

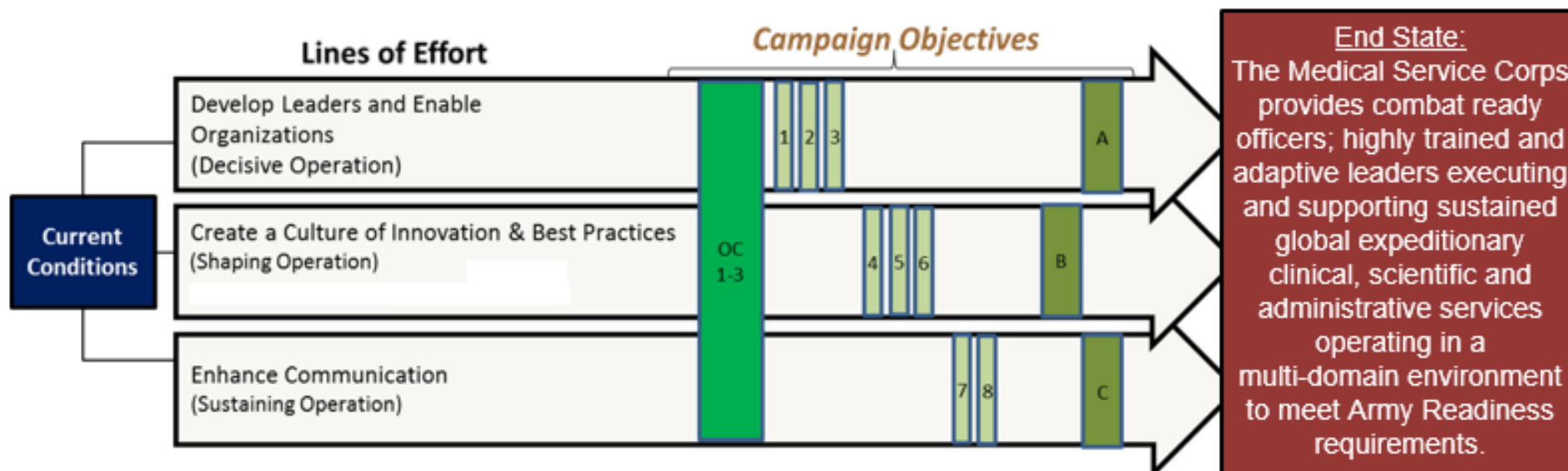
**2018**  
**Medical Service Corps**



**Campaign Plan**

**Medical Service Corps Mission:** To deploy, fight, and win our Nation's wars by providing a diverse, competent, and multidisciplinary team of professionals who strengthen the Military Health System through responsive and reliable clinical, scientific, and administrative services across the full spectrum of conflict as part of the Joint Force.

**Medical Service Corps Vision:** The keystone of the System for Health with highly trained and adaptive leaders successfully operating in joint, multi-domain, high-intensity environments, while maintaining its ability to conduct irregular warfare.



**Means**

Organizational Capacity (OC):  
 OC1. Improve Organizational Development  
 OC2. Support Quality Care & Culture of Safety  
 OC3. Enhance Information Sharing & Knowledge Management

**Ways**

Internal Processes (IP):  
 IP1. Develop Adaptive & Innovative Leaders  
 IP2. Leverage the Best Talent & Mentorship  
 IP3. Enhance Interoperability  
 IP4. Support Responsive Medical Capabilities  
 IP5. Enhance Medical Readiness of the Total Army  
 IP6. Promote Health & Satisfied Families and Beneficiaries  
 IP7. Leverage New Technologies and Communication Approaches  
 IP8. Manage Corps & AOC Engagements

**Ends**

Clinicians, Scientists, and Administrators:  
 A. Agile and adaptive future Leaders  
 B. Responsive Clinical, Scientific, and Administrative Services  
 C. Optimized and transparent communication

## Ends

The end state describes the set of conditions that define the Medical Service Corps’ success. To achieve this end state, The Medical Service Corps’ Clinicians' Scientists' and Administrators’ must produce three outcomes of value to those we directly serve (officers and beneficiaries) and to satisfy the diverse expectations of its stakeholders in order to nest with the Army Medicine’s End objectives in the Army medicine Campaign Plan.

End State		End Objectives
A. Agile and adaptive future	Nest with	A. Medical Readiness of the total Army
B. Responsive clinical, Scientific, and Administrative Services		B. Responsive Medical Capabilities
C. Optimized and transparent communication		C. Quality, Outcomes-Based Care for All We Serve
		D. Healthy & Satisfied Families and Beneficiaries

### A. Agile and adaptive future Leaders

An agile and adaptive leader is on the cutting edge of change and is able to recognize transitions in healthcare delivery and the need to meet future challenges. They understand how to operate successfully in a complex and ever-changing environment. With changes in the healthcare landscape, these leaders recognize how to anticipate and manage the transitions that are occurring within Army Medicine.

