

MEDCOM REGULATION 11-8, HEALTH SERVICES PLANNING, 29 MARCH 1996

Proponent

The proponent for this document is the Office of Strategic Planning and Marketing, U.S. Army Medical Command.

Web Site Location

This document is not on the world wide web. The document may be reviewed in the USACHPPM Plans and Integration Office.

Definition

Planning, Programming, and Budgeting System - The PPBS is simply a rational decision process which incorporates national security objectives with available fiscal resources when allocating forces. The activities in the process include strategy development, risk and threat assessment and a lot of paperwork.

Synopsis

This regulation establishes policy, responsibility, and procedures for health services planning in the Army Medical Department. It provides a means to:

1. Maintain total involvement in the planning and programming processes for the AMEDD, and ensure that medical programs incorporate planning guidance from higher command sources.
2. Involve the AMEDD senior commanders in the planning and programming process for combat health support.
3. Evaluate health support programming efforts as they relate to the U.S. Army Medical Command (MEDCOM) commander's goals and objectives in support of the Army leadership's strategic guidance.
4. Link near (0-2 years), mid (3-9 years), and far (10-15 years) term goals and objectives, and the programming process within the AMEDD.
5. Develop an inventory of Department of Defense (DoD, Army and AMEDD plans to ensure coordination and consolidation of AMEDD efforts in the planning and programming area.

The document contains many of the key planning documents requiring AMEDD input. MEDCOM is supposed to submit these planning documents to its subordinate commands for review input. Each planning document listed includes a purpose, review and submission of changes dates, the AMEDD lead and a brief description. We have noted some changes regarding names of the documents and we were not able to verify the existence of all the documents. This document requires revision. The documents listed in the regulation include:

- ◆ Medical Readiness Strategic Plan (MRSP 2001);
- ◆ Army Long-Range Planning Guidance (ALRPG) - *Now Section 1 (Army Strategic Planning Guidance) of the TAP;*



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- ◆ The Army Plan (TAP) - *Now includes the Army Strategic Planning Guidance (Section 1)*;
- ◆ Army Modernization Plan (AMP) - *Not for release & may not be published*;
- ◆ Army Science and Technology Master Plan (ASTMP);
- ◆ Research Development and Acquisition Plan (RDAP);
- ◆ USA MEDCOM Strategic Quality Plan (SQP) - *Replaced with Army Medicine Strategic Plan*;
- ◆ Defense Medical Programming Guidance (DMPG);
- ◆ Medical Research Development and Acquisition (RDA) Mission Area Materiel Plan (MAMP);
- ◆ Medical Materiel Acquisition Review Program (MARP);
- ◆ Information Mission Area (IMA) Modernization Plan;
- ◆ MEDCOM Mobilization Plan;
- ◆ Facility Life Cycle Management Plan (FLCMP);
- ◆ AMEDD Branch Assessment (BA);
- ◆ Worldwide Training Workload Report;
- ◆ Health Services Program Plan (HSPP);
- ◆ Combat Service Support (CSS Materiel Master Plan);
- ◆ Army-Wide Doctrinal and Training Literature Program (ADTLP)

What Does This Mean for Military Public Health?

We need to be aware of the planning documents the MEDCOM uses. We need to provide preventive medicine input if we notice deficiencies. The planning documents are key to programming and budgeting. If the Preventive Medicine community does not submit the required words into the documents, no one else will.