Defense Health Agency
Industry Day
May 8, 2017

“Medically Ready Force...Ready Medical Force”
The Defense Health Agency (DHA) is a joint, integrated Combat Support Agency that enables the Army, Navy, and Air Force medical services to provide a medically ready force and ready medical force to Combatant Commands in both peacetime and wartime.

The DHA supports the delivery of integrated, affordable, and high quality health services to Military Health System (MHS) beneficiaries and is responsible for driving greater integration of clinical and business processes across the MHS.

“Medically Ready Force...Ready Medical Force”
Agenda

7:55 – 8:55
- Opening Remarks
- VADM Vice Admiral Raquel C. Bono, Director, DHA
- Barclay P. Butler, Ph.D., MBA, DHA CAE, (J-4)
- Mr. David Smith, Office of General Counsel

9:00 – 11:30
- DHA Opportunity Presentations

11:30 – 11:40
- Poll Everywhere

11:40 – 1:00
- Lunch

1:00 – 4:00
- Q&A Sessions

4:00 – 5:00
- No Host Networking

“Medically Ready Force...Ready Medical Force”
Administrative Announcements

- Registration Sign-in Sheet – be sure to sign in
- Emergency Exits and Restrooms
- Please save your questions until after the presentations:
  - Best time for questions is at the afternoon round table discussions
  - If time permits, we may be able to answer some questions after the each presentation
- Please do not record or photograph during this event
- Please silence your electronic devices
- Goal: Mutually beneficial exchange of information leading to better products and services supporting the DHA mission
- Slides, Q&A and video of the event will be available electronically soon after the event
  - We will certainly try, but we may not be able to answer some of your questions.

“Medically Ready Force...Ready Medical Force”
Expectations for the Day

Structure of Industry Day:

- **Morning Session**
  - Open and transparent information from DHA representatives on specific end-of-year FY17 opportunities

- **Afternoon Sessions**
  - Question and Answer sessions between DHA representatives and vendors
  - Discuss opportunities presented during the morning session
  - Discuss opportunities on the DHA FY 2017 end-of-year forecast

- Opportunity to dialogue with other industry representatives on upcoming requirements to facilitate teaming

- Tips and guidance on how to do business with DHA

“Medically Ready Force...Ready Medical Force”
Expectations for the Day

Make the best of your day:

- Use your time to further your understanding of the DHA opportunities, avoid spending your time presenting your capabilities
- We’ll continue to have individual “industry days” on specific procurements; we can get to your deep dive questions at those times
- We’ll be able to discuss the opportunities presented, and some of the more general forecast; Please refrain from asking about requirements already solicited or pending award

“Medically Ready Force...Ready Medical Force”
Welcome

Vice Admiral Raquel C. Bono
Director, Defense Health Agency

“Medically Ready Force...Ready Medical Force”
Welcome

Barclay P. Butler, Ph.D., MBA
Component Acquisition Executive (CAE)
Head of the Contracting Activity (HCA)
J-4
The Defense Health Agency (DHA) is a joint, integrated Combat Support Agency that enables the Army, Navy, and Air Force medical services to provide a medically ready force and ready medical force to Combatant Commands in both peacetime and wartime.

**Joint Concept for Health Services**

**Ready Medical Force**

- **Strengthen Our Role as a Combat Support Agency**
  - "DHA supports Readiness solutions that meet joint mission needs." (E1)
  - Deploy Solutions for 21st Century Battlespace (W1)
  - Respond to Immediate Mission Needs (W2)
  - Support Integrated Training Requirements (W3)
  - Design and Prototype Health Readiness Solutions (W4)
  - Support Service Needs for Data, Reporting, and Analytics (W7)
  - Deliver and Sustain Electronic Health Record (W8)
  - Improve System of DHA Accountability (W9)

**Medically Ready Force**

- **Strengthen Our Partnership with the Services**
  - "I trust the DHA to deliver the support I need for mission success." (E2)
  - Modernize TRICARE (W11)
  - Optimize ESA Development & Sustainment (W12)
  - Build Robust Improvement Capability (W13)
  - Optimize Portfolio of DHA Initiatives (W14)

- **Optimize Defense Health Agency Operations**
  - "DHA creates greater value through Operational Excellence." (E3)
  - Optimize ESA Development & Sustainment (W12)
  - Build Robust Improvement Capability (W13)
  - Optimize Portfolio of DHA Initiatives (W14)

**ENDS**

**WAYS**

**MEANS**

- Gather, Develop, and Prioritize Requirements in Support of DHA’s Current and Future Mission (W6)
- Conduct Health-Related Research (W5)
- Leverage Strategic Partnerships (W10)
- Support Service Needs for Data, Reporting, and Analytics (W7)
- Deliver and Sustain Electronic Health Record (W8)
- Improve System of DHA Accountability (W9)
- Develop Electronic Health Record Solutions for 21st Century Battlespace (W1)
- Support Integrated Training Requirements (W3)
- Design and Prototype Health Readiness Solutions (W4)
- Support Service Needs for Data, Reporting, and Analytics (W7)
- Deliver and Sustain Electronic Health Record (W8)
- Improve System of DHA Accountability (W9)
- Leverage Strategic Partnerships (W10)
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- Leverage Strategic Partnerships (W10)

