



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO

BUMEDINST 5430.8A CH-1
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BUMED INSTRUCTION 5430.8A CHANGE TRANSMITTAL 1

From: Chief, Bureau of Medicine and Surgery
To: All Internal BUMED Codes

Subj: BUREAU OF MEDICINE AND SURGERY ORGANIZATION MANUAL

Ref: (a) BUMEDINST 5430.8A

Encl: (1) Revised pages i, iv through vi; Appendix A, pages A-2 and A-3, added new page A-11; added new M9 organization chart; renumbered pages A-12 and A-13; Revised Appendix C

1. Purpose. To publish the following changes to reference (a):

a. Table of Contents, page i, removed M00WII – Special Assistant for Wounded, Ill, and Injured Warrior Care.

b. Table of Contents, page iv, added Chapter 8, M9 Deputy Chief – Wounded, Ill, and Injured to the listing.

c. Table of Contents, page v, Organization Charts - added Chapter 8, M9 Deputy Chief – Wounded, Ill, and Injured.

d. Introduction, page vi, changed wording to include M9 and remove mention of M00WII. Also, changed the matrix by removing M00WII and adding M9.

e. Remove pages 1-22 through 1-27 from Chapter 1.

f. Added new Chapter 8.

g. Appendix A, page A-2, added M9 to Echelon II – Headquarters for Chief, BUMED Organization Chart.

h. Appendix A, page A-3, removed M00WII from the Chief, BUMED Special Assistants Organization Chart.

i. Appendix A, page A-11, added new page, M9 Organization Chart.

j. Appendix A, renumbered pages A-11 and A-12 to A-12 and A-13.

k. Appendix C, revised.

1. Enclosure (1) to the basic instruction, added new organization chart for M9 Deputy Chief – Wounded, Ill, and Injured.

2. Action

a. Remove Table of Contents pages i and iv through vi and replace with like-numbered pages of enclosure (1).

b. Remove Appendix A, pages A-2 and A-3 and replace with like-numbered pages of enclosure (1).

c. Add new page A-11, M9 Organization Chart to Appendix A.

d. Remove Appendix A, pages A-11 and A-12 and replace with renumbered pages A-12 and A-13.

e. Remove Appendix C and replace with revised Appendix C.

3. File this change transmittal in front of the basic instruction.


A. M. ROBINSON, JR.

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INTRODUCTION

The Bureau of Medicine and Surgery (BUMED) is the Echelon II Headquarters of Navy Medicine. It exercises command, control, and communication authority and provides strategic guidance, policy development, and implementation/execution oversight for Navy Medicine’s Echelon III, IV, and V subordinate commands.

BUMED is organized to respond efficiently and effectively to Force Health Protection and all other aspects of Expeditionary Medical Operations, as well as the challenges inherent in providing world-class health care to our Sailors, Marines, families, and retirees – anytime, anywhere.

BUMEDINST 5430.8A (BUMED Organizational Manual) has been created to provide a clear and straightforward description of our Headquarters organization, and how it relates to Department of Navy, other Services, and Department of Defense (DoD) organizations comprising the Military Health System (MHS). While familiarity with its contents is important, the key to BUMED’s success continues to be the ability of each member of the BUMED team to facilitate and coordinate patient care through maximum communication and cooperation between and among all levels of the organization.

As indicated in the following chart, our matrix organizational structure is designed to minimize stove-

