



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO  
BUMEDINST 5430.8A CH-2  
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BUMED INSTRUCTION 5430.8A CHANGE TRANSMITTAL 2

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 through vi; pages 1-19 and 1-20; pages 5-1 through 5-7; pages 6-1 through 6-12; and Appendix A, pages A-3, A8, and A-9

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

a. Table of Contents, page i, changed the code M00R to M00RP – Special Assistant for Research Protections and changed the code and title M00RD – Special Assistant for Research Development to M00MR – Special Assistant for Medical Research.

b. Table of Contents, page iii, changed the code title for M42 from Logistics to Logistics Policy; changed the code title for M44 from Industrial Hygiene/Occupational Health and Safety to Safety and Occupational Health; changed the code title for M45 from Anti-Terrorism Force Protection (AT/FP), Physical Security to Antiterrorism Force Protection (AT/FP); and added code M46 – Logistics Execution.

c. Table of Contents, page iv, changed the code title from M61 – IM/IT Governance to Director for Programs and IT Governance; changed the code title from M62 – IM/IT Privacy and Security to Director for IA, Privacy, and Security; changed the code title from M63 – IM/IT Program, Planning, and Coordination to Director for Information Integration; changed the code title from M64 – IM/IT Information Integration to Director for Clinical Informatics; changed the code title from M65 – IM/IT Workforce and Training to Director for IT Workforce and Training.

d. Appendix A, Organization Chart, Chief, BUMED Special Assistants, page A-3 – changed the code M00R to M00RP; changed the code and title for M00RD – Research Development to M00MR – Medical Research.

e. Appendix A, Organization Chart, M4 – Installations and Logistics, page A-8 – changed code title from M42 – Logistics to M42 – Logistics Policy; changed code title from M44 – Industrial Hygiene/Occupational Health and Safety to Safety and Occupational Health; changed code title from M45 – Anti-Terrorism Force Protection (AT/FP), Physical Security to Antiterrorism Force Protection (AT/FP); and added M46 – Logistics Execution.

f. Appendix A, Organization Chart, page A-9, changed the title from M61 – IM/IT Governance to Director for Programs and IT Governance; changed the code title from M62 – IM/IT Privacy and Security to Director for IA, Privacy, and Security; changed the code title from M63 – IM/IT Program, Planning, and Coordination to Director for Information Integration; changed the code title from M64 – IM/IT Information Integration to Director for Clinical Informatics; and changed the code title from M65 – IM/IT Workforce and Training to Director for IT Workforce and Training.

2. Action

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

b. Remove pages 1-19 and 1-20 and replace with like-numbered pages of enclosure (1).

c. Remove chapter 5 and replace with revised chapter 5 of enclosure (1).

d. Remove chapter 6 and replace with revised chapter 6 of enclosure (1).

e. Remove Appendix A, pages A-3, A-8, and A9 and replace with like-numbered pages of enclosure (1).

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 sub-ordinate 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

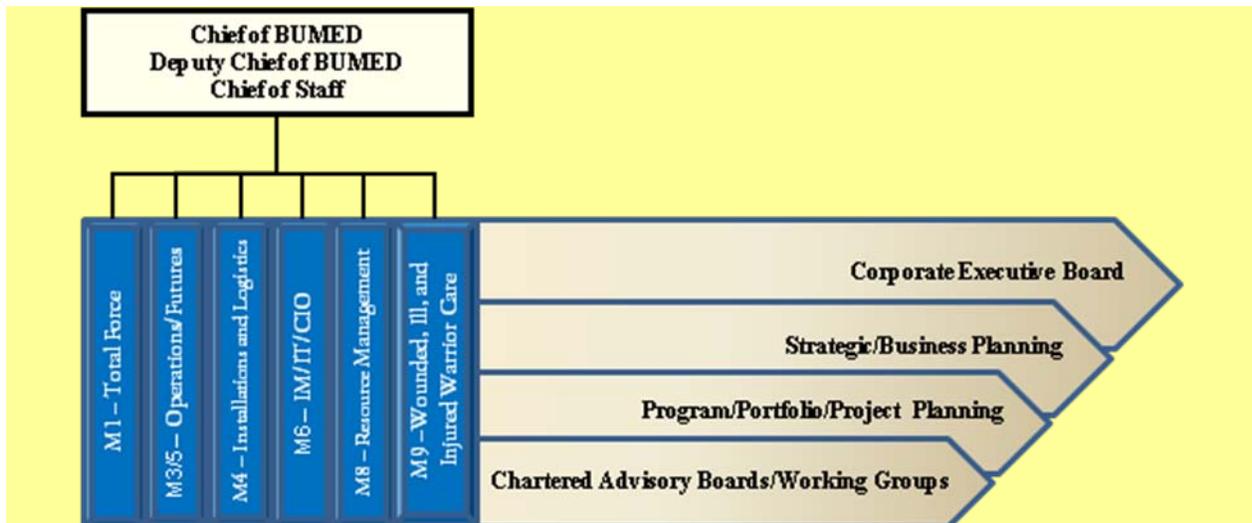
horizontal interaction. Our key Headquarters’ organizational levels - the Chief, BUMED/Surgeon General (SG) of the Navy; Deputy Chief, BUMED/Deputy SG of the Navy; Chief of Staff (COS), Deputy Chiefs, and Special Assistants respond to the constantly changing environment across BUMED Headquarters. Our 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**



