This directive states the mission, defines the command structure, and establishes the responsibilities of the Air Force Medical Operations Agency (AFMOA) as an Air Force Field Operating Agency (FOA) directly subordinate to the Surgeon General of the Air Force. It applies to AFMOA. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, Recommendation for Change of Publication; route AF Forms 847 from the field through appropriate functional’s chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, Management of Records, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS).

SUMMARY OF CHANGES

Recent changes to this publication include revisions to reflect changes to responsibilities assigned to the Medical Support, Medical Services, Nursing Services, Biomedical Sciences, and Analytics directorates. The Medical Support directorate is no longer responsible for medical information management. The Medical Services directorate has reorganized into four divisions, moving responsibilities of the previous Care Coordination Division under the Clinical Operations Division and transferring Clinical and Business Analysis Division responsibilities to Medical Support and AFMS Analytics. The Nursing Services directorate added expanded the Provision of Nursing Care Division responsibilities to include Ambulatory Surgical Centers and
Specialty Care Clinics and Enlisted Allergy and Immunization Consultant responsibilities. The Biomedical Sciences directorate expanded to include the Optometry Branch and Department of Defense (DoD) Hearing Center of Excellence responsibilities. The Analytics directorate and its responsibilities were added.

1. **Mission.** AFMOA supports Air Force and Joint medical missions through the execution of programs to enhance the health and performance of Airmen and members of other Department of Defense (DoD) Services through healthcare operations in Air Force Military Treatment Facilities (MTFs) and other Air Force medical units. AFMOA further supports these missions through the promotion of health and provision of healthcare for family members who are authorized DoD healthcare beneficiaries. AFMOA is the Surgeon General’s primary focal point for execution and standardization of plans, practices, procedures and programs in planning, budget execution, logistics, clinical operations, clinical quality management, patient safety, family advocacy, and health promotions for the Air Force Medical Service (AFMS). AFMOA collects, validates, analyzes and presents data to users at every level of the AFMS and coordinates healthcare performance and process improvement activities in support of the AFMS strategy, and monitors national healthcare performance measures, standards and benchmarks in coordination with, and while aligning our efforts with DoD, the MHS, the DHA and our sister services.

2. **Command.**

2.1. The AFMOA is a field operating agency (FOA) reporting to the Air Force Surgeon General (AF/SG).

2.2. The AFMOA Commander (CC):

2.2.1. Is responsible to the Air Force Surgeon General (AF/SG) for administration, training and readiness of assigned forces.

2.2.2. Provides support to Headquarter Air Force (HAF), DoD, major commands (MAJCOMs), Director Reporting Units (DRUs) and FOAs, AF MTFs, other federal agencies and external civilian medical and research organizations on behalf of AFMS interests.

2.2.3. In coordination with the Medical Operations and Research Directorate (AF/SG3/5) and the Manpower, Personnel and Resources Directorate (AF/SG1/8), supports and oversees execution of AF/SG guidance and programs.

2.2.4. Commands assigned forces.

3. **Responsibilities.**

3.1. The AFMOA/CC:

3.1.1. Develops plans, practices and procedures to provide a fit and healthy USAF fighting force.

3.1.2. Directs clinical activities necessary to meet the requirements of Congressionally mandated DoD health care benefit entitlements.

3.1.3. Directs clinical quality improvement, patient safety, and risk management programs.
3.1.4. Manages the allocation and utilization of manpower and funds for AF MTFs in accordance with programming and budgeting by the Manpower, Personnel and Resources Directorate (AF/SG1/8).

3.1.5. Develops recommendations for the AF/SG in coordination with other directorates regarding optimal apportionment of resources to clinical processes to meet strategic priorities pertaining to readiness, provision of quality clinical care and force development.

3.1.6. Analyzes healthcare processes in the interest of high quality and safe care, efficient use of resources and clinical currency of health care professionals. Leads proposal and execution of AFMS health care process improvement initiatives as approved by the AF/SG.

3.1.7. On behalf of the AF/SG, serves as the AFMS Services Designated Official (SDO) and oversees and supports efficient, effective AFMS contracting activities.