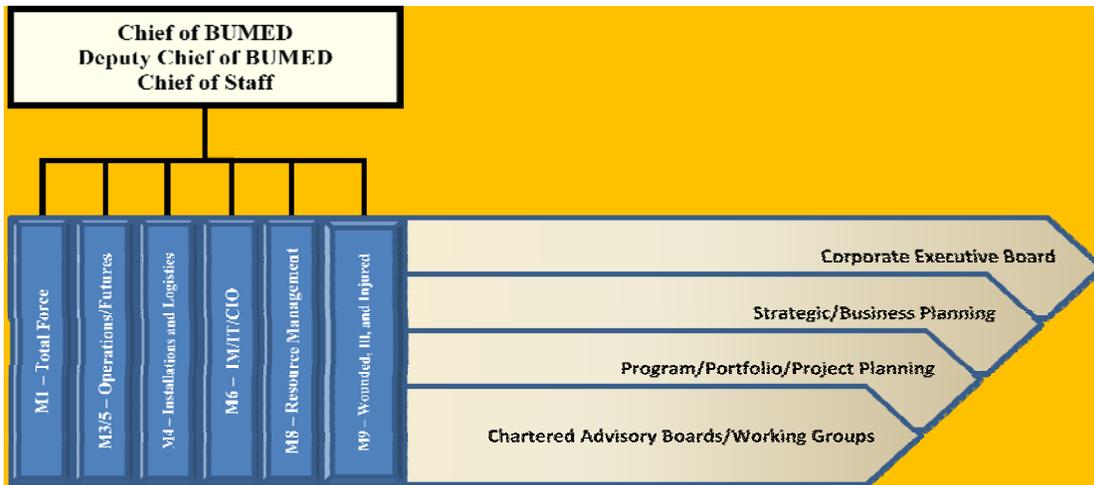
piping and to promote cross-functional horizontal interaction. Our key Headquarters’ organizational levels - the Chief, BUMED/Surgeon General (SG) of the Navy; Deputy Chief, BUMED/Deputy SG of the Navy; Chief of Staff (COS), Deputy Chiefs, and Special Assistants respond to the constantly changing environment across BUMED Headquarters. Our six primary BUMED Codes (M1, M3/5, M4, M6, M8, and M9) operate through four major policy venues (Corporate Executive Board; Strategic/Business Planning; Program/Portfolio/Project Planning; and Chartered Advisory Boards/Workgroups).

This environment enables BUMED staff to develop expertise, engage resources, and facilitate plans and policies to ensure that Navy Medicine remains the preeminent maritime medical force deployed with our Navy and Marine Corps warriors throughout the world, while simultaneously providing state of the art in-garrison health and preventive care for active duty personnel and beneficiaries.

Command Staff Relationships

BUMED Headquarters’ staff is an extension of the Chief and functions as command support. The term “staff channel” describes the channel that staff officers use to contact counterparts at higher, adjacent, and subordinate headquarters. Staff-to-staff contacts function to coordinate and facilitate support for respective echelon commanders.

BUMED Organizational Matrix



CHAPTER 8

M9 WOUNDED, ILL, AND INJURED

Mission:

Principal staff advisor for Navy Medicine regarding care for wounded, ill, and injured (WII) Sailors, Marines, and their families. Collaboratively establishes policy and implementation guidance that ensures highest quality, customer focused, comprehensive, and compassionate care to the Service member and their family across the entire warrior lifecycle. Coordinates and drafts policy and executes program development related to accession of Service members; prevention, assessment, and treatment of deployment-related illnesses and injuries; care management for WII Service members and their families from point of injury through return to duty or reintegration and transition; and disability evaluation.

Functions:

1. Develops and promotes clinical practice strategies and programs improving quality of care, health care outcomes, patient satisfaction, patient privacy, and Total Force protection and public health services for wounded warriors and their families.
2. Advises Navy Medicine on policy and program development for issues related to care for wounded warriors and their families.
3. Coordinates and drafts policy and provides oversight of physical standards and qualifications for all Department of the Navy (DON) accessions and commission programs, and for DON reserve retention programs.
4. Coordinates and drafts policy and provides oversight for medical evaluation boards (MEBs) and the Disability Evaluation System.
5. Coordinates and drafts policy and provides oversight for the prevention, assessment, and treatment of deployment-related illnesses and injuries. Specifically addresses above as it relates to Psychological Health/Traumatic Brain Injury (PH/TBI).
6. Coordinates and drafts policy and provides oversight for deployment health centers and deployment health assessments.
7. Develops, implements, and monitors substance abuse treatment programs in coordination with line commands, NAVPERSCOM, and HQMC.
8. Coordinates and drafts policy and provides consultation regarding Expeditionary Medical Readiness and Individual Augmentee (IA) Programs.

M9 Functions (Continued):

9. Coordinates and drafts policy and provides oversight for medical case management.
10. Primary liaison with DON Wounded Warrior Programs (Safe Harbor and Wounded Warrior Regiment) for coordination of policy and program development for non-medical care management of wounded warriors.
11. Responsible for sustained programmatic support and management of WII warrior funding and funded programs, and its initiative to improve prevention, screening, diagnosis, and treatment of combat-related injuries and illnesses, PH conditions and TBIs for Navy and Marine Corps active duty Service members and their families.
12. Coordinates and provides oversight as directed to DoD Centers of Excellence for Wounded Warrior Care.

