilities, and promote efficient workflow.
2. Strengthen automated support for greater efficiency and integration of value added information.
3. Establish programmatic analysis & evaluation with appropriate metrics for milestone decision authorities.

Goal 2: DEVELOP GREATER USE O OUR HUMAN RESOURCES

4. Establish meaningful career development programs within and across the acquisition environment.
5. Sponsor educational opportunities to strengthen acquisition and technical job expertise.
6. Effect a workforce cultural change that encourages innovative work practices and accepts managed risk.
7. Encourage entrepreneurs to promote new technologies, processes, and products.
8. Promote individual responsibility and not overmanagement as an operational methodology.

Goal 3: EFFECT BUSINESS REFORM - SIMPLIFY THE PROCESS

9. Promote the use of Integrated Product Teams and Integrated Concept Teams early and throughout the acquisition life cycle process.
10. Maximize the use of Single Process Initiatives in research, development, or production.
11. Utilize simplified acquisition procedures wherever possible, to include credit card usage, throughout the command.
12. Closely coordinate with user community to focus performance specifications early and throughout the life cycle.
13. Ensure cost as an Independent Variable is incorporated into business practices.

Goal 4: INTEGRATE GREATER USE OF COMMERCIAL PRODUCTS & ACTIVITIES

14. Leverage commercial market place to drive new technologies and shorten acquisition lead times.

15. Enhance partnerships with industry and other nations.

Metrics: The action plans in Appendix A have metrics for oversight of their execution. Dependent upon the type and status of the action, either an interim milestone time line or qualitative and quantitative measurements are noted. These are tentative and will be updated during the course of time and events to ensure continual improvement in our processes and products. In many instances the action has been completed through earlier efforts, but continued monitoring remains necessary to ensure the desired outcome has been attained. It is important that these actions/initiatives do not languish, and a review and evaluation process will be instituted to oversee and drive continued movement.

- *Yardsticks for measurement*
- *Timelines for completion*

Responsibilities:

a. Commander, USAMRMC: The Commander acts as the executive agent for AR in the command. In his role as Commander and Milestone Decision Authority (MDA), the Commander serves as a policy provider for AR initiatives as well as an overseer during the life cycle management process.

b. Medical System Integration Office: This office completes two functions, Program Analysis and Evaluation and Program Executive Officer support, that directly effect AR. The office coordinated and developed this plan and has accountability for its publication, implementation, assessment, and currency.

c. Subordinate Commanders and Project Managers: These individuals directly supervise the implementation of the AR action plans/initiatives, remove barriers, monitor progress, provide information, and elevate issues concerning AR and this plan. Subordinate Commanders also appoint their organizations AR advocates and work group members.

d. Research Area Directors: These individuals direct and monitor research efforts that transition concepts and technologies into candidate acquisition products. In their early acquisition life cycle management capacity, they plan, program, and budget for resources to conduct research to find solutions to military medical requirements. They also coordinate research efforts between laboratories on specific mission areas. In this capacity, they also participate in AR as either supervisors or executors of action plans/initiatives.

e. Acquisition Reform Advocate: This individual is responsible for constant coordination with higher headquarters (HQDA, DoD, or Congress) on the latest changes within AR. He/She interprets changes and provides advice as to the impacts on the command's functions and missions.

f. Acquisition Reform Working Group: This chartered working group consists of AR advocates from each subordinate organization under the administration of the Acquisition Reform Advocate. Its mission includes monitoring progress of acquisition reform actions

and initiatives, providing advice to expedite or energize said actions, and championing new ideas and processes to collectively improve this business line.

Review and Analysis: Many of the designated actions/initiatives have detailed milestones and time lines for their completion. These will be monitored through the normal command chains as well as through the AR Working Group as separate actions until their completion. A review and analysis process will be established that determines the impact of the actions and facilitates changes to improve their effect. This will be accomplished through two major events: biannual Review and Analysis Program and annual Commander's conference.

- *Review & Analysis Program*
- *Commander's Conference*

a. **Review and Analysis Program:** A team of HQ program management personnel coordinated by the Medical Systems Integration office visits all subordinate organizations and headquarters staff to assess mission and program accomplishments, business practices, and infrastructure process. This program delves into systems and processes, evaluating their productivity and efficiency. It further promotes a forum for subordinate commands to raise issues, concerns, or views to a headquarters representative staff element. As a result, successes are propagated to other command organizations for their adoption, or problems are identified and tasked to appropriate staff for resolution. It is a very good venue to perform a periodic assessment of our implementation of the AR Strategic Plan and its subsequent benefits or failings.

b. **Commander's Conference:** The Commander, USAMRMC hosts an annual meeting with his subordinate Commanders with the goal of establishing and reviewing strategic issues of the command to include Command Acquisition Reform policies. This session touches all facets of the command's missions, business practices, and personnel management. Since acquisition is a major focus of the command, the AR Strategic Plan will be added as an agenda item with current activities and accomplishments briefed by the AR Working Group. The goal is to obtain the Commander's views on the AR Strategic Plan's value and obtain constructive comments to improve future performance. More importantly, this is a source to sponsor new initiatives and gain full organizational buy-in for their conduct and completion.