- Strengthen Customer Focus (M1)
- Shape Workforce for Success (M2)
- Align Resources Against Strategic Priorities and Ensure Fiscal Accountability (M3)
- Advance a Culture of Continuous Learning (M4)
Joint Organization Overview

DEFENSE HEALTH AGENCY
A000000
22 FEB 2017

Joint Directorates – J/1 through J/11

“Medically Ready Force...Ready Medical Force”
Joint Directorate Structure

“Medically Ready Force...Ready Medical Force”
DHA – Newest Defense Agency, and Evolving

DoD Task Force on MHS Governance
- Recommended DHA model for MHS governance
  - September 2011

DEPSECDEF Planning Memo
- Directed planning for DHA implementation
  - March 2012

DHA Planning WG Report
- Provided DHA and Shared Services implementation plan for DEPSECDEF approval
  - November 2012

DEPSECDEF “Nine Commandments” Memo
- Directed implementation of DHA
  - March 2013

NDAA 2017
- Directed implementation of NDAA
  - Dec 2017

“Medically Ready Force...Ready Medical Force”
DHA J-4 AMETL – My CSA Role

- Manage acquisition of capabilities [CAE]
- Procure products and services [HCA]
- Develop the acquisition workforce [DACM]
- Manage Agreements [SAM]
Enhanced Multi-Service Markets (eMSMs)

1. National Capital Region (Defense Health Agency)
2. Colorado Springs, Colorado (rotate Air Force/Army)
3. Tidewater, Virginia (Navy)
4. San Antonio, Texas (rotate Air Force/Army)
5. Puget Sound, Washington (Army)
6. Oahu, Hawaii (Army)

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Multi-Service Markets (MSMs) are geographic areas where at least two different Service MTFs have overlapping catchment areas as defined by TRICARE (30/60 minute drive time for primary/specialty care).

There are 11 locations in the U.S. that are Multi-Service Markets:
1. Tidewater, VA
2. National Capital Region
3. Charleston, SC
4. Bragg/Pope, NC
5. Mississippi Gulf Region, MS
6. San Antonio, TX
7. Colorado Springs, CO
8. Puget Sound, WA
9. Oahu, HI
10. Fairbanks, AK
11. Anchorage, AK

There are 4 overseas locations also deemed Multi-Service Markets:
1. Okinawa, Japan
2. Kaiserslautern, Germany
3. Osan Community, South Korea
4. Guam
DHA Procurement Organization

**Six Contracting Operations and Locations**

- **Aurora (Managed Care)**
- **San Antonio (HIT and Medical “Q” Services)**
- **MHS GENESIS (MTF Direct Support)**
- **National Capital Region (NCR-MD) (MTF Direct Support)**
- **DHA-Falls Church (HQ) (Professional Services)**

“Medically Ready Force...Ready Medical Force”
Industry Outreach

- Very interested in good relationships with industry
  - We can’t do our mission without you
- Industry Days
  - Two per year, DHA-wide
    - May (May 8, 2016) and November
  - Likely make multi-day events
    - 1 day for J-6, 1 day for J-3, 1 day for all others
    - Morning sessions are presentations of opportunities
    - Afternoon sessions are for discussion with PMs/SMEs
- Opportunity Specific Industry Days
  - Depending on the size of the opportunity

“Medically Ready Force...Ready Medical Force”
Industry Outreach (continued)

Industry Partner Network (IPN)

- Purpose: seeking innovation in support of the DHA mission
- Ask for ideas from industry
  - Using FedBizOps announcements
  - You submit your ideas to the J-4 Web Site (SB site)
- If accepted, then ask for a 1 page white paper
- If accepted, then ask to come and present
  - Shark Tank presentation to SMEs, 1 hour, Q&A
- If accepted, then meet one-on-one with PM/SME
- If accepted, then follow the usual contracting processes
- Measure of success: number of ideas inserted into programs
Contract Types and Evaluations

- LPTA (low price technically acceptable)
  - Getting away from using this, going to trade offs

- Fixed Price Incentive
  - Cover cost (plus a little more)
  - Incent for performance
    - Not just contract performance
    - Includes incentive for clinical performance and outcomes
    - Threshold, Objectives, and incentive curves in between
    - Pay monthly (depends on data cycle for specific incentive)
    - Likely use a 6 month transition FFP to FPIF
Forecast

- Drives workload in the J-4
  - Allows for management of demand signal
- Publish on web site
- Update as new requirements identified
- Continue to refine information over time
- Work on key fields that are important to you
  - Budget range
  - Vehicle
  - Need by dates

“Medically Ready Force...Ready Medical Force”
Strategic Sourcing Vehicles

- Consolidation of contracts for MHS/DHA use
- Q-Services for licensed clinicians
  - Being competed now
  - Award Q1FY18
- Medical Support Services
  - Coming soon
- HIT commodity buys
  - Based on discovery tools, age, and a push from DHA
- Lots more coming

“Medically Ready Force...Ready Medical Force”
Protests

- Seems like we’re getting more
  - Not entirely true
  - Peaked in the late 1990s
  - Still below that peak, but rising slowly