M91 - Warrior Lifecycle Management

Functions:

1. Oversees application of physical standards and qualifications published by DoD and Manual of the Medical Department (MANMED) for all DON accessions and commission programs.
2. Revises and issues physical qualifications and standards used in the medical appraisal and disposition of all DON applicants, commission candidates, and other military members, as directed by higher authority.
3. Provides advisory medical opinions and recommendations for granting waivers of the DoD and DON accession physical standards throughout the DON.
4. Provides advisory medical opinions and recommendations to Commander, Navy Personnel Command, and to Commander, Marine Forces Reserve, for retention of U.S. Navy Reserve and U.S. Marine Corps Reserve Service members, respectively, with medical conditions that affect performance of duties or interfere with mobilization.
5. Liaisons and collaborates with Department of Veterans Affairs, Office of the Secretary of Defense, sister Services, and other agencies as the point of contact on issues relating to medical board processing and referrals to the Physical Evaluation Board (PEB).
6. Coordinates and drafts policy and provides oversight for Navy Medicine aspects of the Disability Evaluation System.

M91 Functions (Continued):

7. Provides advisory medical opinions and recommendations regarding Service member and former Service member cases involving the Board for Correction of Naval Records (BCNR), Congressional inquiries, and higher authority. Renders advisory opinions to BCNR on medical aspects of documents submitted to the Board.
8. Reviews and provides advisory opinions on Navy Judge Advocate General (JAG) investigations when requested by higher authority.
9. Reviews and renders advisory opinions regarding the medical aspects of administrative discharge actions when requested by NAVPERSCOM or the Commandant of the Marine Corps (CMC).
10. Reviews and renders advisory medical opinions, prepares correspondence, and maintains an effective liaison for problematic medical evaluations in response to special Congressional, DoD, legislative, and other Federal agency requests.
11. Reviews and provides advisory medical opinions to ASN(M&RA) for line of duty determination entitlements for eligible Marine Corps and Navy Reserve Component (RC) members who became incapacitated after injury or illness incurred or aggravated during a period of active duty.
12. Coordinates, in conjunction with BUMED-M3B1, Health Care Operations, training of Navy Medicine personnel on the MEB process and the Disability Evaluation System.

M92 – Deployment Health

Functions:

1. Promotes the optimal, efficient, and integrated provision of behavioral health care to Navy Medicine's worldwide beneficiaries, including active duty, dependents, and retirees across the entire developmental continuum.
2. Evaluates and recommends best practices for the delivery of mental health care and services across the entire continuum for beneficiaries from childhood to the geriatric ages; optimizes and standardizes access to behavioral health services and promotes quality and cost effective care.
3. Consults regarding combat and operational stress control initiatives, including surveillance through the Behavioral Health Needs Assessment Survey (BHNAS), and content development and delivery of operational stress control model.

M92 Functions (Continued):

4. Develops and manages caregiver occupational stress control programs to promote early recognition, peer intervention, and connection with services as needed.
5. Emphasizes Total Force readiness and resilience of caregiver through pro-active outreach, education, and training that is systems, community, and organizationally based.
6. Consults regarding combat casualty care issues.
7. Coordinates, develops policy, and provides consultation regarding the Pre- and Post-Deployment Health Assessment and Reassessment Programs for the Navy and Marine Corps.
8. Coordinates, develops policy, and provides consultation regarding screening, diagnosis, treatment, and tracking of the TBI Program.
9. Coordinates and drafts policy and provides consultation regarding a broad spectrum of both deployment-related and in-garrison psychological health services.
10. Manages Navy Substance Abuse Treatment Program through development of treatment guidance and policy, resource allocation, and coordination with NAVPERSCOM and line commands to ensure optimal delivery of care.
11. Develops and manages U.S. Navy and U.S. Marine Corps Reserve Psychological Health Outreach Program (PHOP) and other initiatives such as the returning warrior workshops for RC Service members and families who are at risk for stress injuries. Program is designed to improve overall psychological health and resilience of U.S. Navy and U.S. Marine Corps Reservists and families, and to identify long-term strategies to improve support services.
12. Through the Naval Center for Combat and Operational Stress Control (NC COSC) facilitates research, information dissemination, and translation of best practices to clinical care for combat stress injuries and TBI.
13. Through the NC COSC, provide education and training to Service members, veterans, and their families on operational stress, TBIs, and effective treatments for both.
14. Assists with coordination of Behavioral Health Advisory Board (BHAB) initiatives.
15. Coordinates, develops policy, and provides consultation regarding Expeditionary Medical Readiness and IA Programs.
16. Coordinates, develops policy, and provides consultation regarding Return-Reunion-Reintegration medical phases of deployment.