**M00RP – Special Assistant for Research Protections**

**Functions:**

1. Serves as principal advisor to Chief, BUMED and to the Special Assistant for Medical Research for all human research protections, and animal use research involving, related to, or supporting any research or investigation involving human subjects and animals that is conducted within the U.S. Navy and the U.S. Marine Corps, and/or is supported by or utilizes Navy assets to include finances, military or civilian personnel, buildings, tools, or devices.
2. Collaborates and receives guidance from the Special Assistant for Medical Research for the policy development, oversight, and review activities of the DON Human Research Protection Program and the Animal Research Protections Program.
3. Provides subject matter expertise and direction to the DON Human Research Protections Program and the Animal Research Protections Program.
4. Provides regulatory, human protection, animal use, and medical information privacy policy development, oversight, compliance, and ongoing monitoring of same for human subject research and laboratory animal care and research use within the DON and all areas of Chief, BUMED oversight.
5. Reviews and recommends approval to the Navy Component official for approval of DoD-Navy assurances and addendums to Federal-Wide assurances for the protection of human research subjects.
6. Provides interpretation of human and animal research protections related statutes, Federal regulations, DoD directives, and DON instructions.
7. Reviews Navy and Marine Corps-sponsored intramural and extramural human subject and animal research protocols and provides recommendations on compliance with Federal and DoD regulatory, human research protections, and animal use requirements.
8. Provides guidance to obtain/maintain accreditation for animal care facilities via Accreditation of Laboratory Animal Care (AAALAC) International.
9. Serves as Navy liaison to the Director, Defense Research & Engineering (DDR&E), DoD, and other Federal Government agencies on matters of human research protections matters.
10. Serves as Liaison to the U.S. Army (DoD Executive Agent) for veterinary support at DON facilities.
11. Serves as a core member of the BUMED Executive Research Advisory Board, providing specific expertise in all areas relative to human subject research protection and laboratory animal care and use in DON and Marine Corps medical research.
12. Performs additional duties as Director, BUMED Office of Research Protections, through the BUMED COS.

**M00MR – Special Assistant for Medical Research**

**Functions:**

1. Serves as principal advisor to Chief, BUMED for all research issues involving development and testing of medical, surgical, behavioral or environmental interventions, devices and tools, including basic medical science and laboratory research preliminary to research in living organisms, as well as research involving living organisms whether conducted within, supported by or utilizing Navy Medicine assets to include finances, military or civilian personnel, buildings, tools or devices and on emerging technologies external to Navy, Marine Corps and DoD which may impact the health, wellbeing, fitness, and performance optimization of Navy, Marine Corps and DoD personnel and medical beneficiaries.
2. Oversees the Medical Research and Development Center, Navy Medical Institute for the Medical Humanities and Research Leadership and, within such, oversees the NMRDC Research Policy, Strategy, Allocation and Oversight Program Office.
3. Oversees and formulates recommended policy, develops strategy, assists with procurement of resources and research opportunities and conducts reviews of the Navy Research and Development enterprise administered through the Naval Medicine Research Center and its subordinate commands, detachments and field activities.
4. Oversees and formulates recommended policy, develops strategy, assists with procurement of resources and research opportunities and conducts reviews of the Navy Medicine Clinical Investigation Program as administered by the Navy Medicine Regions, medical centers and medical/dental treatment facilities to adequately support the Navy Medicine graduate medical and professional education programs.
5. Seeks and receives information from The Medical Officer of the Marine Corps, The Fleet Forces Command Surgeon, The Pacific Fleet Surgeon, and the Commanders of Navy Medicine West, Navy Medicine East and Navy Medicine National Capital Area to be utilized in development of Navy Medicine strategic research priorities and their transformation into Navy Medicine research and development guidance and performance measured programs to serve the medical and performance needs of operational forces, and health care beneficiaries.
6. Provides administrative support for and Chairs the Executive Research Advisory Board.
7. Provides policy development, oversight and review collaborative support to the Director, Research Protections regarding human subject and laboratory animal research and care as well as medical information privacy within the DON.
8. Provides for review of Navy-sponsored intramural and extramural human subject and animal research protocols and provides recommendations on compliance with Federal, DoD, host nation and international requirements.

## CHAPTER 5

### M4

#### DEPUTY CHIEF, INSTALLATIONS AND LOGISTICS

##### **Mission:**

Assists Chief, BUMED in ensuring the facilities infrastructure is maintained and developed according to the needs of the Navy; logistical support and execution are provided in an efficient, fiscally responsible manner; compliance with BRAC is guided in a consistent and conscientious way; ensures safety, occupational health, and industrial hygiene programs meet the needs of the Navy and its Sailors; and oversees antiterrorism and physical security compliance at Navy Medicine installations.

##### **Functions:**

1. Manages Navy Medicine Facility Life Cycle Management (FLCM) and Military Construction (MILCON) Programs. Provides guidance and consultation for clinical business and facilities management proposals and projects.
2. Coordinates, drafts policy, and prioritizes medical logistics support systems, contractual agreements, and technologies.
3. Assures compliance with requirements of BRAC while continuing to meet the needs of the MHS.
4. Develops implements and monitors safety and industrial hygiene programs in coordination with Line commands, NAVPERSCOM, and Headquarters Marine Corps (HQMC).
5. Provides Navy Medicine installations antiterrorism, physical security, and law enforcement program policy guidance and oversight.
6. Coordinates execution and program management of health care and operational medical logistics to include Fleet Hospital Program (PML-500); exercises command and control over Naval Medical Logistics Command, Echelon 3 command.

#### **M4B - Assistant Deputy Chief**

##### **Functions:**

1. Advisor and confidant to each Deputy Chief.
2. Manages code as the principal assistant to the Deputy Chief. Acting Deputy Chief in the absence of the incumbent.

**M4B Functions (Continued):**

3. Implements code-specific policy decisions and reviews all correspondence for policy implications and thorough and complete staff work.
4. Liaisons with various agencies and activities on code-specific issues and policies including U.S. Army, U.S. Air Force, U.S. Marine Corps, and ASD(HA) for tri-service issues and policies.
5. Liaisons with other BUMED ADCs, N931, TMA staffs, and others as appropriate.
6. Supports the Deputy Chief in all functions assigned to achieve effective and efficient operations.

**M41 – Facilities**

**Functions:**

1. Manages Navy Medicine FLCM and MILCON Programs. Provides facility guidance and consultation for MILCON proposals that support clinical practice and facilities management proposals and projects.
2. BUMED authority for design of health care facilities. Works with TMA and Naval Facilities and Engineering Command (NAVFACENGCOCM) on revisions to DoD design criteria. Provides guidance and assistance in such matters to Navy Medicine Regions and field activities.
3. Develops MTF space planning criteria in conjunction with the other Service representatives and OASD(HA).
4. Coordinates with NAVFACENGCOCM for the acquisition and disposition of real estate within BSO-18.
5. Coordinates BUMED Post-Occupancy Evaluation (POE) Inspection Program for all major health care facility construction.
6. Maintains oversight of the entire range of FLCM responsibilities for BSO-18.
7. Manages technical approval and resources for the Special Project Program whose goal is the sustainment, modernization, and renewal of all BSO-18 facilities, limited primarily by restrictions within Operations and Maintenance (O&M) funds utilization.
8. Technical advisor for MTF bachelor enlisted quarters (BEQ) and bachelor officer quarters (BOQ) programs for maintenance, repair, upgrade, and replacement of facilities.

