



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
7700 ARLINGTON BOULEVARD  
FALLS CHURCH VA 22042

IN REPLY REFER TO  
BUMEDINST 6440.8B  
BUMED-M3  
22 Feb 2018

BUMED INSTRUCTION 6440.8B

From: Chief, Bureau of Medicine and Surgery

Subj: OPERATIONAL FORCES MEDICAL LIAISON SERVICES

Ref: (a) BUPERSINST/BUMEDINST 1306.72H  
(b) DoD Instruction 6490.08 of 17 August 2011  
(c) ASD(HA) Policy Memo 11-005 of 23 Feb 11  
(d) DoD Instruction 8910.1 of 19 May 2014  
(e) CNO WASHINGTON DC 171839Z Oct 14 (NAVADMIN 244/14)  
(f) BUMEDINST 6320.85A

1. Purpose. To establish functions and assign responsibilities for medical liaison support to the operational forces and to establish policy for providing services. This instruction is a complete revision and should be reviewed in its entirety.
2. Cancellation. BUMEDINST 6440.8A.
3. Scope. This instruction applies to all Navy Medicine medical treatment facilities (MTF) that support operational forces. Operational forces are defined as deployed Fleet and Marine Forces; units of the Military Sealift Command; shore-based personnel or units subject to deployment (Navy Expeditionary Combat Command Units, Naval Special Warfare Units, Anti-Submarine Warfare Wings, Deep Submergence Units, etc.); Army, Air Force, U.S. Coast Guard, U.S. Public Health Service, and National Oceanic and Atmospheric Administration personnel or units in deployable status; and visiting foreign national personnel or units.
4. Background. The mission of Navy Medicine is to keep the Navy and Marine Corps family ready, healthy, and on the job.
5. Policy. Navy Medicine is tasked with ensuring that operational forces are provided timely access to care, quality care, and administrative support in a manner which supports and facilitates the highest state of medical readiness for deployment of operational forces per references (a) through (f).
6. Functions and Responsibilities. The function of the Operational Forces Medical Liaison Services (OFMLS) office is to serve as the primary point of contact (POC) between the MTF and operational unit Senior Medical Department Representative (SMDR). The SMDR may be a medical officer or senior enlisted member depending on the size of the operational unit or platform. The MTF operational forces medical liaison officer is authorized by this instruction as a special assistant to the MTF commanding officer (CO) or officer in charge (OIC). Responsibilities of the OFMLS office include, but are not limited to:

- a. Provide POC between the MTF and the operational forces 24-hours per day, 7 days per week.
- b. Per reference (c), coordinate timely access to MTF care and health services referrals for the operational forces, in consideration of deployment schedules and operating tempos.
- c. Provide parent command authority notification of patient status. Reference (b) provides detailed guidance for disclosing personal health information (PHI) concerning an active duty member's fitness for duty. All PHI that is released to a command authority is on a need to know basis. In all cases, only the minimum necessary information will be released in order to accomplish the purpose for which the request is made. This is often referred to as the "Minimum Necessary Rule." The following are examples of patient information that may be shared with operational command authorities:
  - (1) Date and time of the Service member's pending medical appointments such as physicals, immunizations, labs, etc.
  - (2) If the Service member was seen, a no-show, left without being seen, or missed/ cancelled appointments; was treated and released from the emergency room; was transferred to the MTF inpatient ward or transferred to another MTF or civilian facility.
- d. Provide timely follow-up information to operational unit commanders or appointed operational unit SMDRs on medical evacuation patients, admissions and dispositions, temporary limited duty boards, and Integrated Disability Evaluation System decisions.
- e. Provide operational unit commanders or appointed operational unit SMDRs sufficient information to initiate personnel casualty reports, unplanned loss messages, and related behavior messages. Per reference (e), the operational command is responsible for fully funding temporary duty (TDY) orders when a Service member is sent to the MTF for medical evaluation or treatment in an outpatient status. If a Service member is sent to the MTF as an inpatient status for evaluation or treatment, TDY orders are funded by a Budget Submitting Office (BSO) 18 line of accounting.
- f. Per reference (a), maintain liaison with established medical transition companies, and report the status of assigned operational personnel to the Service member's parent command. Notify the operational unit commander or appointed operational unit SMDR's command of any change in the patient's status per reference (b).
- g. Provide an active, visible pier side presence and participate in local type commander (TYCOM) and immediate superior in command (ISIC) medical meetings.

h. Serve as a liaison with TYCOMs, ISICs, and operational SMDRs to maintain a directory of names, locations, e-mail addresses, and telephone POCs for MTF supported operational unit SMDRs.

i. Per reference (c), educate SMDRs regarding required TRICARE procedures and access to health care in the local region this includes routine and after-hours access to the MTF for primary care, specialty care, and urgent care as well as use of the network by the active duty members. Ensure SMDRs understand their roles and responsibilities acting as primary care managers (PCM) in the local catchment area. Ensure SMDRs are appropriately supported and monitored in their role as PCMs and assessments are forwarded to the TYCOM and ISIC when appropriate. Identify point of service barriers both at the individual and system level to the CO. Serve as a liaison with SMDRs to provide assistance with regard to TRICARE claims, network issues, and benefits questions.

j. Visit emergently admitted patients from operational units within 48 hours and very seriously ill and critically ill patients within 24 hours of notification of admission. When a Service member is admitted to a non-naval MTF or civilian hospital within or outside the continental United States refer to reference (f) for detailed guidance. Reference (f) provides guidance for medical cognizance for Service members hospitalized in a civilian hospital within or outside the continental United States.

k. Serve as the primary liaison between the patient, the parent command, MTF patient administration department, and the personnel support activity or personnel support detachment as required.

l. Conduct Process Improvement Activities

(1) Obtain feedback from OFMLS customers such as patients and SMDRs utilizing MTF created questionnaires via the MTF customer service officer. Any survey program must comply with reference (d).

(2) Review metrics with the MTF CO or OIC, to include TRICARE Prime appointment access standards are being met, consultation processing time, and provider performance.

(3) Report metrics as requested to Healthcare Business and Administration (BUMED-M31), for compilation across all BSO 18 MTFs.

m. Coordinate emergency logistics support to deploying or deployed operational forces.

n. Assist the requesting operational SMDR with facilitation and/or scheduling of MTF supported occupational health physical examinations, industrial hygiene surveys, or environmental health requirements.

7. Action. MTF COs and OICs must:

a. Establish an OFMLS office and appoint a medical department officer with both operational and MTF experience as the head of the OFMLS office. Operational experience required may vary by command size and operational forces support required.

b. Appoint a senior enlisted member with operational platform medical department experience as the program manager within the OFMLS office.

c. To properly account for readiness functions, ensure this special assistant organization is used: OOSMZZZZZZ. Ensure all staff working under this function report their labor to EBBA.

d. Provide sufficient personnel, appropriate space, and equipment to support operational liaison activities to the operational forces present within the MTF area of responsibility. Communication equipment and access should include: United States Transportation Command Regulating and Command & Control Evacuation System account and secure voice and secret internet protocol router network to the greatest extent possible.

8. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per SECNAV M-5210.1 of January 2012.

9. Review and Effective Date. Per OPNAVINST 5215.17A, Bureau of Medicine and Surgery will review this instruction annually on the anniversary its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and statutory authority using OPNAVINST 6215/40 Review of Instruction.



C. FORREST FAISON III

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at: <http://www.med.navy.mil/directives/Pages/BUMEDInstrucitons.aspx>.