M92 Functions (Continued):

17. Manages Navy Medicine Command IA Coordinator (CIAC) and IA Suitability Screening Coordinators (IASSC) Programs through policy development, program implementation guidance, and monitoring of compliance with related instructions.

M93 – Care Management

Functions:

1. Coordinates and drafts policy and provides program oversight for the Case Management Program.
2. Provides direction, oversight, resource acquisition, and coordination for the Case Management Program.
3. Develops policy and provides implementation guidance on documentation standards, data collection/management, and ongoing education and training for case management personnel located within the MHS Enterprise.
4. Directs and coordinates system wide improvements, quality control, and standardization of the Case Management Program.
5. Coordinates and drafts policy and provides program oversight for the Navy Medicine aspect of the Recovery Coordination Program.
6. Primary liaison to DON and U.S. Marine Corps Wounded Warrior Programs (Safe Harbor and Wounded Warrior Regiment). Coordinates policy development and program implementation for recovery care coordinators and non-medical care managers.
7. Advisor to Navy Medicine leadership on case management policy, program, and practices.
8. Liaisons with sister Services, Veterans Administration, and TRICARE Management Activity (TMA) in the establishment of standardized Tri-Service programs.

M94 - WII Program Support

Functions:

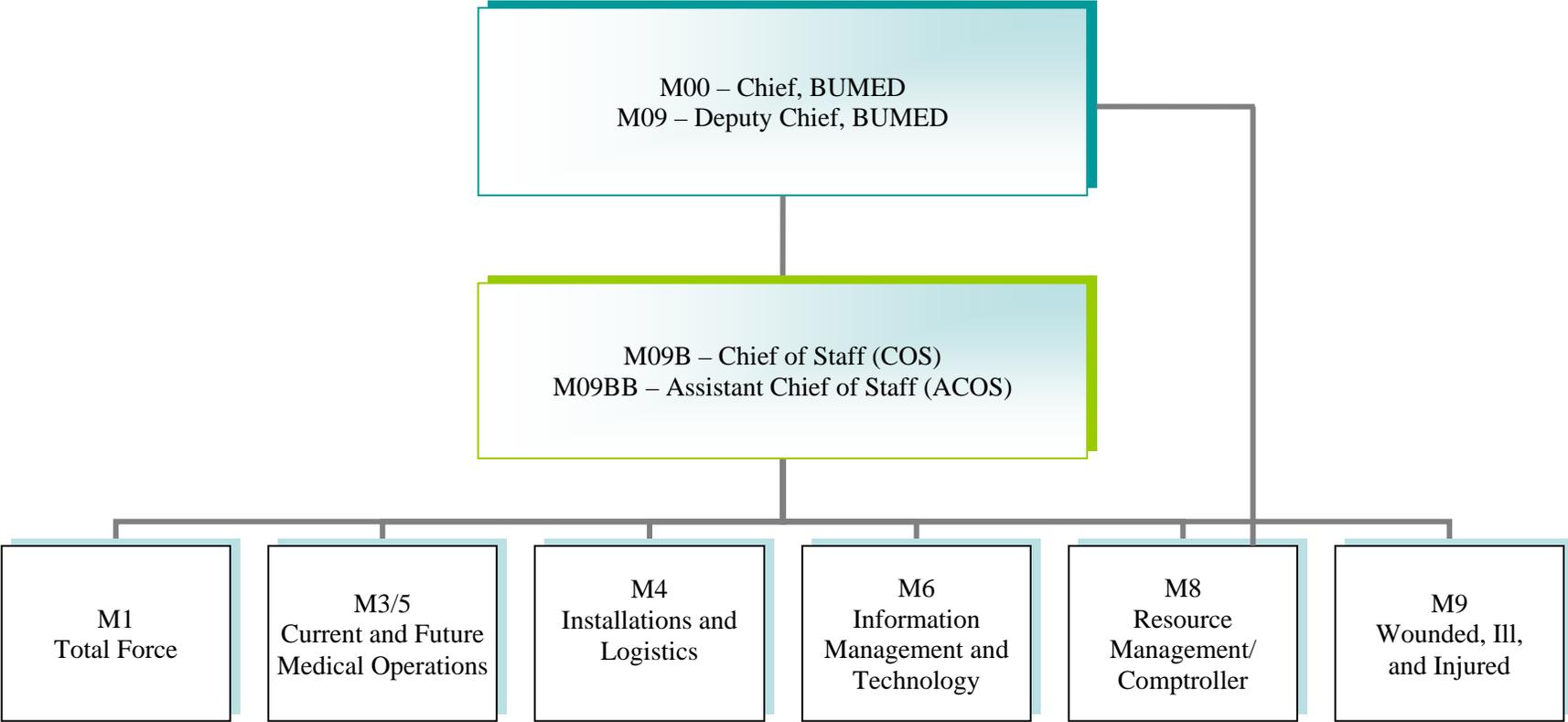
1. Serves as the BUMED Executive Director for the development and processing of all Wounded Warrior programs throughout Navy Medicine in support of the warrior family.
2. Coordinates the execution of WII, PH/TBI, Post-Deployment Health Reassessment (PDHRA), and other Congressional Special Interest funding in support of the warrior family.