- Goal
  - A level playing field – all want this

- Balance the equation, Fix the relationship
  - Gov’t gets better at writing the PWSs
    - Follow what we said we’d evaluate against
  - Industry protests when there is a substantive mistake

“Medically Ready Force...Ready Medical Force”
Government Purchase Card (GPC)

- Dramatic expansion in the next year in DHA
- NDAA has significant increases in limits
  - Need to get into policy before we can use this
- Purpose is to reduce demand signal on KOs
  - Spend time doing more complex contract work
- Structure a more robust management office
- Train the work force
- DHA to MTF program

“Medically Ready Force...Ready Medical Force”
Both parties agree to work together in partnership

- **DHA’s Commitment:**
  - 1st review/preference to GSA vehicles (GWACs/S70)
  - Spending commitment to these vehicles
  - User input for website development

- **GSA’s Commitment:**
  - Increased support (Personnel, Technical, & Project Mgmt)
  - Stronger focus on Health IT (Health IT SIN development)
  - DHA Portal Development
Agile Contracting

- Use of Agile Principles in contracting
- Pilot effort about to start in DHA J-6
- Based on measurable outcomes
  - Not surrogate measures using status reports or documents
- Contract for capabilities (outcomes)
  - Let requirements evolve

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Small Business

DHA Prime SB Goal Performance

- Actual: 56%
- Goal: 40%

DHA Prime Actions

DHA Prime SB Performance

- SB: $356 M (56%)
- OTSB: $281 M (44%)

FC Prime SB Performance

- SB: $95 M (55%)
- OTSB: $78 M (45%)

NCR Prime SB Performance

- SB: $173 M (63%)
- OTSB: $103 M (37%)

SA Prime SB Performance

- SB: $106 M (56%)
- OTSB: $84 M (44%)

“Medically Ready Force...Ready Medical Force”
Summary

- Want the best relationships with industry
  - Dramatic increase in communications
  - Many formats and venues
  - All need to know and play by the rules

- DHA is evolving
  - Impact on the J-4 line of business
  - 17 months to get there

- Improve performance of the J-4 Contracting Shops

- Provide better support to the DHA
  - Can’t do it without industry

"Medically Ready Force...Ready Medical Force"
Protect the Integrity of the Procurement Process and Ensure Fair and Equal Treatment to Contractor Personnel
All information provided and discussed during this DHA Industry Day is for informational purposes only. It does not constitute a solicitation for proposals and no contract shall be awarded based on information provided during this Industry Day. The information shall not be construed as a commitment or obligation by the Government to issue a solicitation nor does it restrict the Government to a particular acquisition approach on any DHA requirement. It does not guarantee that a solicitation will be issued.

Any information provided to the Government during this Industry Day is strictly voluntary and given with no expectation of compensation and shall be provided at no cost to the Government.
DHA personnel shall take all precautions against releasing information not generally available to the public concerning a known, valid requirement.

Prohibitions of federal employees include:
- Preferential treatment to any individual or company
- Disclosure of non-public information to further private interests of any individual, company, or organization
- Disclosure of contractor bid or proposal information, or source selection information
- Disclosure of acquisition information by members involved in the acquisition process
- Information on plans that would provide undue or discriminatory advantage to private or personal interests
- Information received in confidence from one offeror
- Information that would be protected per the Privacy Act and Information Act
- Information on internal agency communications such as technical evaluations, market research reports, acquisition strategy documents, government cost estimates, etc.

“Medically Ready Force...Ready Medical Force”
How does this apply to you?

- Ensures no conflicts of interest occur through exchanges of information which could preclude your company from participating in upcoming acquisitions.

- Ensure contractor personnel are informed that appointed Contracting Officers are the only individuals authorized to enter into and administer contracts.

- Avoids “inadvertent” unauthorized commitments by Government personnel who are not Contracting Officers.

- Serves as basis to dispute the appearance of a conflict of interest or unfair competitive advantage.

- Provides written evidence of meeting contents to protect both Industry and Government representatives.
“Dos and Don’ts” during Visits with Industry

Government Dos
- Can discuss anticipated needs of the organization in general, but must provide same information to competitors when requested
- Be willing to meet with other contractors who provide similar products/services to avoid favoritism of one over the another if approached—consider conducting Industry Days and invites all interested parties
- Coordinate with HCA, and OSBP to request participation
- Must coordinate with sponsoring Directorate Security Manager if briefings or demonstrations will involve classified information

Government Don’ts
- Cannot endorse contractor goods/services
- Cannot promise to or advocate for, support, or otherwise endorse the vendor
- Cannot discuss non-public information (FOUO, draft, pre-decisional, classified, budgetary information)
DHA Opportunity Presentations
Special Staff – Defense Health Board (DHB)
DHB Support, Analysis, and Assessment

- Requiring Activity: Defense Health Board (DHB) Support Division
- Opportunity Title: DHB Support, Analysis, and Assessment
- Opportunity Description: To provide the support required to assist the DHB in meeting its mission of providing independent advice and recommendations to maximize the safety and quality of, as well as access to, health care for DoD health care beneficiaries.