**M41 Functions (Continued):**

9. Recommends multi-year MILCON programs for BUMED within the TMA MILCON process and performs liaison work associated with these programs.
10. Budgets for and distributes operating procedures and O&M (Other Procurement) funding for MILCON-related collateral equipment.
11. Coordinates with Deputy Chief, Total Force (BUMED-M1) to manage Civil Engineer Corps officer billets assigned to Navy Medicine activities.
12. Coordinates funding of collateral equipment for unspecified minor construction (UMC) MILCON projects.
13. Reviews and approves facility leases and demolition projects for TMA funding.
14. Reviews and forwards proposed Energy Conservation Investment Projects (ECIP) for TMA funding.
15. Manages Energy Conservation Program for BUMED.
16. Facilities liaison with Commander, Naval Installations Command (CNIC).
17. Maintains property record cards for all real property for which BUMED has maintenance responsibility.

**M42 – Logistics Policy**

**Functions:**

1. Coordinates and drafts policy for medical logistics support systems, contractual agreements, and technologies.
2. Principal advisor providing Navy Medicine activities and customers with strategic direction, management, and guidance on medical logistics support systems, contractual agreements, information architecture, and technologies necessary to perform their mission, maximize medical readiness, and transit from the peacetime benefit to contingencies or wartime missions.
3. Coordinates with BUMED principals, other BSO-18 commands, Navy and Marine Corps systems commands and OPNAV (N931) to ensure appropriate and timely medical material and logistics planning is accomplished to fulfill requirements in supporting projected peacetime and contingency missions, tasks, and functions.

**M42 Functions (Continued):**

4. Primary review authority for medical acquisition and health services logistics support doctrine publications.
5. Maintains liaison and supports collaborative efforts with all DoD and DVA components regarding multi-service medical logistics, contractual issues, and medical materiel and equipment standardization.
6. BUMED-M4 representative and/or voting member to the following multi-service entities:
  - Medical Logistics Proponent Committee (MLPC)
  - Defense Medical Materiel Proponent Office (DMMPO)
  - Joint Enterprise Wide Logistics-Medical (JEWL-M)
  - Theater Medical Information Program (TMIP)
  - Defense Logistics Agency-Medical Materiel Executive Agent (DLA-MMEA)
  - Joint Medical Logistics and Infrastructure Support (JMLIS)
7. Reviews and validates user requirements, including training system availability, to reflect changing fleet requirements. Ensures any major change requirements are timely reflected in the appropriate contracting vehicles and are included in budget models for out-year planning purposes.
8. Establishes and implements headquarters level logistics metrics to evaluate the ability of logistics programs to meet Navy and Marine Corps current and future requirements.

**M43 – Base Realignment and Closure (BRAC)**

**Functions:**

1. Manages Navy Medicine BRAC Program. Coordinates supporting internal actions with Deputy Chief, Total Force (BUMED-M1), Deputy Chief, Resources Management (BUMED-M8), Deputy Chief, Installations & Logistics, and NAVMED Region Commanders.
2. Monitors all BRAC budgets and fund allocations with CNIC, Navy BRAC Program Management Office, and Deputy Chief, Resources Management.
3. Monitors all BRAC financial executions and status with Deputy Chief, Resources Management and NAVMED Region Commanders.

**M43 Functions (Continued):**

4. Represents Navy Medicine's interests in BRAC considerations with Assistant Secretary of the Navy (Installations and Environment), Navy BRAC Program Management Office, TMA, U.S. Army Chief of Staff for Installation Management (ACSIM), U.S. Air Force BRAC Program Office, U.S. Army Office of the Surgeon General, U.S. Army Medical Command, U.S. Air Force Surgeon General's Office, U.S. Air Force Medical Operations Agency, and U.S. Army Corps of Engineers (USACE), NAVFACENGCOM.
5. Provides information to BUMED on BRAC issues, concerns, and directions.
6. Provides information and policy guidance to NAVMED Region Commanders on BRAC issues, concerns, and directions.
7. Liaison with all other appropriate parties for BRAC issues.

**M44 – Safety and Occupational Health**

**Functions:**

1. Develops, implements, and monitors safety, occupational health, and industrial hygiene programs in coordination with CNO and HQMC.
2. Provides support and guidance for Navy Medicine programs in the areas of safety, occupational health and industrial hygiene, the application of epidemiological techniques and statistical tools for optimal protection of occupational populations and deployed personnel.
3. Provides environmental human risk exposure assessment advice, coordination, and technical expertise for mission-related programs.
4. Advises on appropriate Safety, Occupational Health, and Industrial Hygiene research, development and testing requirements.
5. BUMED liaison to Navy Echelon 2 policy development boards and working groups for safety, occupational health, and industrial hygiene issues.
6. Represents BUMED with DoD, military departments, and SECNAV for safety, occupational health, and industrial hygiene issues.
7. Represents BUMED with OPNAV (N09F Safety) for policy development.
8. Liaisons and coordinates with Navy Inspector General regarding applicable BSO-18 safety, occupational health, and industrial hygiene issues.

**M44 Functions (Continued):**

9. Represents BUMED with Federal or State agencies for Occupational Safety and Health Administration (OSHA) issues.
10. Represents Navy on National Academy of Sciences Committee on Toxicology for development of study requirements and funding.

**M45 – Antiterrorism Force Protection (AT/FP)**

**Functions:**

1. Provides oversight or monitoring for programs that provide compliance with laws and regulations. Commands are expected to provide these services either directly or in cooperation with the host command or CNIC.
2. Oversees Antiterrorism, Physical Security, Law Enforcement, and Arms, Ammunition and Explosives (AA&E) programs within Navy Medicine. Supports NAVMED Region Commands in ensuring personnel are optimally prepared to deter, detect, defend, mitigate, and respond effectively to acts of terrorism. Assists command antiterrorism officers in preparing for and conducting local threat assessment and mitigation planning, as well as preparation for Joint Staff Integrated Vulnerability Assessments (JSIVA) and CNO Integrated Vulnerability Assessment (CNOIVA). Identifies and educates on matters of AT/FP requirements in Navy Medicine.