## B. Responsive Clinical, Scientific, and Administrative Services

As a shaping operation, we integrate the mission of our Corps with Army Medicine through Integration, Innovation and Adaptability. The Medical Service Corps’ specialties and diversity bridge the gap and apply adaptive innovation between physicians and the warfighter. We integrate Army Medicine into the Amy, we develop responsive medical capabilities and we enhance readiness, healthcare delivery, while taking care of Soldiers and Families for life.

### C. Optimized and transparent Communication

Enhancing communication skills of MSC leaders is the cornerstone to developing a Total Force prepared for future healthcare challenges, as well as prepared for leadership challenges yet to be defined. Communication is instrumental in the proper acquisition, mentoring, and retaining a MSC Total Army capable of delivering healthcare on the battlefield and in garrison. Providing opportunities for MSC leaders to mentor and develop agile leaders is paramount in the ensuring the Total Army is capable of producing the best leaders to support the health of the Warfighter, Families, and other beneficiaries. We must be ready and able to respond to predictive and unknown situations with the most capable MSC leaders mentored and trained to be ready for a dynamic future with shifting priorities and resources. Building strong leaders rooted in understanding the diversified capabilities of each member of the Total Army which will be initiated in the experiences,

mentoring and training that is built over years as each of the junior MSC officers move up the ranks. Finally, the MSC must be prepared for leadership roles in uniform, as well as out of uniform. MSC leadership should be viewed as a responsibility to themselves and others they support and defend.

## Ways

**IP1. Develop Adaptive and Innovative Leaders:** The MSC sustains the complementary synchronization of training, education, and experience proven integral to developing officers that can effectively lead organizations “to win” in future complex operating environments. The MSC sustains leader development in a deliberate, continuous, and progressive methodology across all domains (operational, institutional, and self-development), building a competitive advantage and providing Army Medicine agile, proficient, critical thinking leaders. Using a strategy nested within the Army framework, the MSC invests and allocates time where 70% occurs in the Operational Domain (“active experimentation” and “concrete learning”), 20% in the Self-Development Domain (“abstract conceptualization”), and 10% in the Institutional Domain (“reflective observation”).

The MSC will:

- a. Optimize (or increase) opportunities for all MSC officers to develop by ensuring at least one assignment in both TOE/TDA assignments prior to PZ Major’s board (Target - MFA 70 series) (S: 85%, NI: 75%) [HRC, Consultants]

- b. Maximize required professional credentialing and/or certifications (FACHE, Allied/Clinical Sciences, etc.) IAW professional timelines while synchronizing with military assignments (S: 90%, NI: 70%) [Consultants, OCMSC]
- c. Optimize Professional Military Education (PME) enrollment in all current courses/quotas and expand authorizations where necessary to broaden cognitive agility and critical thinking skills (S: 95%, NI: 80%) [HRC, Consultants]
- d. Employ strategic communication approach to inform the Corps on campaign objectives (i.e. DA PAM 600-4 updates, MSC webpage, MSC Leader Development Toolkit on FB, etc.) (S: Quarterly, NI: Semi-Annually) [OCMSC, HRC, Consultants, CDID, Total MSC] our options for future capabilities.
- e. MSC leaders at all levels (direct, organizational, strategic) implement Center for Army Professional Ethic (CAPE) tools/training to improve and sustain shared mindfulness of the “Leaders of Character” (S: Quarterly, NI: Semi-Annually) [Total MSC]
- f. Develop leaders capable of effectively operating in a System for Health by developing shared understanding in new concepts (i.e. High Reliability Organizations [HRO], Operating Company Model, AMCP17 and AMCP18, etc.) (S: Semi-Annually, NI: Annually) [Total MSC]
- g. Employ new Army doctrine and evolving principles designed to optimize organizational teambuilding and

individual behaviors (i.e. HRO, Arbinger, Leadership Challenge, etc.) (S: Semi-Annually, NI: Annually) [HRCOE, CSL-MS Commanders, MS-OICs]

**IP2. Leverage the Best Talent and Mentorship:** As the MSC identifies, recruits, and develops its Leaders, the Corps leverages the entirety of individual officer knowledge/skills/attributes (KSAs) to support organizational development and ensure mission success across all units. Complementing MSC leader development requires senior MSC's developing a mindset for mentoring others in tandem with junior MSC officers actively seeking out mentors (military or civilian, MSC/AMEDD or Army). The 2014 Center for Army Leadership Annual Survey of Army Leadership (CASAL) identified the lack of effective mentorship as an Army wide issue. The MSC will:

- a. Select best qualified officers for nominative, strategic, joint, or broadening assignments based on demonstrated KSAs (S: 95%, NI: 80%) [HRC, Consultants]
- b. Execute MSC-level recognition programs (JLC, Iron Major, MSC Webpage updates, annual summer event, etc.) (S: Current battle rhythms) [OCMSC]
- c. Emphasize a culture of mentorship through opportunities across the MSC for junior officers by reaffirming emphasis at the O5/O6 level (S: As needed IAW ADRP 6-22) [Total MSC]
- d. Demonstrate a deliberate approach to mentorship by enhancing counseling sessions with leader development

tools (i.e. ORB review, career maps, DA PAM 600-4, AMEDD strategic billets roster, MSC Annual Report, MSC Newsletters, etc.) (S: As needed IAW ADRP 6-22) [Total MSC]

- e. Optimize new AIM2.0 assignments tool in order to support MSC talent management for all Corps authorizations (S: Align with HRC Requisitions Cycle) [HRC, Total MSC]
- f. Sustain or expand recognition programs to identify and recruit the best talent during pre-commissioning (direct commission, ROTC, or West Point) for future MSC service (S: IAW USAREC and Cadet Command Accession Schedules) [USAREC Medical Recruiting Brigade, OCMSC]

**IP3. Enhance Interoperability:** The MSC ensures interoperability in support of all AMEDD/Army missions through deliberate leader development that enables proficiency when we must operate and lead against any threat in partnership with national, allied, or indigenous partners. While talent management supports operational assignments and relevant course curriculum reinforces the institutional domain, the rapidly evolving doctrine/lessons learned/scholarly literature underpins the tools we need in the self-development domain. The MSC should endeavor to create a shared understanding of the challenges the Army and Army Medicine anticipates we must overcome in the

future, unknown complex operating environments and that success will require interoperability with: Total Army, the Joint force, interagency, intergovernmental, and multi-national partners. The MSC will:

- a. Enhance Joint-Interagency-Intergovernmental-Multinational (JIIM) KSA's to develop MSC leaders that can thrive in all operating environments by promoting and filling associated billets (S: 100%, NI: 90% IAW HQDA Manning Guidance) [OTSG, HRC, OCMSC]
- b. Record medical lessons learned from all engagements (combat, HA/DR, homeland support, etc.) and update or create doctrine used to instruct all MSC leaders (S: 95% Applicable AMEDD units, NI: 80%) [OTSG, HRCOE/CDID]
- c. Leverage Department of the Army "Strategic Broadening Seminars (SBS)" that are used to teach and train junior-senior-strategic leaders in broad, complex subjects through partnership with reputable subject matter experts (i.e. universities, industry leaders, etc.) [HRC, OCMSC]
- d. Create a shared understanding for new, evolving Army concepts (i.e. Multi-Domain Operations, Army Operating Concept, Army Character Development, etc.) through MSC strategic communications (i.e. professional reading lists, MSC Webpage, MSC FB, etc.) (S: Annually) [OCMSC, HRCOE – Leader Training Center/CDID, HRC]

**IP4: Support Responsive Medical Capabilities:** The MSC directly contributes to Army Medicine's responsiveness through innovations in force health protection, injury and illness prevention, management of the PROFIS and unit readiness' systems, the development of doctrine and redesign of TO&Es, and shaping of Combatant Command medical engagement and operational strategies. The MSC will:

- a. Perform/support research, field evaluation and acquisition programs to optimize Soldier protection and performance in all environments and be an agent of transformation (all AOCs)
  - ◆ S: MSC Officers will know, lead, align with and support preparation for any threat environment, improving interoperability, and equipping teams with advanced expeditionary tools
  - ◆ NI: MSC Officers are unaware/do not align activities with preparation for any threat environment, improving interoperability, or equipping teams with advanced expeditionary tools
- b. MSC Officers will lead/support to ensure Army Medicine PROFIS has the right PROFIS positions, those positions are filled, and the Soldiers that fill those positions are trained and ready to deploy in support of Army operations (all AOCs)