<u>Actions/Initiatives</u>	<u>Strat Goals</u>	<u>Des Outcomes</u>	<u>Metrics</u>
1. Challenge requirements that drive military only solutions.	12, 14	1, 3	Review at each MNS & ORD approval/Milestone
2. Conduct constant market place surveillance to id new technologies	7, 14, 15	1, 2, 3	Annually & at each milestone
3. Through IPT better integrate FDA and military approval process	9	1, 3	Ensure FDA is an IPT member by MS1
4. Realign medical information systems acquisition	1, 2	1, 3, 5	Ongoing - TFM initiative - provisional stand-up 1 Apr 97
5. Conduct review of MATMO to ID need, core competence, org structure, & project status/work	1, 7	1, 3	Ongoing- Stand up new lab (Technology Research Lab) 1 May 97
6. Review application of PM model to medical RD&A (RAD/USAMMDA/USAMMA) process	6, 9	1, 3	Study start TBD (tentative Fall 97)
7. Modernize Medical Materiel Set (MMS) process from rqmt generation to assembly mgmt	2, 12	1, 3, 5	Study/Need assessment ongoing
8. Fully implement centralized procurement initiative for generic TDA & TOE requirements	13, 14, 15	3, 4	Completed - monitor annual # of contracts
9. Initiate multi-year, multi-source contracts w/upgrade clauses	6, 13, 14, 15	3, 4	Completed - monitor annual # of contracts
10. Provide workforce info & training on AR changes (simplified acquisition)	5, 8, 11	1, 2, 3, 4	Ongoing - # of personnel trained/# of classes provided
11. Develop Military Acquisition Position List (MAPL)	4, 5	2,	Ongoing - Initial draft completed - final by ???
12. Obtain career development plans from each functional career manager	4, 5	2,	Ongoing - all available on hand by Sep 97
13. Identify requirements and attain acquisition training for necessary levels	5	2,	Ongoing - need to review new IM/IT community as a part of TFM
14. Sponsor continuing education programs such as GME, long term training, etc	4, 5	2,	# of courses attended, long term training slots
15. Proliferate use of credit cards through policy guidance, instruction, and automated support.	5, 6, 8, 11	1, 2, 3, 4, 5	# of people trained, # of card holders
16. Conduct IPT training and formally charter IPT members	6, 8, 9, 12	1, 2, 5	# of people trained, # of chartered IPTs
17. Leverage Single Process Initiatives such as Biotech Vaccine Production	10	1, 3	# of products using recombinant technology
18. Pursue implementation of new data systems that support intra & internet capabilities	2, 3	1, 2	Ongoing - conduct prototype testing by Aug 97
19. Incorporate cost analysis programs into R&D actions	3, 13	1, 3	Ongoing- policy change needs to add cost analysis as a rqmt at MS1
20. Develop CRDA's to share cost and capture commercial technologies	6, 7, 14, 15	1, 3, 4, 5	Ongoing- # of CRDAs, # of dollars
21. Establish a technology transfer office/function	6, 7, 14, 15	1, 3, 4, 5	PAT team formed by 1 Jun; final recommendation w/in 1 year

22. Develop MSP w/ Joint Bio-defense Office	1, 15	1, 5	Ongoing- formal MSP in place by Jun 97
23. Develop MSPs w/DoD(HA) IM/IT PM offices	1, 15	1, 5	Market with PMs - Sep 97; implement by 1 Apr 98
24. Establish flexible logistics support processes (Prime Vendor & others)	6, 7, 14, 15	1, 4	Completed - review annually for feasibility
25. Develop business plans for advanced development products	6, 8, 9, 12, 15	4, 5	Completed - updated prior to milestones
26. Delegate budget authority to life cycle product managers	6, 7, 8	2, 4	Completed
27. Market and leverage reimbursibles to support core research competencies	9, 15	5,	Ongoing- # of reimbursible dollars/projects
28. Implement and maintain TQM principles for continual improvement	7, 8	2, 4, 5	TQM plans in place
29. Implement medical R&D practices standard to FDA process (AALAC, GLP, GMP)	3, 9	3,	Ongoing - # of labs & products compliant
30. Organize medical RDA&L under one organization	6, 9, 13	1, 5	Completed
31. Establish AR Working Group	all	all	Establish 1 Jun 97