**M46 – Logistics Execution**

**Functions:**

1. Serves as the Lead Contracting Executive (LCE) for BUMED. Establishes contracting policy for BSO-18 and liaisons with Naval Supply Systems Command (NAVSUP) for procurement authority management for all BSO-18 procurement offices. Manages BSO-18 contracting activities, business practices, resources, and metrics. Leads strategic sourcing commodity management for medical supplies, equipment, and services.
2. Principal advisor and program manager for the Fleet Hospital Program Office (PML-500)/Expeditionary Medical Facilities (EMF) Program. Provides centralized planning and control of all resources necessary to design, procure, store, maintain and utilize deployable modular, re-locatable and rapidly erectable expeditionary medical facilities (except ships), as well as update and maintain identified capability based/medical adaptive force packages.
3. Executes property management program for BSO-18 and serves as BUMEDS Property Management Office in accordance with SECNAVINST 7320.10A, DON Personal Property Policies and Procedures.

**M46 Functions (Continued):**

4. Develops, implements, and provides on-going management of Commercial off the Shelf (COTS) medical device information assurance (IA) and reliability actions and provides oversight for the development and monitoring of Navy IA compliance policies and procedures for COTS medical devices. Acts as the “check and balance” agent as defined in Defense Information Assurance Certification and Accreditation Program (DIACAP) regulations.
5. Field Operating Agent (FOA) for non-clinical immunization issues related to logistical support of vaccine programs for the Navy. Compiles and reports all enterprise metrics, maintains databases, and properly distributes all vaccine reporting to include visibility of all requisitions, allotments, shipping, and receipt of products. Reviews all vaccine requests and coordinates funding for centralized vaccine programs. Retains authority for logistical substitutions of vaccine products for all Navy customers.
6. Establishes and implements medical logistics information technology (IT) systems in support of BSO-18 commands and Navy and Marine Corps systems commands. Serves as Senior Service Representative for configuration, control and integration for all Navy Medicine IT Logistics Systems solutions to include Defense Medical Logistics Standard Support (DMLSS), Standard Procurement System (SPS), and Wide Area Workflow (WAWF).
7. Collects, analyzes and reports Navy Medicine Enterprise Medical Logistics Metrics. Based on data analysis and trends, recommends corrective courses of actions. Identifies, tracks and reports best practices.
8. Serves as Commanding Officer, Naval Medical Logistics Command (NMLC). Exercises command and control over subordinate commands (Naval Ophthalmic Support and Training Activity and Navy Expeditionary Medical Support Command) and NMLC Detachment, Pirmasens, Germany.



## CHAPTER 6

### M6

#### **DEPUTY CHIEF, INFORMATION MANAGEMENT/INFORMATION TECHNOLOGY (IM/IT)/CHIEF INFORMATION OFFICER (CIO)**

##### **Mission:**

- Advises Navy SG (N093) and Chief, BUMED (M00) on IM/IT policy affecting Navy Medicine.
- CIO for the Navy SG (N093) and The Medical Officer of the Marine Corps (N093M) regarding MHS IM/IT strategic initiatives.
- Member of MHS standing boards and IT committees:
  - Tri-Service Information Management Proponent Committee.
  - MHS Integrated Portfolio Management Board and MHS Portfolio Management Oversight Committee.
  - The DON Information Technology Management Governance Council.
- Navy Medicine's liaison to DON CIO, NMCI, and other IM/IT working groups as assigned.
- Responsible for Navy Medicine wide IM/IT strategic direction, policy, and standards.
- Performs additional duties as Director, BUMED Office of Information, through BUMED COS.
  - Defines, oversees, and monitors the IM/IT aspects of projects that require the integration of multiple IT information sources to achieve the goals and objectives of Navy Medicine.
  - Provides day-to-day oversight of the Navy Management Information Systems Support Activity (NAVMISSA) at San Antonio.
- Represents Navy Medicine on IM/IT teams and work groups.

##### **Functions:**

1. Plans, develops, and directs implementation of strategic and operational IM/IT initiatives, policies, and standards.
2. Coordinates with BUMED and other appropriate resource planners to budget, staff, and facilitate IM/IT plans.
3. The CIO for Navy Medicine coordinates with other Navy offices, Marine Corps, and DVA and Integrated Program Office IT, infrastructure, and integration issues requiring cross appropriation funding from Defense Health Program (DHP). BUMED liaison to NAVMED Region Commands, The Medical Officer of the Marine Corps, higher authorities, other uniformed services, DVA, and any other external organizations to explore, plan, develop, and implement IM/IT initiatives as well as optimize current IM/IT operations.
4. Navy Medicine's principal advisor on medical IM/IT to ensure optimum use of available resources.

**M6 Functions (Continued):**

5. Navy Medicine's senior IM/IT and information resources management (IRM) official.
6. Oversees Navy Medicine IM/IT compliance with applicable statutes, regulations, policies, and guidance.
7. Develops and maintains an integrated Navy Medicine Enterprise Architecture, which guides all IT investments.
8. Consults, as needed, concerning assignment, utilization, and employment of IM/IT workforce (military and civil service) within BSO-18.
9. Responsible for centralized coordination regarding policy, planning, programming, and integration of all requirements for IM/IT Knowledge Management (KM) for Navy Medicine.
10. Navy Medicine liaison with OASD(HA), TMA, and other Federal and military Services on health care IM/IT issues.
11. Navy Medicine representative for formulation of the OASD(HA)/TMA central IM/IT budget in the annual Functional Integrated Working Group as supported by the functional proponents.
12. Coordinates with other Service information officers and Navy BSOs on IM/IT, infrastructure, and integration issues requiring cross-appropriation funding from or to the DHP.
13. Medical Functional Area Manager (FAM) to OPNAV.
14. Advocates DON IM/IT policies within the MHS.
15. Advises the DON Deputy CIO (Navy) on status of execution for Navy policies within the MHS.
16. Develops policy to address protected health information per HIPAA.
17. Exercises Chief, BUMED responsibility for centralized coordination of net-centric policy, planning, governance, requirements integration, and investment direction to provide secure global access to medical information.
18. Principal advisor to Chief, BUMED for net-centric matters including: Command and Control (C2), Information Operations (IO), Information Assurance, and business information systems.
19. Develops and promotes IM/IT strategies and programs in support of health-related services throughout Navy Medicine.