“Medically Ready Force...Ready Medical Force”
Special Staff – Defense Health Board (DHB)
DHB Support, Analysis, and Assessment

- Contracting Office: Contract Operations Branch – Falls Church
- Contract Vehicle:
- Contract Type: Firm Fixed Price
- Evaluation Method: Best Value Tradeoff
- Total Contract Duration: 54 months (6-month Base Period plus 4 Option Years)
- NAICS: 541611 - Administrative Management and General Management Consulting Services
- Contract Value Range: $150K - $10M
- Small Business Set Aside: TBD
- Need by Date: September 8, 2017

“Medically Ready Force...Ready Medical Force”
Special Staff – Defense Health Board (DHB)
DHB Support, Analysis, and Assessment

- The DHB:
  - Secretary of Defense-Chartered Federal Advisory Committee
  - Sponsored by the Under Secretary of Defense for Personnel and Readiness through the Assistant Secretary of Defense for Health Affairs
  - Nineteen nationally and internationally recognized leaders appointed by the Secretary of Defense/Deputy Secretary of Defense
  - Five standing subcommittees (up to 44 members)

- A Well-Written Proposal:
  - Indicates understanding that all functions must be in compliance with the Federal Advisory Committee Act (FACA) and Government in Sunshine Act
  - Addresses the DHB’s unique mission and the multiple integrated support requirements of the contract

“Medically Ready Force...Ready Medical Force”
Required Support

- Studies and Analysis and Report Development
  - Reports and information papers
  - Literature reviews, data collection and analysis

- Program Management
  - Membership appointment packages, Charter renewals
  - Terms of Reference for DHB taskings
  - Annual Reports

- Records Management: Follow FACA and DoD directives

- Information Management: DHB web page, Federal Advisory Committee database, Defense Technical Information Center website, information requests

- Logistical Support: Meeting planning and execution, travel arrangements

“Medically Ready Force...Ready Medical Force”
Requiring Activity: Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE)

Opportunity Title: Defense Centers of Excellence Evidence-Based Practice Knowledge Transfer Support Services

Opportunity Description: This opportunity identifies the roles, responsibilities, and specific tasks for the support of implementing, sustaining, assessing and executing activities related to fully operationalizing the approved DCoE KT Process and the delivery of consultative and technical assistance in support of developing KT Capability.
Operations (J-3)
Defense Centers of Excellence Evidence-Based Practice
Knowledge Transfer Support Services

- Contracting Office: US Army Medical Research Acquisition Activity (USAMRAA)
- Contract Vehicle: GSA OASIS IDIQ
- Contract Type: Cost Plus Fixed Fee (CPFF)
- Evaluation Method: Best Value Tradeoff
- Total Contract Duration: 7 Month Base + 4 Option Years
- NAICS:
  - 541611 – Administrative Management and General Management Consulting Services
  - 541990 – All Other Professional, Scientific, and Technical Services
- Contract Value Range: >$10M & <$100M (FY17 O&M funds)
- Small Business Set Aside: N (Small Business: 10% of total contract value)
- Need by Date: 15 August 2017

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Knowledge Translation (KT) is a standardized yet adaptable process that aims to identify and bridge the gaps between medical research and clinical practice.

The ultimate goal of this effort is to contribute measurably to the standardization of clinical excellence throughout the continuum of care, from the battlefield, to the MHS, to the Department of Veterans Affairs (VA), to the civilian community.

DCoE’s generalizable KT model represents a synthesis of the literature on existing KT frameworks, best practices from implementation science, project management principles as well as governance structures and regulations.
The work specified in this PWS must be scalable to meet the potential requirement for knowledge translation capabilities that can address activities beyond the current PH and TBI mission set.

This contract will provide for continued, uninterrupted support to DCoE throughout the substantial and complex implementation and sustainment of the KT Capability and will enhance its ability to respond effectively to external KT requests or mandates.
Requiring Activity: Defense and Veterans Brain Injury Center (DVBIC)

Opportunity Title: DVBIC’s Traumatic Brain Injury (TBI) Initiative

Opportunity Description: To improve the availability and access to TBI healthcare by expanding public awareness, education, and prevention initiatives. The initiative highlights prevention strategies, promotes safety, and heightens awareness and understanding of the signs and symptoms of TBI.
Operations (J-3)
DVBIC’s Traumatic Brain Injury (TBI) Initiative

- Contracting Office: USAMRAA
- Contract Vehicle: ID/IQ
- Contract Type: Firmed Fixed Price
- Evaluation Method: CPARS
- Total Contract Duration: Transition, OPT1, OPT2, Transition out
- NAICS or PSC: B599
- Contract Value Range: $4M - $5M
- Small Business Set Aside: Y
- Need by Date: September 2017

“Medically Ready Force...Ready Medical Force”
Establishment of widespread awareness of TBI and available resources among target audiences
- Product development
- Public Service Announcements (PSA)
- Social Media
- Web site development and maintenance

Promote improved TBI population health and individual outcomes
- Awareness of risks, signs and symptoms of TBI
- Reduce risky behavior and promote safety
- Educate military and veteran communities
Leverage existing DVBIC products and resources

