



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

CH-1 of 16 Nov 93
IN REPLY REFER TO
BUMEDINST 3030.2
BUMED-42
3 Dec 92

BUMED INSTRUCTION 3030.2

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: STRATEGIC TECHNOLOGY PLANNING

Ref: (a) NAVMED P-5132, Equipment Management Manual (NOTAL)

1. Purpose. To establish a strategic technology planning program within the Medical Department that assesses the safety, efficacy, and cost-effectiveness of new and emerging technology and its application within the Navy health care system.

2. Background. Technology planning and capital equipment acquisition within Medical Department activities are essentially a bottom-up approach. Decisions to acquire new medical technology and revisions to clinical procedures are initiated at the local command level. While this approach gives maximum autonomy to the local commander to prioritize and obtain requirements, there is no consistent process to ensure that locally developed changes to equipment or procedures are safer, more efficient, or cost effective. Often successes at one facility are not incorporated throughout the Medical Department. Even equipment or procedures requiring a substantial investment, tend to be evaluated as a single event without sufficient consideration as to whether the proposed equipment or clinical change should be accomplished systemwide. Moreover, a chronic shortage in capital investment funding, and the lengthy procurement process, have resulted in false expectations and a great deal of frustration by clinicians. What is needed is a more centralized, coordinated approach to technology planning that maintains local command autonomy, fully uses the technical expertise within the Navy, and that better meets the clinician's needs and expectations.

3. Discussion

a. The strategic technology planning program is intended to provide an opportunity for every member of the Medical Department team to fully participate and influence the acquisition of resources. By promoting open communication among clinicians and administrators, and by emphasizing quality and cost as important considerations in selecting new and emerging technologies, the strategic technology planning program will attempt to maximize the effective use of resources.



b. The strategic technology planning program directly supports Navy Medicine's strategic objectives. It aids in the identification of innovations that contribute to the continuous improvement in health care. It helps validate needed changes and permits a systematic dissemination of new equipment and procedures across the entire spectrum of cost and technological sophistication (low cost or low technology to high cost or high technology) to all Navy facilities. By providing an avenue of communication, it taps the reservoir of knowledge of our clinical and administrative professionals and alleviates some of their past frustrations in planning and budgeting for new or replacement equipment, acquiring appropriate training, and instituting improved medical procedures.

4. Strategic Technology Planning Committee

a. The responsibility for leadership and direction of the Medical Department activities' strategic technology planning program is vested in the strategic technology planning committee. The principal functions of the committee are to:

(1) Provide a forum for key clinical, research, logistic, and financial experts to identify, evaluate, and propose technology advances within the Medical Department activities.

(2) Act as a conduit for Medical Department specialty advisors to identify clinical needs and existing or expected shortfalls in technology capability within their specialty.

(3) Disseminate the corporate position and strategic priorities on technology issues.

(4) Act as an advisor to the Chief, Bureau of Medicine and Surgery (BUMED) on technology issues.

(5) Promote the modernization of the Medical Department technology base.

(6) Establish expert subcommittees, when appropriate, for the purpose of conducting further investigation or testing necessary for a committee determination. These subcommittees are established on an ad hoc basis.

(7) Recommend an implementation plan for technological advances adopted by the Medical Department giving full consideration to procurement regulations, manpower, training, credentialing, life-cycle management, and facility modification requirements.

b. The committee does not routinely participate in the process of equipment acquisition and budget execution. These functions must continue to be carried out per reference (a).

5. Committee Membership

a. The strategic technology planning committee is chaired by the Deputy Chief, BUMED (MED-09). Other voting board members include: The Deputy Chief, Medical Corps and Surgical Practice (MED-00MCB); the Deputy Director, Medical Service Corps (MED-00MSCB); the Deputy Director, Navy Nurse Corps (MED-00NCB); the Deputy Comptroller (MED-01B); the Director, Readiness Division (MED-27); the Deputy Assistant Chief for Health Care Operations (MED-03B); the Deputy Assistant Chief for Logistics (MED-04B); the Deputy Assistant Chief for Personnel Management (MED-05B); the Deputy Assistant Chief for Dentistry (MED-06B); the Commanding Officer, Naval Medical Research and Development Command; the Commanding Officer, Naval Medical Information Management Center; and the Commanding Officer, Naval Medical Logistics Command.

b. Selected specialty advisors and other key personnel will be called to augment regular committee members. Augmentees may also include Government and industry experts, consultants, and others as considered necessary by the chair to ensure a proper and complete evaluation and recommendation.

c. The Specialty Advisor Liaison Officer (MED-424) acts as the executive secretary of the strategic technology planning committee. In addition to providing administrative support to the committee, this officer develops agenda items for the approval of the chairman. Sources of agenda items will be specific interests of the committee members, recommendations of specialty advisors, recommendations of Navy health care providers and technical experts, and recommendations of industry representatives.

6. Responsibilities

a. Bureau of Medicine and Surgery

(1) Deputy Chief (MED-09)

(a) Convenes the strategic technology planning committee quarterly or as necessary to review technology innovations and health care provider recommendations.

(b) Approves committee agenda items, minutes, and recommendations to be forwarded to the Chief, BUMED.

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the Deputy Assistant Chief for Plans, Analysis, and Evaluation (MED-08B);

(2) Specialty Advisors

(a) Evaluate recommended changes in practices and procedures received directly from fellow health care providers for inclusion on the committee agenda.

(b) Recommend strategic technology planning committee agenda items to the Specialty Advisor Liaison Officer (MED-424) based on ideas received from fellow health care providers, professional literature, and other sources.

(c) Participate as subcommittee members to investigate possible changes in practices and procedures due to either technological innovation or health care provider recommendation.

(d) Respond to requests for information from the strategic technology planning committee and the Specialty Advisor Liaison Officer concerning proposed changes in practices and procedures.

(3) Specialty Advisor Liaison Officer

(a) Provides administrative support to the committee and appointed subcommittees.

(b) Serves as the initial point of contact for the committee for receipt of health care provider, specialty advisor, and industry recommendations on proposed changes in practices or procedures based on technological innovations or other considerations.

(c) Forwards information and recommendations received directly from Navy health care providers or other sources to the appropriate specialty advisor for an initial opinion.

(d) Prioritizes recommended items based on potential contribution to Medical Department activities and provides as agenda items to the Deputy Chief, BUMED (MED-09) for approval.

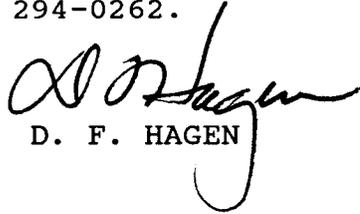
(e) Ensures recommendations not selected as strategic technology planning committee agenda items be either carried forward to the next meeting or passed or returned to the appropriate specialty advisor for consideration.

(f) Acknowledges receipt and provides status of recommendations to the initiators.

b. Clinical, Technical, and Administrative Professionals.
Forward to the cognizant specialty advisor any recommendation for

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changes to medical practices and procedures which are viewed as desirable, as exportable to other activities, or as safer or more efficient. The Specialty Advisor Liaison Officer is available to receive recommendations at (202) 653-1230 or DSN 294-1230, and FAX (202) 653-0262 or DSN 294-0262.



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