M94 Functions (Continued):

3. Provides sustained programmatic support and management of WII funding and funded programs, and its initiative to improve prevention, screening, diagnosis, and treatment of combat-related injuries and illnesses, PH conditions, and TBIs for Navy and Marine Corps active duty Service members and their families.
4. Supports activities encompass both the administrative and clinical aspects of the wounded warrior, PH/TBI, and PDHRA initiatives throughout Navy Medicine.
5. Coordinates with all directors of M9, other BUMED codes, Navy Medicine Region leaders, and subject matter experts in execution of all WII programs.
6. Consults with leaders throughout the MHS, DON, and DoD, where a variety of similar or parallel initiatives may exist or are being considered that may influence Navy Medicine WII initiatives and programs.
7. Through a collaborative effort amongst Code directors, coordinates strategic planning for the Code, to include the review of our mission and vision, the setting of long- and short-term goals, and strategic action plans for realizing set goals.

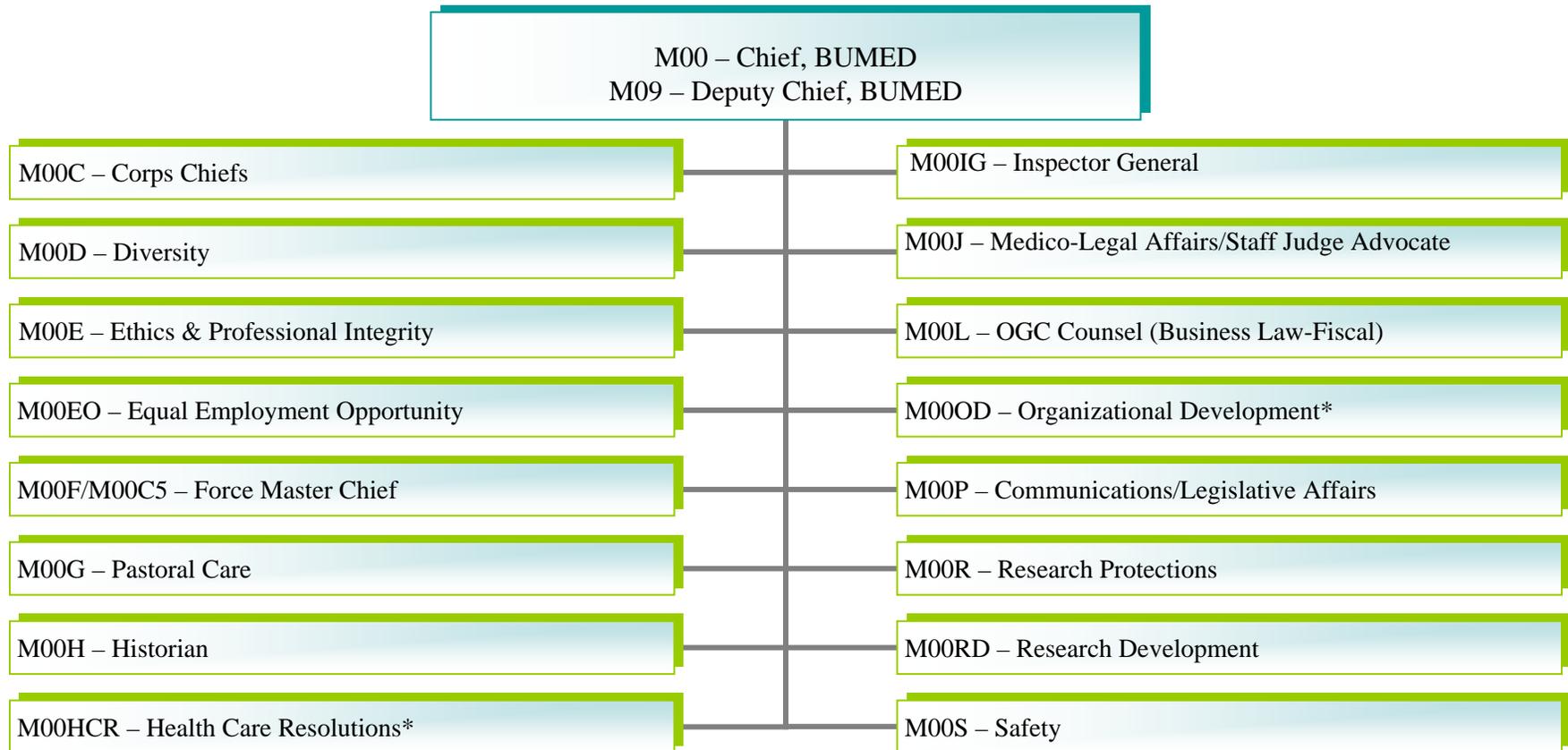
Appendix A Organization Charts

Bureau of Medicine and Surgery Echelon II - Headquarters for Chief, BUMED



Note: Per SECNAVINST 7000.27A, Comptroller (M8) reports directly to Chief, BUMED for financial matters and reports to Chief of Staff for administrative purposes.

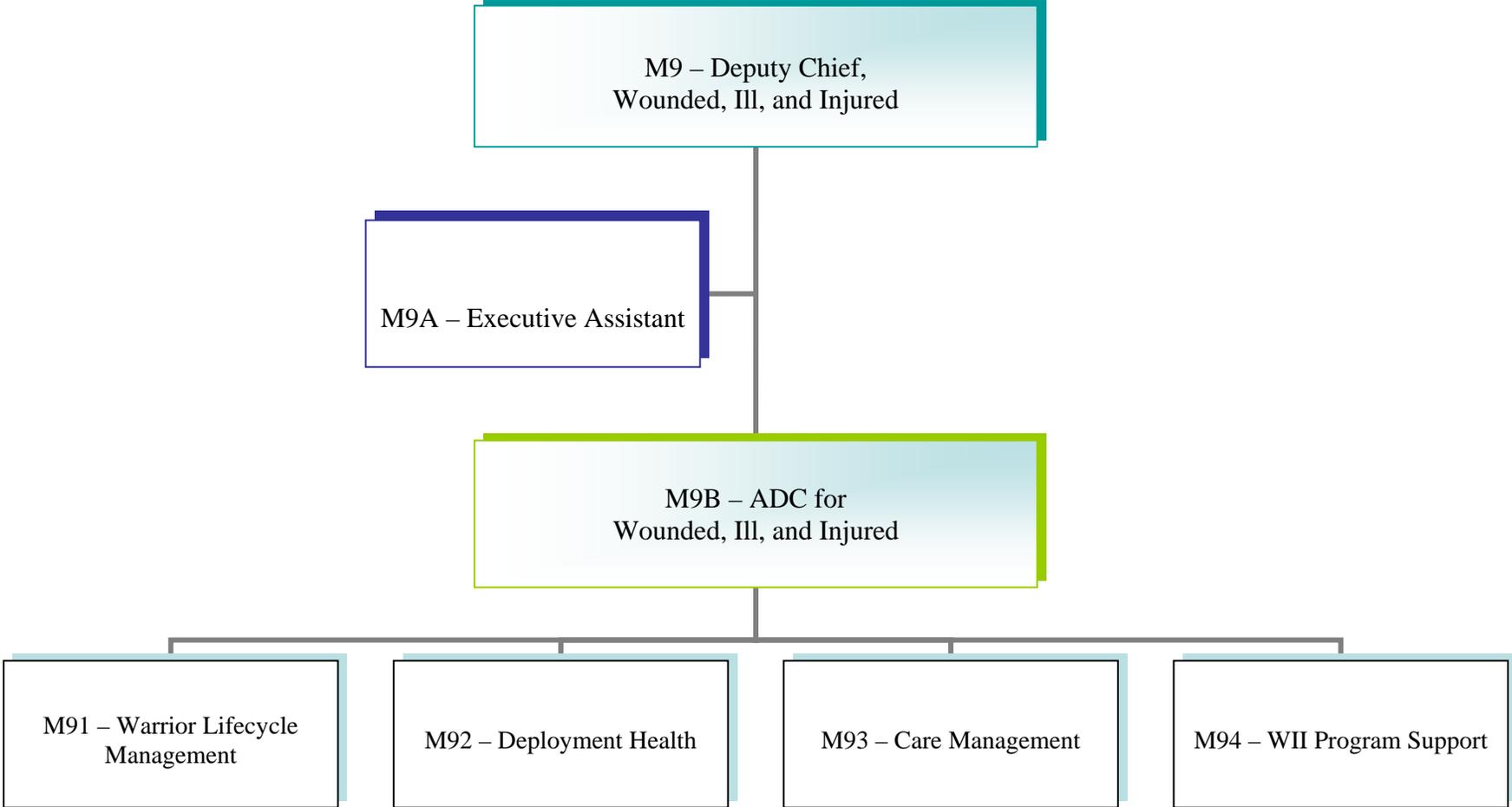
Appendix A Organization Charts Chief, BUMED Special Assistants