Align with DHA and DCoE Strategic goals
- Improve health outcomes
- Leverage and maximize value from strategic partnerships
- Advance culture of continuous learning about TBI
Health Information Technology (J-6)
Enterprise Service Desk (ESD) Support

- Requiring Activity: Infrastructure and Operations (I&O) Division
- Opportunity Title: Enterprise Service Desk (ESD) Support
- Opportunity Description: Provides technical support for the Defense Health Agency (DHA) ESD in San Antonio, TX
Health Information Technology (J-6)
Enterprise Service Desk (ESD) Support

- Contracting Office: COD – San Antonio
- Contract Vehicle: DHA Enterprise to replace Army IDIQ
- Contract Type: FFP
- Evaluation Method: Best Value
- Total Contract Duration: 12 month base with two (2) 12 month option periods
- NAICS or PSC: 541513
- Contract Value Range: $25M - $27M ($ value range represents Army Tier 1 portion only)
- Small Business Set Aside: Y
- Need by Date: 1 Oct 2017
Provides skilled technical support to:

- Serve as the single point of contact for all DHA Information Technology (IT) users, customers, DHA Health Care Providers and beneficiaries providing 24 x 7 x 365 Tier 1 call center support*
- Provide support for all issues concerning access, performance with all DHA IT Systems, desktop, peripherals, Microsoft Active Directory (AD) administration, WWW site access or technical/functional information and other IT services as required via phone, email, chat, events triggered from various monitoring tools or direct input
- Troubleshoot hardware problems, network issues, servers, operating systems (Microsoft), enterprise applications/software
- Monitor network connectivity, AD and Exchange system performance

* This contract is under review for consideration to be rolled up into an enterprise contract vehicle
Health Information Technology (J-6)
I&O Host Based Security System (HBSS) Services

- Requiring Activity: Infrastructure and Operations (I&O) Division
- Opportunity Title: I&O Host Based Security System (HBSS) Services
- Opportunity Description: Provide personnel skilled with required technical expertise and knowledge to provide HBSS services support to the Defense Health Agency (DHA) Network Operations Center (DNOC)
  - Follow on to the Medical Network Operations and Security Center Support contract
Health Information Technology (J-6)
I&O Host Based Security System (HBSS) Services

- Contracting Office: CO-HIT
- Contract Vehicle: GSA 8(a) STARS II
- Contract Type: FFP
- Evaluation Method: Best Value
- Total Contract Duration: Six (6) month base and four (4) 12 month options
- NAICS or PSC: 541513
- Contract Value Range: $4.5M to $5M
- Small Business Set Aside: Y
- Need by Date: 21 Oct 2017
Provides Subject Matter Expert (SME) to the DNOC in the following areas:

- Evaluating all systems for HBSS services
  - Provide a recommendation and documentation for the waiver process via DHA Cyber Security Division if HBSS is proven to be incompatible.
- Ensuring all systems meet minimum HBSS Baseline requirement
- Testing and implementing custom signatures as directed and released through DHA in support of higher headquarters issuances or the medical mission,
- Implementing, configuring, and maintaining HBSS policies to provide the strongest security posture on DHA assets while minimizing mission impact
- Acting as SME for McAfee HBSS products
Provides Subject Matter Expert (SME) to the DNOC in the following areas:

- Assisting sites with troubleshooting any HBSS-related conflicts or issues, STIG compliance, patching, and maintaining the ePO application
- Deploying updated HBSS products/patches as directed by Defense Information Systems Agency (DISA) and Contract Service Providers (CSP)
- Managing HBSS accounts and permission sets
- Deploying CSP custom toolsets as an alternative means to deploy or update the product or as a single point installation in case of missing or corrupt software as directed by the CSP via Remedy
- Serving as secondary system administrators of the HBSS infrastructure Microsoft server backend and databases
- Documenting all services within the DHA Remedy
Health Information Technology (J-6)
Infrastructure and Operations (I&O) Division Cybersecurity Support Services

- Requiring Activity: Cyber Security Division (CSD)/Network Security Operations Branch
- Opportunity Title: Infrastructure and Operations (I&O) Division Cybersecurity Support Services
- Opportunity Description: This award provides for cybersecurity services and technical expertise in support of I&O Program Management Office (PMO) enclaves/systems

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Health Information Technology (J-6)
I&O Division Cybersecurity Support Services

- Contracting Office: COD Falls Church
- Contract Vehicle: NIATCC
- Contract Type: Firm Fixed Price
- Evaluation Method: Best Value
- Total Contract Duration: 6-month Base/4 option years
- NAICS: 541513
- Contract Value Range: $11M - $14M
- Small Business Set Aside: Y
- Need by Date: September 24, 2017

“Medically Ready Force...Ready Medical Force”
This contract provides cybersecurity Subject Matter Expert support for the I&O Division in the following areas:

- **RMF Support** – Support Risk Management Framework (RMF) efforts working with the CSD A&A Branch
- **Annual Reviews of ATOs** – Implement DHA AI 25 for Annual Reviews of RMF ATOs
- **TASKORD Support** – Manage all TASKORDs that are applicable to I&O PMO enclaves/systems
- **Customer Relationship Management (CRM) Reviews** – Provide cybersecurity analysis for all requests that go through the Customer Request Review Team (CRRT) process
IAVA Management – Monitor and track IAVAs for all devices in I&O enclaves/systems