**M6 Functions (Continued):**

20. Plans and oversees a comprehensive, aligned, and cost-effective IM/IT portfolio for Chief, BUMED.
21. Coordinates and drafts policies and directives related to IM/IT services, portfolio, and lifecycle management.
22. Creates, directs, and maintains Navy Medicine Enterprise Architecture and supporting policies that guide all IT investments.
23. Assesses and ensures functional and technical adequacy, accuracy, and consistency with documented architectures, long-range operational requirements, threat scenarios, and program objectives and priorities.
24. Oversees IM/IT delivery performance on the extent of mission accomplishment and resource utilization.
25. Portfolio functional manager for IM/IT infrastructure, IM/IT Enterprise services, and information assurance.
26. Enterprise Information Assurance Manager (IAM) and senior information assurance official for Navy Medicine.
27. Navy IT central system coordinator (NICSC) and primary representative responsible for the coordination of MHS central system IM/IT investments for delivery in Navy Medicine.
28. Navy Medicine's primary liaison with BUMED codes, U.S. Navy, U.S. Army, U.S. Air Force, U.S. Marine Corps, ASD(HA), DVA, and other agencies and activities in providing IM/IT support and on issues and policies affecting IM/IT policy and practices.
30. Reviews and makes recommendations on approval requests for all IM/IT organization of subordinate activities.
31. Oversees the day-to-day execution activities of NAVMISSA to include their Program Management Office functions.

**M6B - Assistant Deputy Chief**

**Functions:**

1. Advisor and confidant to each Deputy Chief.
2. Manages code as the principal assistant to the Deputy Chief. Acting Deputy Chief in the absence of the incumbent.
3. Implements code-specific policy decisions and reviews all correspondence for policy implications and thorough and complete staff work.
4. Liaisons with various agencies and activities on code-specific issues and policies including U.S. Army, U.S. Air Force, U.S. Marine Corps, and ASD(HA) for tri-service issues and policies.
5. Liaisons with other BUMED ADCs, N931, TMA staffs, and others as appropriate.
6. Supports the Deputy Chief in all functions assigned to achieve effective and efficient operations.

**M61 – Director for Programs and IT Governance**

**Functions:**

1. Centralized coordination of net-centric policy, planning, governance, and requirements direction.
2. Represents BUMED as a member of MHS standing boards and IM/IT committees. Coordinates the Management Control Board (MCB) and Capabilities Management Working Group (CMWG).
3. Tasks and tracks IM/IT portfolio governance directed activities.
4. Coordinates all medical FAM to OPNAV/HQMC-C4 activities and oversees and validates any additions to the IM/IT portfolio as reflected in IM/IT data repositories.
5. Monitors compliance to ensure that all IM/IT programs are routed through the Navy Medicine IM/IT governance process prior to initiation and at all major milestone decision points.
6. Oversees and validates compliance requirements for Milestone Decision Authority (MDA) on all IM/IT Acquisitions.
7. Develops and maintains an integrated Navy Medicine Enterprise Architecture and supporting policies that guide all IT investments.

**M61 Functions (Continued):**

8. Develops and maintains the “Navy Medicine IM/IT Portfolio Governance Handbook Essentials.”
9. Ensures all IM/IT investments are incorporated into Navy Medicine portfolio manager (PfM) and are managed per policy and directives.
10. Plans, develops, and directs IM/IT program lifecycle implementation of strategic and operational initiatives, policies, and standards.
11. Establishes and implements policy and procedures for IM/IT program execution and reporting.
12. Conducts program reviews focused on program cost, schedule, performance, and risk management.
13. Identifies and fills gaps in architecture, policy, and guidance for Navy Medicine programs; develop policy and plans to accommodate validated and approved capabilities.
14. Supports PfMs in establishing IM/IT capabilities, especially for telemedicine, radiology, and other clinical activities.
15. Assesses and monitors Navy Medicine IM/IT program compliance with DoD, TMA/MHS, and DON standards and guidelines.
16. Provides information on the IM/IT status and health of the Navy Medicine Enterprise to the DON CIO and Deputy DON CIO (OPNAV/N6).
17. Assesses the doctrine, organization, training, materiel, leadership and education, personnel and facilities (DOTMLPF) dimensions of IM/IT capabilities.
18. Provides focal point for Fleet and Marine elements of Navy Medicine, including IM/IT policies and processes for T-AHs, EMFs, and Marine Expeditionary Forces.
19. Defines capability requirements and acts as PfM for common enterprise IM/IT services such as e-mail, directories, common software such as Microsoft office suite, centrally hosted Web sites, etc.
20. Coordinates and advocates for Navy Medicine capability requirements to TMA for central system IM/IT programs.

**M61 Functions (Continued):**

21. Ensures that required Navy and Marine Corps medical operational support capabilities are addressed in Joint IM/IT Programs (including Marine Corps Basic Allowance for Subsistence (MC BAS), T-AH, EMF, Navy Ships, etc.).
22. Coordinates Navy Medicine deployment of U.S. Army, U.S. Air Force, and central system IM/IT programs and tracks deployment execution progress.
23. Reports on U.S. Army, U.S. Air Force, or central system IM/IT program issues, risks, assumption, and decisions.
24. Coordinates Navy Medicine training and training plans for U.S. Army, U.S. Air Force, or central system IM/IT programs.
25. Leads Navy Medicine testing and acceptance for U.S. Army, U.S. Air Force, or central system IM/IT programs.
26. Conducts Navy Medicine stakeholder meetings for U.S. Army, U.S. Air Force, or central system IM/IT programs.
27. Participates in Tri-Service Joint responses to TMA on IM/IT central systems issues and decisions.
28. Tracks and/or coordinates all internal and external IM/IT central system Navy taskings.
29. Coordinates infrastructure initiatives and requirements with TMA/TIMPO to ensure Navy Medicine needs are planned and programmed for within TMA funding and program planning.
30. Principal advisor for IM/IT infrastructure matters including: communications, networks, routers, firewalls, servers, end-user devices, digital storage, and internet protocol based voice, data, video, paging, etc.
31. Defines capability requirements and acts as PfM for Enterprise infrastructure requirements.
32. Identifies and coordinates Navy Medicine infrastructure requirements to TMA/HA central programs.