3.2. Transformation and Change Management (CCO). Supports continuous process improvement (CPI) programs at every level of the AFMS, in alignment with AFMS mission, vision and strategic priorities focusing on productivity and efficiency. Serves as domain lead under Trust Care.

3.3. AFMS Analytics (SGW).

3.3.1. Provides centralized analysis of clinical and business data in support of AFMS Corporate Structure and associated strategic priorities, investments, evidence-based medicine, applied health/outcomes research, evaluation of programs/costs, performance management and improvement, and engagements with Line of the AF, Sister Services, Office of the Secretary of Defense (OSD), Office of Management and Budget (OMB) and Congress.

3.3.2. Supports performance measurement, management and improvement in support of execution of AFMS strategic priorities and monitors national healthcare performance measures, standards and benchmarks in coordination with, and while aligning our efforts with DoD, the MHS, the DHA and our sister services.

3.4. Medical Support (SGA). Provides comprehensive on-site medical support to AFMOA/CC and resourcing and operational support throughout the AFMS.

3.4.1. Medical Logistics (SGAL). Provides policy, procedure, and field support for medical logistics operations for all AFMS MTFs, both institutional and operational.

3.4.1.1. Provides life cycle management support for all medical materiel including acquisition and maintenance. Executes AFMS strategy for medical materiel procurement that supports enterprise materiel standardization and maximizes electronic sourcing to ensure efficient use of available manpower.

3.4.1.2. Supports AFMOA/CC SDO contracting oversight activities, including monthly Program Management Review and Annual Execution Reports. Provides AFMS service contract oversight and support for both central contract program managers and MTF Service Contract Managers (SCMs) to enable execution of AFMS contract acquisitions to include contract surveillance. Liaises with Air Force
Installation Contracting Agency (AFICA) and 773d Enterprise Sourcing Squadron to coordinate optimal contracting support and compliance.

3.4.1.3. Provides overall logistics policy, procedures, and management for medical contingency materiel programs including: War Reserve Materiel (WRM), Medical Countermeasures-Chemical Biological Radiological Nuclear (MC-CBRN), Patient Movement Items (PMI), and Pandemic Influenza (PI) programs. Provides complete life cycle management of contingency support assemblages in conjunction with the Manpower and Equipment Force Packaging (MEFPAK) Responsible Agency.

3.4.1.4. Provides oversight to all AFMS equipment procurement and maintenance. Manages funding, execution, budget requirements, and procurement for medical investment equipment. Oversees support to AFMS medical equipment maintenance programs to ensure medical equipment is serviceable, safe, and properly configured to meet peacetime and wartime missions.

3.4.1.5. Manages AFMOA facility space and infrastructure requirements.

3.4.1.6. Serves as AFMS link to Defense Health Agency (DHA) contracting and logistics shared services support.

3.4.2. Medical Resource Management Division (SGAR). Provides oversight, execution and tracking of all aspects of the AF/SG budget including the Defense Health Program (DHP), Line of the Air Force-funded and other associated medical appropriations.

3.4.2.1. Resource Operations: provides operational support of the Uniform Business Office, Medical Expense and Performance Reporting System (MEPRS) & Defense Medical Human Resources System internet (DMHRSi), Data Quality, and Coding Programs. Serves as the primary focal point for tracking Business Office functions across the AFMS.

3.4.2.2. Budget Execution and Manpower Branch: serves as the implementation arm for DHP manpower for the AFMS programming in the Program Objective Memorandum (POM) Cycle for AFMS allocations (excluding HAF programs).

3.4.2.2.1. Provides Unit Manpower Document (UMD) management, program analysis and in conjunction with the MTF and Geographically Separated Units (GSUs) in support of MAJCOM/SGs.

3.4.2.2.2. Directs and oversees the execution and programming Future Year Defense Plan (FYDP) by maintaining balanced Program Element Codes in the year of execution and in the out years.

3.4.2.2.3. Air Reserve Component (ARC) resources are line (non-DHP) authorizations and are managed by Air Force Reserve Command Surgeon General (AFRC/SG) in conjunction with AFRC Manpower and Personnel (A1) for the AF Reserve and the Air National Guard (ANG) Readiness Center for all ANG medical authorizations.