- ◆ S: 100% PROFIS fill rate: # positions filled/total # of positions
  - ◆ NI: 90% PROFIS fill rate: # positions filled/total # of positions
- c. Assign MSC Officers to AMEDD C&S CDID and take the lead in updating key doctrinal publications and redesigning our medical unit TO&Es, ensuring that this is done IAW TRADOC timelines and captures lessons learned from combat operations (all MSCs assigned to CDID)
- ◆ S: 100% AMEDD doctrine assessed and validated within last 18 months ensuring operating force feedback, observations, lessons learned, best practices, and operating concepts
  - ◆ NI: 80% AMEDD doctrine assessed and validated within last 18 months ensuring operating force feedback, observations lessons learned, best practices, and operating concepts

**IP5: Enhance Medical Readiness of the Total Army:** The Chief of Staff of the Army and the Army Surgeon General’s number one priority is Readiness of the Force. Army Medicine contributes to Army Readiness by manning units with qualified military medical personnel who provide services that ultimately ensure the medical readiness of all Soldiers. The Medical Service Corps will enhance the

medical readiness of the Army by assigning the right Officers with the right skills to units in accordance with the AMEDD Manning Guidance. The MSC will standardize organizational and enterprise level processes to track, forecast, and proactively address medical readiness issues that would make Soldiers ready. The MSC will:

- a. Meet and/ or exceed unit fill rates IAW Army Medical Department manning guidance for MSC Officers (MSC Consultants, MSC Branch, HRC, APPD)
  - ◆ S: >95% of units at or above fill rate identified in Army Medical Department Manning Guidance
  - ◆ NI: Below 90% of units at or above fill rate identified in Army Medical Department Manning Guidance
- b. Know, lead, align with and support Medical Readiness efforts of the Total Army for all COMPOs (all MSCs)
  - ◆ S: 85% : # of COMPO 1, 2, or 3 Soldiers with MRC 1 + # of COMPO 1 Soldiers with MRC 2/Total # of COMPO 1 Soldiers
  - ◆ NI: 75% : # of COMPO 1, 2, or 3 Soldiers with MRC 1 + # of COMPO 1 Soldiers with MRC 2/ Total # of COMPO 1 Soldiers

**IP6: Promote Health and Satisfied Families and Beneficiaries:** MSC Officers are key enablers for Army



Medicine to deliver healthcare designed to enhance/improve the health and deliver care designed to meet all expectations of our beneficiaries. We lead and/or directly support efforts to improve quality of care, patient experience, and overall beneficiary health in all of our medical treatment facilities. Further, the MSC ensures that these essential aspects of healthcare are carried from our fixed facilities to the operational medical environment. The MSC will:

- a. Know, lead, align with and support MEDCOM SMS quality measures and will volunteer to lead or participate in process improvement actions for these metrics in every MTF (all AOCs)
  - ◆ S: 97% Joint Outpatient Experience Survey (JOES) MEDCOM # of satisfactory scored outpatient visit surveys/ MEDCOM # of completed outpatient visit surveys
  - ◆ NI: 92% Joint Outpatient Experience Survey (JOES) MEDCOM # of satisfactory scored outpatient visit surveys/MEDCOM # of completed outpatient visit surveys
  - ◆ S: 82% MHS TRICARE Inpatient Satisfaction Survey (TRISS) Total # of MEDCOM satisfactorily scored inpatient visit surveys (9 or 10) (TRISS)/ total # of MEDCOM inpatient visit surveys (TRISS)
  - ◆ NI: 72% MHS TRICARE Inpatient Satisfaction

Survey (TRISS) Total # of MEDCOM satisfactorily scored inpatient visit surveys (9 or 10) (TRISS)/ total # of MEDCOM inpatient visit surveys (TRISS)

- ◆ S: TBD% of AD Family Members, Retirees and their Family Members at a Healthy Weight (BMI < 25)
  - ◆ NI: TBD% of AD Family Members, Retirees and their Family Members at a Healthy Weight (BMI < 25)
- b. MSCs assigned to Combat Support Hospitals, Field Hospitals, and other operational medical units will initiate efforts to measure and promote the quality of care, patient experience, and health in the operational setting. Efforts will reflect the maturity of the operational environment, with efforts in more mature environments mirroring that of TDA MTFs (MSCs assigned to operational units)
    - ◆ S: MSCs will support or initiate that operational medical units have a written plan for measuring and promoting the quality of care, patient experience, and health of the supported population.
    - ◆ NI: Operational medical units do not have a written plan measuring and promoting the quality of care, patient experience, and health of the supported population.