**M62 – Director for IA, Privacy, and Security**

**Functions:**

1. Plans, develops, and directs IM/IT security and privacy strategic and operational initiatives and standards; establishes and implements processes and procedures for IM/IT security and privacy compliance and reporting.
2. Ensures that priorities and processes of privacy and security are aligned and facilitates the mission, vision, goals, and strategies of Navy Medicine.
3. Assesses and monitors Navy Medicine IM/IT compliance with DoD, TMA/MHS, and DON security and privacy standards and guidelines.
4. Reviews and processes all IM/IT security related Memorandum of Understanding (MOU) and privacy impact assessments.
5. Develops policy, guidance, and approval process for Data Use Agreements (DUAs) to ensure confidentiality of patient related sensitive information to internal and external requestors.
6. Develops methods for guiding, measuring, and reporting the effectiveness of privacy and security programs.
7. Provides policy, planning, and oversight for the Navy Medicine Information Assurance Program.
8. Develops policies and processes for IT COOP ensuring continued confidentiality, integrity, and availability of IT after a disaster or interruption.

**M63 – Director for Information Integration**

**Functions:**

1. Develops standard methodologies for information exchanges between IT systems.
2. Develops information integration process model and metrics.
3. Establishes criteria for Enterprise processes beyond Navy Medicine to MHS and joint VA initiatives.
4. Develops Navy capability requirements for DoD/VA efforts such as Line of Action (LOA) #4.

**M63 Functions (Continued):**

5. Coordinates execution of approved and funded LOA #4 IM/IT capabilities.
6. Pursues trusted partnership for IT infrastructure such as regional VA/DoD gateways, the National Health Information Network (NHIN), and Health Information Exchange (HIE).
7. Coordinates DoD/VA sharing decisions – such as those with North Chicago, San Diego, Pensacola, and Charleston.
8. Maps multi-system functional processes such as Individual Medical Readiness, Post-Deployment Health Assessment (PDHA)/PDHRA, identifying AS-IS & TO-BE and gaps in processes and IT solutions “Operationalize” information integration processes and metrics for all support and reporting.
9. Drives requirements to shape the DoD/VA interagency and managed care support activities for sharing processes such as Bidirectional Health Information Exchange, Virtual Lifetime Electronic Record, and NHIN.
10. Engages National Capital Area (NCA)/Joint Task Force National Capital Region Medical (JTF CapMed) to drive requirements definition for inter-service integration.
12. Analyzes current applications and provides direction through Concept of Operations (CONOPS) and/or new policy directives on the use of applications supporting Navy Medicine throughout its Enterprise.

**M64 – Director for Clinical Informatics**

**Functions:**

The Clinical Informatics (CI) Division within M6/CIO will serve to optimize health care across BUMED and the Navy Medicine (NAVMED) enterprise by leading, coordinating, and recommending policy for clinical/health information and systems. The vision of the CI Division will be to serve as a leader and innovator in the development, deployment, and management of clinical/health information systems across the Military Health System.

The CI Division, while residing in M6 and led by the CIO, transcends the entire Navy Medicine enterprise. To accomplish this mission, CI will aggressively seek out opportunities to assist and coordinate all aspects of health informatics, with both the codes at BUMED and all Navy Medicine Regions. CI will also provide subject matter expertise in educating senior leadership on health care information matters and play a lead role in coordinating inter/intra-organizational health care information system decisions based upon best available evidence.

**M64 Functions (Continued):**

The objectives, roles, and responsibilities of the CI Division are specified in reference (a). Major objectives are the following:

1. Recommend policy and guidance for the implementation and use of the Electronic Health Record (EHR).
2. Provide training guidance for implementation and sustainment.
3. Provide support and guidance to Regional and MTF EHR Clinical Champions.
4. Serve as coordination between the technical IM/IT community and clinical end-users to ensure appropriate support and design for the EHR and ancillary systems.
5. Support current and future clinical operations in the development, deployment, and sustainment of systems.
6. Provide SME and coordination in the transition from the paper record to the EHR as the legal health record and any NAVMED P-117, Manual of the Medical Department revisions.
7. Support WII activities in the development, deployment, and sustainment of information systems that support their programs.
8. Support Resource Management (BUMED-M8) in the development, deployment, and sustainment of information systems that support the business programs necessary for optimal health care.
9. Provide support and guidance in the identification, selection, and acquisition of medical devices.
10. Support external agencies (e.g., TMA, Office of the Marine Corps, Fleet Forces Command) in the development, deployment, and sustainment of information systems that support their programs.
11. Provide input to TMA/MHS on the clinical needs of the Navy Medicine end-users for all clinical systems.
12. Within the CI Division, there will be five critical sub-components. They will include the:
  - a. **Chief Medical Informatics Officer (CMIO):** In accordance with reference (b), the CMIO will be responsible for supporting the development of clinical information systems that assist Navy Medicine clinicians in the delivery of safe, effective, high quality patient care. The CMIO will serve as the Chair of the Electronic Health Record Advisory Board (EHRAB) and the

**M64 Functions (Continued):**

**Chief Medical Informatics Officer (CMIO) (Continued):**

Vice Chair of the Capabilities Management Working Group, representing the needs and requirements of the physician and non-physician clinician communities. Serves as an advocate in promoting the use of IT in the clinical setting. Works in partnership with IT teams to translate clinician requirements into specifications for new clinical systems.

b. **Dental and Dental Diagnostic Imaging Clinical Champion:** In accordance with reference (c), the BUMED Dental Clinical Champion will be responsible for:

(1) Providing functional expertise on the development, deployment, and maintenance of Navy Medicine's Dental documentation software/EHR.

(2) Helping champion an integrated calendar-based scheduler, ensuring the quality of all dental data, and coordinates the deployment of dental digital imaging (DDI) systems – to include central storage of and world-wide access to all digital images.