3.4.3. Health Benefits (SGAT): Organized by TRICARE Operations Regions (West, East and OCONUS) and Patient Administration functions (Medical Records, Health Insurance Portability and Accountability Act (HIPAA), Integrated Disability Evaluation System (IDES), Electronic Health Record (EHR) transition and Access to Care) to
synchronize health benefits support with the MTFs, Managed Care Support Contractors, TRICARE Regional/Area Offices, MAJCOMs and HAF staff.

3.4.3.1. TRICARE East, West and OCONUS Region Branches oversee health plans management support of and communication with their respective TRICARE regional issues to MTFs, MAJCOMs and the HAF. TRICARE North Region and TRICARE South Region will transition to TRICARE East under T2017.

3.4.3.2. Medical Records Branch: oversees all aspects of Medical Records Management in support of MTFs, MAJCOMs and the HAF, to include the Air Force Service Treatment Record Processing Center that processes all Total Force medical records being sent to the Veterans Health Administration for Air Force members who retire or separate.

3.4.3.3. HIPAA/IDES Branch: oversees execution aspects of HIPAA and IDES programs, while serving as the primary communication and information flow for Air Force Personnel Center (AFPC) IDES policy, Physical Evaluation Board Liaison Officer (PEBLO) management and HAF.

3.4.3.4. EHR Branch: serves as a communication “help desk” function and liaison to DHA Health Information Technology in support of the AFMS’s transition to its new Electronic Health Record system.

3.4.3.5. Access to Care Branch: serves as a functional consultant in the overlapping areas of TRICARE Operations and Patient Administration (TOPA), Analytics and Group Practice Management.

3.4.4. AFMOA/SGA serves as the liaison with MTF Health Information Technology (HIT) needs in coordination with the Defense Health Agency (DHA). As of 1 October 2014, DHA assumed responsibility for AFMS HIT requirements and mission support. Provides day-to-day Information Technology support for AFMOA and local Air Force Medical Support Agency (AFMSA) personnel.

3.5. Medical Services (SGH). Responsible for oversight of and direct support to AFMS medical operations. The Directorate includes four divisions, all of which work closely with AFMS analytics to identify opportunities to improve the care we provide.

3.5.1. Clinical Operations (SGHC). Guides the execution and implementation of the following programs:

3.5.1.1. Population Health. Supports disease/condition-based care improvement efforts.

3.5.1.2. Medical Management (MM). Supports case management (including care for wounded, ill, and injured (WII) service members), disease management and utilization management in order to improve the effectiveness and efficiency of care. Also supports improving utilization of the MHS Nurse Advice Line (NAL), secure messaging and other adjuncts to traditional in-office care delivery.

3.5.1.3. Air Force Medical Home (AFMH). Supports efforts to implement, train and sustain AFMH within all primary care clinics through the execution of PCMH attributes as defined by the Agency for Healthcare Research and Quality (AHRQ) and the Patient-Centered Primary Care Collaborative (PCPCC).
3.5.1.4. Group Practice Management (GPM): Supports MTF-level GPMs to improve access and referral management; develops training; incorporates evidence-based practices and patient-centered care practices (including secure messaging and NAL operations).

3.5.2. Mental Health (SGHW). Guides the execution and implementation of AFMS mental health policies and programs.

3.5.2.1. Mental Health (MH) Branch. Enhances the capabilities of MH staff in providing assessment, education, consultation, and treatment services to the beneficiary population through a variety of evidence-based therapeutic modalities to enhance the health and readiness of the community.

3.5.2.2. Alcohol and Drug Abuse Prevention and Treatment (ADAPT). Focuses on promoting readiness, health, and wellness through the prevention and treatment of substance misuse and abuse and minimizing the negative consequences of substance misuse and abuse to the individual, family, and organization.

3.5.2.3. Family Advocacy Program (FAP). Provides services to prevent family maltreatment, promote community health and resiliency, and treat victims.