**IP7 – Leveraging New Technologies:** Through leveraging technologies and communication approaches, the MSC improves communications, knowledge, and information through effective use of modernized, standardized and easy-to-use new technologies and processes. The MSC leaders will be on the forefront of technology and communication to capitalize on advances that benefit the warfighter, either in a foxhole or a fixed facility, to overcome operational gaps in health services support and force health protection needs. The MSC will embrace new and innovative methods of communication to capitalize on the full spectrum of services by seeking out modern methods of communication. To ensure communications are the cornerstone of the Total Army, the MSC will share and retain lessons learned and AARs in repositories to their fullest capabilities. The MSC will:

- a. MSC Leaders will use AMEDD Knowledge Management (KM) information systems for information sharing and storage. (OCMSC/HRC/Consultants)
  - ◆ S: MSC leaders have established digital means to be the primary means of document sharing and storage.
  - ◆ NI: MSC leaders retain non-digital means to be the primary means of document sharing and storage.
- b. MSC Leaders will use digital Knowledge Management (KM) tools to create a shared understanding through the

alignment of people, processes, tools, and organization in order to increase collaboration and understanding.

(All Consultants)

- ◆ S: MSC AOC have established and implemented KM programs and evaluate effectiveness.
  - ◆ NI: MSC AOC have not established KM programs.
- c. MSC AOCs/Systems/Specialties will use digital Knowledge Management (KM) tools to create a shared understanding of organizations, specializations, groups, or positions to increase collaboration, interoperability, and understanding across all AOCs. (All Consultants)
- ◆ S: MSC AOC/Systems/Specialties have established and implemented shared KM programs and evaluate effectiveness.
  - ◆ NI: MSC AOC/Systems/Specialties have not established shared KM programs.

**IP8: Manage Corps and AOC Engagements:** Enhancing MSC communications will improve organizational effectiveness, knowledge flow, and organizational making processes. Analyzing and maximizing the effectiveness of the MSC efforts will ensure the broadest possible sharing, learning, collaborating, and networking. The MSC will produce strategic communication messages that reach all the MSC Leaders. This will be done through DCOs, regional meetings, annual reports, as well as reports and meeting by individual

consultants to their respective communities. Furthermore, the MSC will develop a Total Army force of operationally proficient technical experts by leveraging broadening opportunities to build agile and adaptive leaders to lead high performance organizations into the future. The MSC will:

- a. Sustain/Increase strategic (MSC DCOs, MSC Newsletters, Annual Report, etc.) and AOC (Consultant DCOs, AOC Newsletters, etc.) communication with the field. (OCMSC, Consultants, HRC, PETD, etc.)
  - ◆ S: Continuous interactions each year.
  - ◆ NI: Less than 4 messages per year.
- b. Sustain/Increase number of MSC Officers and different AOCs submitting content to the newsletter and annual report. (OCMSC/Consultants)
  - ◆ S: 2 or more submissions per AOC for each publication.
  - ◆ NI: Less than 2 submissions per AOC for each publication.
- c. Assess MSC campaign effectiveness (Consultants at annual Consultant’s Symposium)
  - ◆ S: 75% of the Consultants agree that the MSC Campaign is engaging the Corps and is nested with the AMEDD message.
  - ◆ NI: Less than 75% of the Consultants agree that

the MSC Campaign is engaging the Corps and properly nested with the AMEDD message.

## Means

### **OC1. Improve Organizational Development: Develop Leaders and Enable Organizations**

Leadership underpins everything the Army does and Medical Service Corps Leaders are the competitive advantage of our AMEDD. The center of gravity for sustaining current indicators of the proven MSC leader development model must continue to be the synchronization of training, education, and experience in every MSC assignment billet. Commander/Leader actions drive the operations process in every organization to accomplishing its mission and developing future leaders in every MSC AOC and enables all objectives in the MSC18.

### **OC 2. Support Quality Care & Culture of Safety: Culture of Innovation and Best Practices**

Medical support to the Warfighter is the primary reason Army Medicine exists. Through sustained combat operations, Army Medicine has revolutionized wartime surgery, developed new battlefield medical technologies, and changed doctrine and unit structure to increase responsiveness to operational needs. The uncertain and complex strategic environment demands that Army Medicine continues to evolve and remain responsive. The

Medical Service Corps contributes to Army Medicine's responsiveness through a long tradition of innovation and best practices.

### **OC3. Enhance Information Sharing & Knowledge Management: Innovative Communication and Adaptive Leadership**

The Medical Service Corps continues to implement lead in communication techniques through innovative, disciplined, approaches to maximize organizational collaboration, knowledge sharing, and learning opportunities to fully support the warfighter regardless of component. The establishment of a shared understanding to the AMEDD with a diverse, complex, and a large volume of services is essential to effectively leading an integrated global medical force. The Medical Service Corps will continue to build adaptive leaders by fostering tools and skills that facilitate collaboration, innovation, and learning.

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