Note: *Attached to NNMC; provides part-time support to Chief, BUMED.

Appendix A Organization Charts

M9 – Wounded, Ill, and Injured



**APPENDIX A
ORGANIZATION CHARTS**

GOVERNANCE BOARDS AND MEETINGS

Flag Council

Flag level advisory and information forum. Quarterly meetings, chaired by Surgeon General.

Corporate Executive Board (CEB)

BUMED Single Digits, TMO, Regions, OPNAV-N931 and OPNAV Flag and senior civilian leadership meeting to discuss strategy, policy, resources, performance, and organizational alignment issues. Weekly meetings chaired by Deputy Chief, BUMED. CEB and Regional Commanders comprise the Resource Requirements Review Board per BUMEDINST 5420.14A.

Council of Corps Chiefs

Forum to discuss career development, Senior Executive Management, Senior Operational/Major Staff slates, Total Force Integration strategy, diversity strategy, and Navy Medicine leadership competencies. Monthly meetings chaired by the Deputy Chief.

Regional Chief of Staff Business Meeting

BUMED and Navy Medicine Region Command Chiefs of Staff leadership forum to discuss health care and support delivery issues, resources, and business plan performance. Monthly meetings are chaired by the BUMED Chief of Staff.

Assistant Deputy Chiefs Council

Chartered by BUMED Chief of Staff to conduct Command-specific business functions. Membership includes Assistant Deputy Chiefs, MEDIG, N0931 Deputy and Assistant Force Master Chief. Routine functions to include management and coordination of BUMED Headquarters' operations. Weekly meetings chaired by the Chief of Staff, BUMED.

BUMED Executive Assistants Forum

Forum to share current information on upcoming BUMED activities/responsibilities and policy changes and facilitate timely communication across codes. Attendees include Single Digit EAs and Administrative Assistants. Weekly meetings are chaired by BUMED Chief of Staff's EA.

BUMED-M3 Advisory Boards

Chartered by Deputy Chief for Operations, these boards: provide a multidisciplinary forum for different specialties working in common practice areas; reduce variations in clinical practice across the enterprise; align clinical practice with SG priorities and Measures of Performance; enhance communication between BUMED and the field; and, act as forums for identifying and disseminating innovations in clinical practice.

Functions include: improve continuity and coordination of health care; improve ability of Navy Medicine to deliver quality, economical health care; improve interface between health care providers, headquarters, and involved line commands; assist with development and implementation of preventive care and wellness interventions; promote reductions in practice variation through use of disease management, evidence-based practice, and clinical practice tools; and, increase efficiency of care via case management and other strategies.

Current Advisory Boards:

- Behavioral Health – reduce variation in behavioral health care.
- Primary Care – promote best primary care clinical practices.
- Perinatal – implement family centered care.
- Evidence Based Health Care – improve health outcomes by promoting evidence-based practice.
- Pharmacy Corporate Oversight Board – financial, operating, and clinical pharmacy oversight.
- Breast Health – ensure breast screening and risk reduction

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