3.5.2.4. Exceptional Family Member Program-Medical (EFMP-M). Identifies medical and educational service requirements of family members in support of Regular Air Force sponsor reassignment and overseas civilian employment.

3.5.2.5. Policy and Program Evaluation (PPE). Designs, implements, analyzes, oversees, coordinates and manages studies of effectiveness, clinical trials, pilot programs, program evaluation, community surveys, and other special projects.

3.5.2.6. Behavioral Health Optimization Program (BHOP). Oversees program execution allowing substantially increased access to timely behavioral health services among Regular Active Duty service members, retirees, and their family members.

3.5.2.7. Automated Neuropsychological Assessment Metrics (ANAM). Provides guidance, support and training to the Regular Active Duty, Guard and Reserve proctors and providers on proper administration and evaluation of results.

3.5.3. Provision of Medical Care (SGHM). Oversees the training, support and utilization of AF/SG consultants; provides clinical and business strategy consultation and products; partners with stakeholders to address clinical questions, posture capabilities to meet in-garrison and expeditionary requirements, and monitor and improve specialty-specific clinical performance.

3.5.4. Clinical Quality (SGHQ). Partners with stakeholders to execute policy supporting the delivery of high quality, reliable care (Trusted Care) with a focus on eliminating harm to patients and staff.

3.5.4.1. Professional Staff Management. Supports risk management, credentialing, privileging, adverse actions and related activities at all levels of the AFMS. Mentors and supports Chiefs of the Medical Staff at all MTFs.

3.5.4.2. Patient Safety. Supports patient safety efforts at all levels of the AFMS. Develops and provides training for patient safety managers, as well as TeamSTEPPS
training for all MTF personnel. Oversees Medical Incident Investigations and assists MTFs conducting Root Cause Analyses. Provides weekly Patient Safety Minutes, as well as monthly and quarterly summaries of key safety events. Monitors patient safety data in order to identify trends and opportunities for improvement.

3.5.4.3. Customer Satisfaction. Provides training and support to improve customer satisfaction; coordinates with AF/SG3/5 and other stakeholders to improve patient and staff engagement. Monitors customer satisfaction data in order to identify opportunities for improvement.

3.5.4.4. Compliance and Performance Improvement. Represents the AFMS in discussions with The Joint Commission and other accrediting agencies. Liaises with Air Force Inspection Agency to share trends and opportunities for improvement. Assists MTFs to prepare for accreditation visits and to address findings from these visits.


3.6.1. The Nursing Services Directorate is responsible for the execution of AF/SG policies supporting clinical operations and AF expeditionary capabilities and is the principle consultant to the AFMOA/CC on nursing services. In conjunction with AF/SG1/8 and AF/SG3/5, provides input on AFMS policy, strategic vision and expeditionary capabilities for senior leaders. Provides guidance, clinical oversight and reach-back support for AF MTF nursing operations via three divisions:

3.6.2. Provision of Nursing Care. Consists of four branches which provide expert consultative leadership support to officer and enlisted nursing staff for AF MTFs. Facilitates policy development and execution to ensure compliance with national standards.

3.6.2.1. Outpatient Care Branch: Supports all clinical nursing operations in AFMS Primary Care Clinics, Emergency Departments, Urgent Care Centers, and Flight Medicine Clinics.

3.6.2.2. Inpatient Care Branch.

3.6.2.3. Ambulatory Surgical Centers and Specialty Care Clinics Branch.

3.6.2.4. Enlisted Allergy and Immunization Consultant: Partners with the Centers for Disease Control and provides vaccine updates, recommendations, and schedules to AF MTFs.

3.6.3. Nursing Service Resourcing. Helps guide decision makers on all issues related to AFMS nursing resources.

3.6.4. Education and Training. Directs, manages and supports programs to provide professional and career development to AFMS personnel; serves as a consultant for AFMS nursing education/training and professional development issues; and manages On-the-Job Training responsibilities, the Self-Aid/Buddy Care, Emergency Medical Technician, life support and Unit Training Manager Programs, and formal course training quotas.
3.7. Biomedical Sciences (SGB). Oversees execution of Biomedical Sciences Corps (BSC) programs through three divisions: Air Force Blood program, Pharmacy Operations and Optometry Operations. Also oversees the Air Force Drug Testing Lab and the DoD Hearing Center of Excellence; serves as primary advisor to the AFMOA/CC on BSC matters.