Risk Assessments – Implement DHA AI 41 to add new devices/applications to enclaves/systems

Connection Approval Process (CAP) – Allows Department of Defense (DoD) ISs that are not owned by I&O to connect to ISs that are owned by I&O

Change Requests Approvals – Review all change requests for cybersecurity impact

Standard Operating Procedure (SOP) Development – Work with the Information System Security Managers (ISSMs) on SOP development in support of published DHA policies
Requiring Activity: Solution Delivery Division (SDD)
Opportunity Title: AHLTA/CHCS Enhancement and Sustainment
Opportunity Description: The enhancement and sustainment of AHLTA and CHCS give healthcare providers access to data about beneficiaries’ conditions, prescriptions, diagnostic tests and additional information essential in providing quality care. The services on this contract will include analysis, requirements, design, development, testing support, training support, system and software upgrades, hardware and software deployment, on-site support operations, decommissioning and transition support, maintenance support, and other related services activities. Services will be requested by individual Task Orders (TOs) issued by the CO. A TO will be required for the Contractor to initiate any work under this contract.

“Medically Ready Force...Ready Medical Force”
Health Information Technology (J-6)
AHLTA/CHCS Enhancement and Sustainment

- Contracting Office: CO-HIT (San Antonio)
- Contract Vehicle: GSA IT70 ( SIN156-32)
- Contract Type: Firm Fixed Price
- Evaluation Method: Best Value Trade Off
- Total Contract Duration: 60 months (5 years)
- NAICS or PSC: TBD
- Contract Value Range: $400M to $600M
- Small Business Set Aside: No
- Need by Date: September 1, 2017
In addition, support will be given to systems or interfaces that interact with AHLTA and CHCS which currently include the CDR, Health Artifacts and Images Management System (HAIMS), Bidirectional Health Information Exchange (BHIE), CDR / Health Data Repository (CHDR), AHLTA Web Print (AWP), Virtual Lifetime Electronic Record (VLER), Defense Finance and Accounting Service (DFAS), Armed Forces Billing and Collection Utilization Solution (ABACUS), TRICARE Pharmacy Program Services (TPHARM), Joint Legacy Viewer-Health Information Portal (JLV-HIP), Local Cache Servers (LCS), Theater Medical Data Integration (TMDI), Data Exchange Service (DES), Clinical Information System (CIS), and MHS GENESIS. Other related systems may be added via TOs.

This contract provides on site support to Military Treatment Facilities (MTF) world wide.
This contract will require approximately 350 - 400 FTEs.

The government will employ best value trade off analysis when evaluating proposals. The evaluation team will look for advantages in your proposal that justify award over and above just meeting the minimum standards.
Requiring Activity: Solution Delivery Division

Opportunity Title: SDD Program Support

Opportunity Description: Program support to the various business and technical activities necessary to support the five Program Management Offices (PMOs); Electronic Health Record (EHR) Core PMO, Care & Benefits Integrated Systems PMO, Clinical Support PMO, EHR Modernization PMO and Enterprise Intelligence and Data Solutions (EIDS) PMO, in addition to seven Support Branches; Web Strategies and Collaboration (WS&C) Branch, Customer Deployment Support (CDS) Branch, User Integration (UIB) Branch, Program Support Branch (PSB), Solutions Resource Management Branch (SRMB), Stakeholder Engagement Branch (SEB), and Business Staff Branch (BSB) with all reporting to Solution Delivery (SD) under Health IT Directorate (HIT).
Contracting Office: CO-FC
Contract Vehicle: GSA’s Professional Services Schedule (PSS), SIN 874 7 Integrated Business Program Support Services
Contract Type: Single award of a Firm-Fixed-Priced Task Order
Evaluation Method: Best value trade-off
Total Contract Duration: 5 years
NAICS or PSC: 541511 Administrative Management and General Management Consulting Services
Contract Value Range: $250M to $350M
Small Business Set Aside: No
Small Business Plan: Yes
Need by Date: 1 October 2017
The objective of this award is to provide skilled resources and structure by providing technical and business support activities.

Support includes; configuration management, requirements management, contracting, financial and administrative support, sustaining base systems, oversight of product deployment, project support, web content and technical support.

Program Management support includes various phases of financial management, administrative support, execution of business requirements, Business Enterprise Architecture, and support to the SDD acquisition function in accordance with the FAR and other applicable Federal regulations, policies and standards.

Writing a better proposal

Make the proposal your own; not a rewrite of the solicitation.

Ensure you detail your approach to the accomplishment of each task. Use the subtasks as an indicator of what is expected to be accomplished for the overall task.

Don’t leave anything for the evaluator to guess at or wonder about.

