

**BY ORDER OF THE
SECRETARY OF THE AIR FORCE**

AIR FORCE POLICY DIRECTIVE 44-1

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Medical



MEDICAL OPERATIONS

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This directive establishes the policies the Air Force Medical Service (AFMS) will use to ensure the highest standards of practice are applied to all aspects of healthcare rendered to eligible beneficiaries. It also implements the policy portion of DoD Instruction (DoDI) 1010.04, *Problematic Substance Use by DoD Personnel*, DoD Directive (DoDD) 6000.12E, *Health Service Support*, DoDD 6465.03, *Organ and Tissue Donation*, DoDI 1010.09, *DoD Civilian Employee Drug-Free Workplace Program*, DoDI 1010.01, *Military Personnel Drug Abuse Testing Program (MPDATP)*, DoDI 6000.16, *Military Health Support for Stability Operations*, DoDI 6025.13, *Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS)*, DoDI 6490.04, *Mental Health Evaluations of Members of the Armed Forces*. It is consistent with AFPD 10-29, *Worldwide Aeromedical Evacuation Operations*, and AFPD 10-43, *Stability Operations*. It establishes AFMS policy for Medical Stability Operations (MSO), and Air Force Mission Directive (AFMD) 35, "*Air Force Medical Operations Agency*." This directive applies to all AFMS uniformed personnel (Active Duty, Air Force Reserve, and Air National Guard), civilian personnel, and contractors employed as part of the AFMS. Refer recommended changes about this publication to the office of primary responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 487 from the field through the appropriate functional's change of command. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW the Air Force Records Disposition Schedule (RDS) in the Air Force Records Information Management System (AFRIMS).

SUMMARY OF CHANGES

This document is substantially revised and must be completely reviewed. Major changes include the addition of Medical Stability Operations policy, DoDI 1010.09, and deletion of Attachment 2-Measuring Compliance with Policy.

1. Policy. The AFMS will employ strategic goals of “Readiness, Better Health, Better Care, and Best Value” and “Trusted Care” to optimize population based healthcare, evidence-based medicine, patient safety, and quality patient care. The AFMS will continue to transform deployable medical and aeromedical en-route care capabilities for rapid response to any contingency and invest in education, training and research to sustain AFMS capabilities.

1.1. The AFMS will ensure it has qualified and trained medical personnel to meet any contingency through AFMS Comprehensive Medical Readiness Program. This program is built on three interlinking processes: clinical currency, Air Force Specialty Code Readiness and Unit Type Code training.

1.2. Air Force Medical Home teams and Specialty Care Services will provide appropriate clinical and preventive health services to our Service members and all beneficiaries to ensure our supported population is the healthiest and highest performing segment of the United States.

1.3. Graduate Medical Education (GME) will provide the academic foundation for military medical education, research, and leadership development.

1.4. Clinical Performance Improvement activities remain a vital part of these efforts and will be supported by the use of objective measurements and by the results of nationally recognized surveyors.

1.5. The AFMS promotes a drug-free workplace program through implementation of education and testing procedures.

2. Responsibilities.

2.1. The Air Force Surgeon General (AF/SG) develops all policies concerning medical operations.

2.1.1. The Air Force Surgeon General ensures MSO capabilities by providing medical personnel the required resources to perform this mission in a joint environment and ensure future development and acquisition programs are coordinated through the Surgeon General’s Requirements for Operational Capabilities Council (SGROCC), in accordance with AFI 10-601, *Operational Capability Requirements Development*, and the SGROCC Charter.

2.2. The Air Force Medical Operations Agency (AFMOA), as a vital link between the AF/SG and MAJCOMs shall:

2.2.1. Direct clinical activities necessary to meet the requirements of congressionally mandated DoD health care benefits entitlements.

2.2.2. Direct clinical quality improvement and risk management programs.

2.2.3. Manage the allocation and utilization of manpower and funds for AF Military Treatment Facilities (MTF) IAW AF/SG programming and budgeting guidance.

2.2.4. Develop enterprise-wide mechanisms to monitor AF MTF performance in clinical and business operations to maximize mission effectiveness and support AF and Defense Health Agency (DHA) strategic direction.

2.3. Major Command Surgeons enforce these policies, monitor performance, with a focus on ensuring the readiness and operational mission is met. Command Surgeons in the Air National Guard and Air Force Reserve accomplish these responsibilities as they pertain to Air Reserve Component (ARC) personnel.

DEBORAH LEE JAMES
Secretary of the Air Force

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

DoDI 1010.04, *Problematic Substance Use by DoD Personnel*, 20 February 2014

DoDD 6000.12E, *Health Service Support*, 6 January 2011

DoDD 6465.03, *Organ and Tissue Donation*, 4 May 2004

DoDI 1010.01 *Military Personnel Drug Abuse Testing Program (MPDATP)*, 13 September 2012

DoDI 1010.09, *DoD Civilian Employee Drug-Free Workplace Program*, 22 Jun 2012

DoDI 6000.16, *Military Health Support to Stability Operations*, 17 May 2010

DoDI 6025.13, *Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS)*, 17 February 2011

DoDI 6490.04, *Mental Health Evaluations of Members of the Armed Forces*, 4 March 2013

AFPD 10-29, *Worldwide Aeromedical Evacuation Operations*, 6 November 2012

AFPD 10-43, *Stability Operations*, 16 May 2011

AFMAN 33-363, *Management of Records*, 1 March 2008

AFMD 35, *Air Force Medical Operations Agency*, 10 June 2011

AFI 10-601, *Operational Capability Requirements Development*, 6 November 2013

Prescribed Forms

None

Adopted Form

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AF—Air Force

AFMAN—Air Force Manual

AFMD—Air Force Mission Directive

AFMOA—Air Force Medical Operations Agency

AFMS—Air Force Medical Service

AFPD—Air Force Policy Directive

AFRIMS—Air Force Records Information Management System

ARC—Air Reserve Component

DHA—Defense Health Agency

DoD—Department of Defense

DoDD—Department of Defense Directive

DODI—Department of Defense Instruction

GME—Graduate Medical Education

MHS—Military Health System

MPDATP—Military Personnel Drug Abuse Testing Program

MQA—Medical Quality Assurance

MSO—Medical Stability Operations

MTF—Military Treatment Facilities

OPR—office of primary responsibility

RDS—Records Disposition Schedule

SG—Surgeon General

SGROCC—Surgeon General’s Requirements for Operational Capabilities Council

Terms

Better Care Strategic Goal—Provide reliable access to safe, quality care for all that we serve, promoting positive patient experiences and outcomes. (<http://www.airforcemedicine.af.mil/About/Strategy>)

Better Health Strategic Goal—Encourage healthy behaviors through a health-based culture to enhance resilience and human performance, while reducing illness and injury. (<http://www.airforcemedicine.af.mil/About/Strategy>)

Best Value Strategic Goal—Focus on the appropriate utilization of people and resources applied through effective management of the AFMS Enterprise in order to attain Readiness, Better Care, and Better Health. (<http://www.airforcemedicine.af.mil/About/Strategy>)

Readiness Strategic Goal—Support optimal medical readiness for all Airmen and ensure Air Force medics are current, trained, and equipped to deliver “Trusted Care, Anywhere” in support of the full spectrum of military operations. (<http://www.airforcemedicine.af.mil/About/Strategy>)

Trusted Care—A vision of the AFMS as a continuous learning and improving organization with a single-minded focus of safety and Zero Harm. (Trusted Care Concept of Operations)