3.7.1. Air Force Blood Program (AFBP). Conducts planning, coordinating, budgeting and policy formation related to worldwide garrison and contingency blood support; acts on behalf of the AF/SG as the Food and Drug Administration license holder for the AF manufacture of blood products; maintains an ongoing program of quality assurance and compliance validation of AF blood manufacturing and transfusion practices; is responsible for performing all duties needed to support the Air Force’s role as the lead Service for the two Armed Services Whole Blood Processing Laboratories, which provide CONUS and OCONUS blood trans-shipment services and participates in the DoD Frozen Blood Program to manufacture and distribute contingency stockpiles of frozen red cells.

3.7.2. Pharmacy Operations. Executes AFMS pharmacy policies; and supports AF pharmacy capabilities in collaboration with the Associate Chief for Pharmacy; and serves as the AFMS linkage to the DHA for shared services support.

3.7.3. Optometry Operations. Executes optometry policies and supports clinical operations across the AFMS, in collaboration with the Associate Corps Chief.

3.7.4. Headquarters Air Force Drug Testing Laboratory (HQ AFDTL) is the drug testing portion of the AF Drug Demand Reduction Program (DDRP) and reports directly to the AFMOA/CC; detects and deters illegal drug use by service members.

3.7.5. Oversees the DoD Hearing Center of Excellence (HCE) which Congress mandated to partner with the Veterans Administration (VA) and other appropriate public and private entities to heighten readiness and continuously improve the health and quality of life of service members and veterans through hearing-related programs.

3.8. Dental Services (SGD).

3.8.1. Provides input to AFMS policies and supports dental operations and execution of the Air Force Dental Service (AFDS) strategic vision and expeditionary capabilities for the AF/SG and the AFMOA/CC. Provides guidance, clinical oversight and reach-back support through three divisions. Directs efficient and effective delivery of dental services and resources, Dental Corps and 4Y0 force management, and education and training to support the AFMS dental mission and its Dental Treatment Facilities (DTFs), MAJCOM/SG staffs and the AFMOA/CC. Provides advice and staff assistance to DTFs on clinical practice, clinic management and leadership development. Coordinates with the ANG Assistant and AFRC/SGD on ARC dental matters relating to the total force.

3.8.2. Clinical Dentistry. Monitors DTF business plan performance and advises on staffing issues (to include Manning assists) and performance improvement processes; disseminates DTF clinical practice policies; monitors Standards of Care, safe patient treatment and clinical pathways, and provides guidance on all aspects of dental practice management; coordinates release of Dental Clinical Practice and Dental Infection Prevention and Control Guidelines revisions.
3.8.3. Dental Support. Monitors and analyzes dental performance metrics; oversees data collection, surveys DTFs, and uses the information to participate in the POM build with the Dental Operations Panel to coordinate and assist in the validation of equipment unfunded requirements and monitor execution year funding. Addresses UMDs, contracts and technology integration throughout the AFDS. Monitors private sector care Active Duty Dental Plan (ADDP) utilization and leadership effectiveness.

3.8.4. Dental Training. Provides direct support and communication to DTFs for formal AFDS courses, selection and coordination of education and training quotas (both officer and enlisted) and dissemination of information for graduate dental education. Oversees the applications, student progress and assignment coordination for the Dental Hygiene Training Scholarship program.

3.9. Liaison Officers (LNO): The aeromedical operations and Installation Management Support Center LNOs serve as interfaces between AFMOA’s AFMS execution activities and SG3/5P and the Air Force Installation Management Support Center, respectively, to ensure that execution of AF/SG’s strategic priorities, including Trusted Care and Air Force Medical Home, are synchronized to the greatest extent possible.

MARK A. EDIGER
Lieutenant General, USAF, MC, CFS
Surgeon General