Make it well thought-out.
Requiring Activity: Solution Delivery Division

Opportunity Title: SDD Platform and Application Support

Opportunity Description: The Contractor shall act as a managed service provider under this PWS providing a modified Platform as a Service (PaaS) for SDD, managing all user-facing applications and related supporting application and database software and middleware across all environments, to include Production, Production Test, Demo/Training, Development, and Development Test. Under the PaaS approach, the Contractor shall have responsibility for the installation, configuration and operation of the application infrastructure, leaving only the application code itself to the other SDD development contractors, under separate contracts.
Health Information Technology (J-6)
SDD Platform and Application Support

- Contracting Office: CO-HIT
- Contract Vehicle: TBD
- Contract Type: FFP
- Evaluation Method: Best Value Trade-off
- Total Contract Duration: Base + 4 years
- NAICS or PSC:
- Contract Value Range: $70-90M
- Small Business Set Aside: TBD, RFI will determine if this can be a set aside for Small Business or if it should be a full and open competition
- Need by Date: Need Verification
For the purpose of this requirement, the “platform” in “Platform as a Service” refers to the full “application platform” only. Application Platform support includes installation, integration, and configuration of all software that is required for the Application to function, which is not a part of, or bundled with, the Operating System. This includes, but is not limited to the following:

- Third-Party application software (GOTS and COTS) (e.g. Informatica, Cognos, Business Intelligence Suite, etc.)
- Database software (Oracle, IBM DB2, MS SQL)
- Application Server software (TOMCAT, Apache, IBM WebSphere, Oracle Application Server)
- Application and database framework software (Java, Java Runtime Environment (JRE), Microsoft.NET, Application Programming Interfaces (API))
- Intermediate security software and agents (CAC/PKE, Single Sign On (SSO))
Within DISA’s Capacity Services, each Information System (IS) will be provisioned with five separate environments. The environments and the physical locations include:

- Production – San Antonio, TX
- Production-Test – Oklahoma City, OK
- Demo-Training – San Antonio, TX
- Development – Oklahoma City, OK
- Development-Test – Oklahoma City, OK
Research and Development (J-9)
Laboratory Information Management System (LIMS)

- Requiring Activity: Armed Forces Medical Examiner System, Division of Forensic Toxicology (DFT)
- Opportunity Title: Laboratory Information Management System (LIMS)

“Medically Ready Force...Ready Medical Force”
Opportunity Description: LIMS will provide DFT with a software package that can meet current and future needs for tracking workflow. This solution will unify systems to avoid entry duplication and expensive upkeep among various software clients. A central LIMS is needed to easily and effectively manage tasks in the areas of: evidence receipt, electronic chain of custody transfers, scheduling tests, analyst assignments, entering analytical results, expert review, and issuing final reports. Furthermore, this system is needed to track monthly progress reports, testimony scheduling, personnel educational training and competency records, proficiency tests, Standard Operating Procedures (SOPs) as current, in revision, or archived, user acknowledgement of new or revised SOPs, inventory control, maintenance and calibration logs, corrective actions and Memorandums for Record.
Contracting Office: US Army Medical Research Acquisition Activity (USAMRAA),

- Contract Vehicle: Formal Solicitation Process
- Contract Type: Firm Fixed Price
- Evaluation Method: Lowest Price, Technically Acceptable
- Total Contract Duration: 5 years
- NAICS or PSC: 511210, 541511, and 541512
- Contract Value Range: $235,000-$337,000
- Small Business Set Aside: N
- Need by Date: September 30, 2017, or earlier
Regulatory policies have become more stringent on document control, training records, audit trails, and reagent traceability. Without a LIMS, our accreditation from the American Board of Forensic Toxicology and ISO 17025 will be in jeopardy by not providing a centralized digital solution to meet these requirements for inspector reviews.

Currently, the laboratory data is produced largely as paper product and physical case folders. The history, trends, and analyses are managed through several custom databases built out of necessity over time. These files are not integrated so many of the daily operations are handled by physical checks and balances on paper.

The LIMS is needed to enhance efficiency and reduce cost, but it must also be configurable to scale up for new analyses, expanded services, and to accommodate product upgrades for years to come.
Research and Development (J-9)
Database Administrator

- Requiring Activity: Hearing Center of Excellence
- Opportunity Title: Database Administrator
- Opportunity Description: Support development of Congressionally-Mandated registry (JHASIR). 1 FTE with experience in developing registries, SPAWAR platforms and MHS data.

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Research and Development (J-9)

Database Administrator

- Contracting Office: USAMRAA
- Contract Vehicle: HCE PASS IDIQ
- Contract Type: (8)a
- Evaluation Method: Best Value
- Total Contract Duration: Base plus 3
- NAICS or PSC: 54161
- Contract Value Range: $850K – $900K
- Small Business Set Aside: Y
- Need by Date: 30 Sep 2017
The Offeror shall propose an individual with substantive experience in the DoD Military Health System (MHS), and programs identical, similar, or related to building, developing and maintaining registries or large repositories of information. Offeror proposals shall cite specific examples of the most relevant hands on experience in the areas of database administration, registry development and MHS IT systems management. The Offeror’s proposed subcontractors’ experience will be evaluated to the degree to which their corporate experience is identical, similar, or related to performing services contained within the PWS.