(3) Attending and representing Navy Dentistry at all meetings as required, including but not limited to the Defense Health Information Management System (DHIMS) Program Office and the Defense Health Services Systems (DHSS) office.

(4) Interfacing with Navy dental specialty leaders to solicit suggestions and proposes solutions for their Dental EHR and DDI questions and problems.

(5) Developing, advising, and coordinating guidance and policy on Dental EHR and DDI.

c. **Inpatient Electronic Health Records (EHR) Clinical Champion:** In accordance with reference (d), the Inpatient EHR Champion will be responsible for:

(1) Serving on the EHRAB.

(2) Serving on the MHS Inpatient governance and configuration group.

(3) Working with CI personnel from TMA, Army, and Air Force in developing standardization of templates and workflow guidance for the inpatient area.

(4) Working with CI personnel from TMA, Army, and Air Force to recommend policy on the use of the inpatient EHR and associated systems.

(5) Providing guidance and management oversight of the inpatient health IT portfolio in conjunction with the other BUMED codes (who are the functional owners of the capabilities).

**M64 Functions (Continued):**

d. **Outpatient Electronic Health Records (EHR) Clinical Champion:** In accordance with reference (e), the Outpatient EHR Champion will be responsible for:

- (1) Serving on the EHRAB.
- (2) Serving on the Outpatient Systems Integrated Product Team (OSIPT), or its MHS successor, for outpatient EHR governance.
- (3) Working on the Unified Biostatistical Utility (UBU) coding rules as a clinical representative as time permits.
- (4) Working with EHRAB members to develop, report, publish, and issue the annual EHR end-user assessments.
- (5) Working with CI personnel from TMA, Army, and Air Force in developing standardization of templates and workflow guidance for the outpatient area.
- (6) Providing guidance and management oversight of the outpatient and ancillary services health IT portfolio in conjunction with the other BUMED codes (who are the functional owners of the capabilities).

e. **Telemedicine Coordinator (TMC):** In accordance with reference (f), the TMC will be responsible for:

- (1) Input to Navy Medicine's planning, policy, and guidance for telemedicine applications in support of operational support, medical readiness, health care delivery, and ancillary support at Navy military treatment facilities and other points of care, screening, and medical decision-making.
- (2) Performing budget planning and oversees execution of funds.
- (3) Advising BUMED-M6 about CNO Guidance, Navy Medicine Strategic Plans, Business Planning guidance and priorities, and other directives that identify potential and actual trends in the demand/need for telehealth services.
- (4) Representing Navy Medicine to the ASD (HA), Army Medicine, the Air Force Medical Service, the DVA, and nongovernmental entities.
- (5) Preparing Performance Work Statements for telemedicine initiatives and conducting BCA's for POM submission items.