The Offeror shall include verifiable examples of database administration, registry development and efforts with the HCE.
Requiring Activity: Clinical Support Division
Opportunity Title: Legal Medicine Program Management Support
Opportunity Description: Expertise required to handle sensitive medical legal documents derived from the Army, Navy, and Air Force medical systems.
Analysis of categorization of malpractice claims; exploration of opportunities for improvement in clinical quality and patient safety
Operations (J-3)
Legal Medicine Program Management Support

- Contracting Office: COD-Falls Church
- Contract Vehicle: Small Business
- Contract Type: FFP
- Evaluation Method: Best Value
- Total Contract Duration: 5 years
- NAICS or PSC: 541611; PSC 251.1 Program Mgmt.
- Contract Value Range: $3M - $4M
- Small Business Set Aside: Y
- Need by Date: September 6, 2017
Operations (J-3)
Legal Medicine Program Management Support

- Preparation of reports for U.S. Departments of Justice and Treasury and the National Practitioner Data Bank and senior leadership at DHA
- Background in clinical quality assurance and risk management required to extract relevant data from malpractice claims. Program management, administrative and technical support to inventory and store claims.
- Support medical risk managers from the three Services to meet their statutory duty of reporting to the National Practitioner Data Bank.
- Access the Centralized Credentials Quality Assurance System and other medical legal databases and documents to group similar allegations, examine legal memoranda, study numerous peer reviews, and consult patient safety documents to ascertain whether the standard of care was adhered to. If a violation of the standard or care occurred, examine whether the breach caused harm to the patient.

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Operations (J-3)
Legal Medicine Program Management Support

- Produce reports that trend data elements such as clinical services involved, types of errors, specialties of providers involved, diagnoses and procedures related to the cases reviewed.
- Deep dives into case files using the DoD Medical Malpractice Closed Claims Repository on an as needed basis to produce case summaries on select cases as lessons learned for the Military Health System.
- Stability and continuity of the workforce essential. Hours are 8:00 AM to 4:30 PM, Monday – Friday.

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Requiring Activity: Clinical Support Division

Opportunity Title: Clinical Communities Program Management

Opportunity Description: Program management and coordination of work-streams; scheduling, streamlining information reporting/sharing; monitoring governance activities; technical writing; report development; managing interagency and primary and specialty care project portfolios.
Operations (J-3)
Clinical Communities Program Management

- Contracting Office: USAMRAA
- Contract Vehicle: GWAC
- Contract Type: IDIQ
- Evaluation Method: Best Value
- Total Contract Duration: 5 years
- NAICS or PSC: 541611 Management & Scientific Consulting; R408
- Contract Value Range: $10M - $11M
- Small Business Set Aside: N
- Need by Date: September 28, 2017

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Support the following governance activities: DoD/Veterans Administration Health Executive Committee; Clinical Operations Business Line; the Military Health System Tri-Service Specialty Care Advisory Board; the Interagency Task Force on Military and Veterans Mental Health; and the Psychological Health and Readiness Council.

Support of requirements analysis, acquisition support, budget planning and management, business process reengineering, program planning, and execution support, and independent technical management support.

Support and forge relationships with action/staff officer of the Military Health System and interagency partners, such as the White House Domestic Policy Office and Performance Improvement Council, and the DoD/VA Joint Executive Committee.
Draft and manage revision of Reports to Congress to include drafting data calls and collecting input from the military Services and other DoD offices and organizations and drafting correspondence within government approved timelines.

Draft and coordinate decision paper packages and other correspondence with short suspenses up to 10 times per quarter. Issue papers are prepared and updated twice each fiscal year for up to 15 topics.

Coordinate DHA response to Government Accountability Office audits

Support up to four annual reports per fiscal year

Support manuscript development to include facilitation of data collection, data analysis, data interpretation and generation of conclusions, synthesizing practical applications, and recommending future research.

Literature review and epidemiological support
Thank You!
Back Up Slides
Vice Admiral Raquel C. Bono, Director, Defense Health Agency

Commissioned in June 1979, Vice Admiral Bono obtained her baccalaureate degree from the University of Texas at Austin and attended medical school at Texas Tech University. She completed a surgical internship and a General Surgery residency at Naval Medical Center Portsmouth, and a Trauma and Critical Care fellowship at the Eastern Virginia Graduate School of Medicine. Her senior officer assignments include: Executive Assistant to the 35th Navy Surgeon General and Chief, Bureau of Medicine and Surgery; Commanding Officer, Naval Hospital Jacksonville; Chief of Staff, Deputy Director Tricare Management Activity; Deputy Director, Medical Resources, Plans and Policy, Chief of Naval Operations; Command Surgeon, U.S. Pacific Command; Director, National Capital Region Medical Directorate, Defense Health Agency and the 11th Chief, Navy Medical Corps. Vice Admiral Bono is a Diplomat of the American Board of Surgery and has an Executive MBA from the Carson College of Business at Washington State University. Her personal decorations include: the Defense Superior Service Medal (three), Legion of Merit Medal (four), Meritorious Service Medal (two), and the Navy and Marine Corps Commendation Medal (two).
Barclay P. Butler, Ph.D., MBA, serves as the J4, Component Acquisition Executive (CAE), and the Head of the Contracting Activity (HCA), for the Defense Health Agency (DHA) as a member of the Senior Executive Service (SES). As the J4, Dr. Butler is responsible for oversight and approval of all acquisition matters for the DHA, including those undertaken by the Program Executive Officers, as well as the Agency’s directorates and offices.