**M65 – Director for IT Workforce and Training**

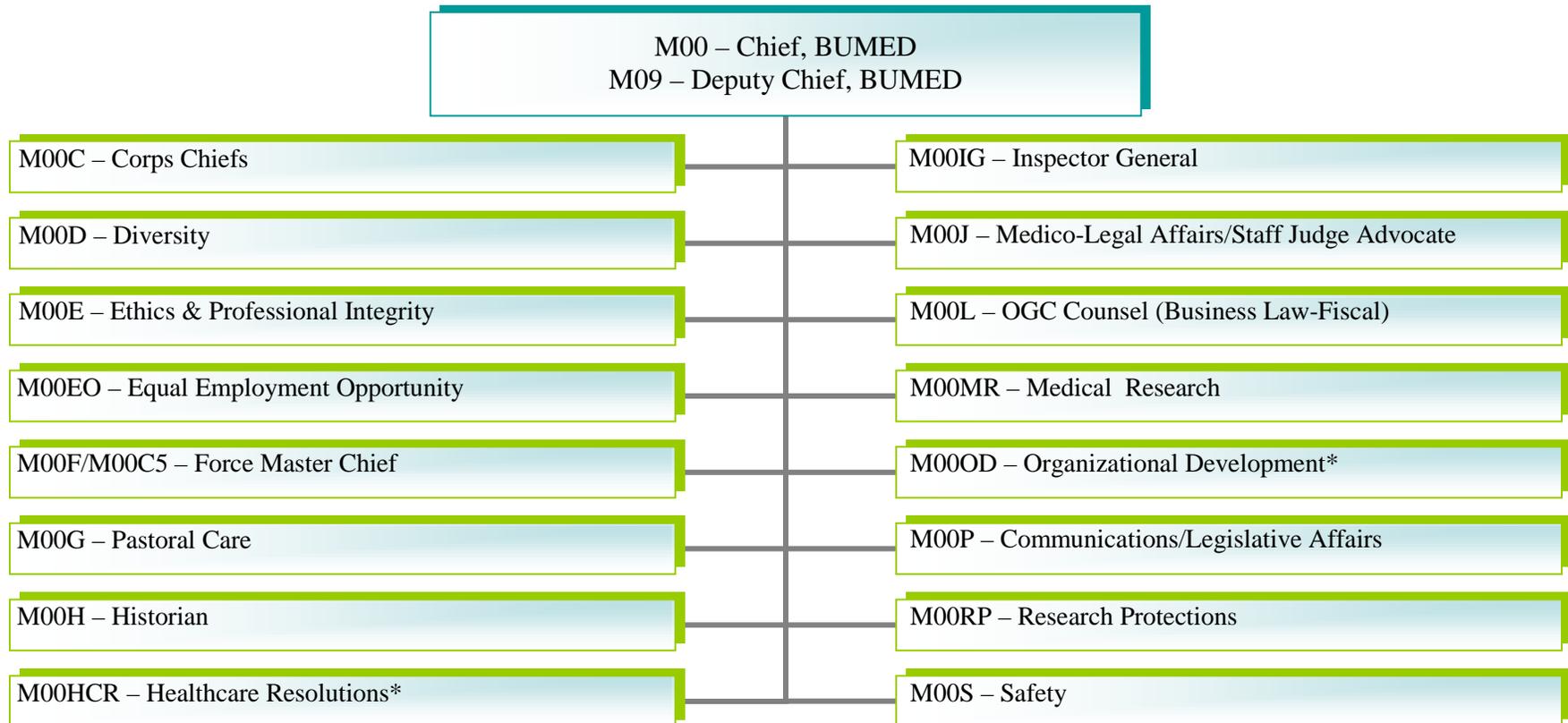
**Functions:**

1. Provides strategic direction for military and civilian IM/IT community.
2. Works with BUMED-M1 to resolve IM/IT workforce issues.
3. Identifies all IM/IT manpower and personnel in Navy Medicine – military, civil service, and contractor.
4. Develops standard manning recommendations based on industry and government standards.
5. Develops standard IM/IT National Security Personnel System (NSPS) and General Schedule (GS) position descriptions and performance objectives for Enterprise use.
6. Identifies IM/IT workforce knowledge, skill, and abilities standards at all NSPS/GS levels/military ranks for all IM/IT areas.
7. Identifies recommended, required, and minimum education and training standards for IM/IT workforce.
8. Develops IM/IT workforce education and training standards.
9. Analyzes and evaluates gaps in the current Navy Medicine IM/IT workforce knowledge, skills, and individual abilities and recommend improvements.
10. Works with NAVMED Region Commands to assist with IM/IT workforce issues.
11. Liaisons with Navy Medicine IG regarding applicable BSO-18 IM/IT issues.

**Director for IT Resources:** As a “direct-report” to the CIO, the Director for IT Resources shall coordinate all matters relating to the successful oversight, management and execution of Budget Activity Group (BAG) 4. Additionally, he will coordinate all actions regarding investment decisions and will oversee recommended IM/IT portfolio and allocation of BAG 4 resources and IM/IT investments from any other BAG to ensure alignment with leadership direction and the Navy Medicine Strategic Plan.

**Director for Operations:** As a “direct-report” to the CIO, the Director for Operations shall act as the defacto Chief of Staff for the M6 and additionally will lead creation of a mission statement and strategic plan that documents the roadmap for IT policy for the BUMED-M6 for the next one, three, and 5 years. He will also oversee and coordinate all SharePoint activities for the BUMED Headquarters and will chair the BUMED SharePoint Oversight Tiger Team.

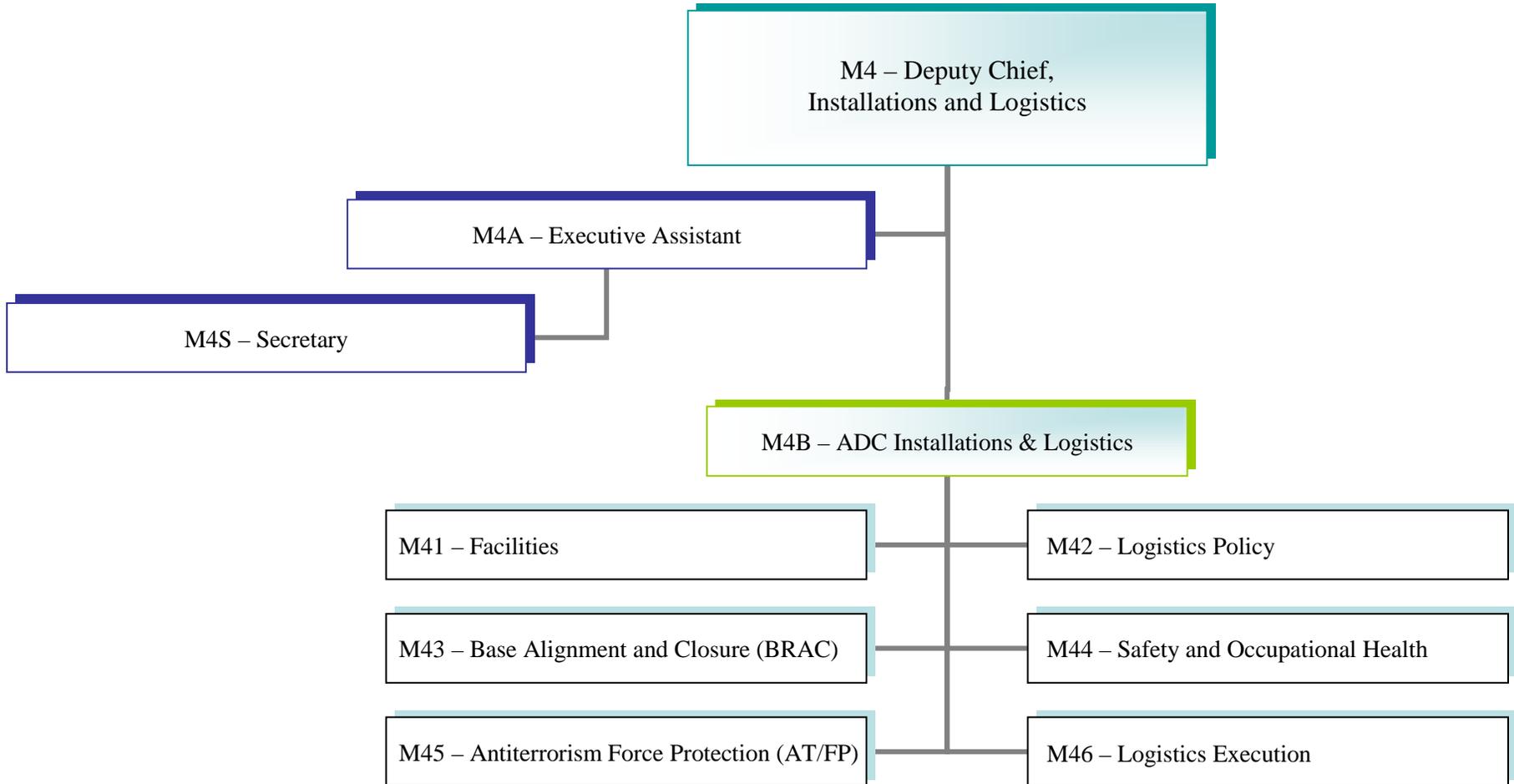
## Appendix A Organization Charts Chief, BUMED Special Assistants



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

## Appendix A Organization Charts

### M4 – Installations and Logistics



## Appendix A Organization Charts

### M6 – Information Management/Information Technology/ Command Information Officer (CIO)

