

## **Charter**

### **Defense Medical Logistics Executive Council**

**REFERENCE:** Department of Defense Directive (DoDD) 5136.01. Assistant Secretary of Defense for Health Affairs (ASD(HA)), June 4, 2008; (will need to reference DoDI 6430.2 upon its re-issuance)

**Charge:** The Defense Medical Logistics Executive Council (DMLEC) is as an executive level council under the oversight of the Force Health Protection Council (FHPC). The DMLEC shall promote joint interoperability of medical capabilities, efficiency in the acquisition and life cycle management of medical materiel, standardization of medical supplies and equipment, and responsiveness to current and future clinical requirements of military health care delivery across the full spectrum of military operations.

#### **Scope of Responsibilities:**

- The DMLEC shall advise the FHPC and provide oversight and direction of the DoD medical logistics business area through four main focus areas:
  - a. *Information Management.* As the DoD functional proponent for Defense Medical Logistics (DML), the DMLEC shall monitor the development and prioritization of functional requirements for the Defense Medical Logistics Standard Support (DMLSS) family of applications and enterprise architecture.
  - b. *Business Management.* The DMLEC shall monitor DML programs and initiatives to promote joint interoperability, an integrated working relationship among the Services for the purpose of medical materiel standardization, and responsiveness to health readiness requirements across the full spectrum of military operations. Additionally, the DMLEC shall monitor the Clinical Advisory Committee (CAC)'s review and coordination of medical materiel standardization, except that which is under the purview of the DoD Pharmacy and Therapeutics Committee.
  - c. *Transformation.* The DMLEC shall monitor the development of future DML concepts and capabilities necessary to support the Military Healthcare System (MHS) and DoD.
  - d. *Strategic Partnerships.* The DMLEC shall facilitate MHS support and collaboration in the development and sustainment of strategic partnerships necessary to synchronize supply chain strategies across the spectrum of military operations.

#### **GOALS:**

- The DMLEC shall promote DoD medical materiel policy and initiatives that enhance medical logistics support, including:
  - a. *Information Management:* Enterprise architecture and solutions that enable effective and efficient management of DML processes in support of *Health Readiness* across the spectrum of military operations. Measurable improvements in the management of clinical and medical logistics data necessary for the effective networking of medical logistics processes and the selection, standardization, and sustainment of medical materiel.

*b. Business Management:* Improvements in the efficiency and effectiveness of DML business processes for support of both generating and operating forces, continuing to drive costs out of military healthcare by assuring reliable and responsive medical logistics support to Combatant Commanders. Measurable improvements in joint standardization and interoperability of materiel solutions for the generation, deployment and sustainment of medical forces.

*c. Transformation:* Development of DML concepts and functional capabilities that shall meet the challenges of *Health Readiness* support challenges to future Joint Force Commanders.

*d. Partnerships:* Establishment and sustainment of strong partnerships with the Defense Logistics Agency and other Government Agencies such as the Departments of Veterans' Affairs and Health and Human Services that promote National efficiency and effectiveness in medical materiel acquisition and management.

**Structure:**

- **Chairmanship:** The ASD(HA) shall designate one of the voting members as the Chair. This designation may be based upon position or rotated among the members at the discretion of the ASD(HA)
- **Membership:** The DMLEC shall consist of general officer/flag officer or Senior Executive Service representatives appointed as voting members by:
  - a. Assistant Secretary of Defense for Health Affairs (ASD(HA))
  - b. Secretaries of the Military Departments (to represent their respective Surgeons General and the Medical Officer of the Marine Corps)
  - c. Director, Defense Logistics Agency
  - d. Chairman of the Joint Chiefs of Staff
  - e. Commander US Joint Forces Command

**Procedural Guidelines:**

- **Meetings:**

Meetings shall be held quarterly or at the call of the Chair. If a Council member is unable to attend, an alternate representative designated by the Council member may exercise the voting privilege. The Defense Medical Material Program Office shall provide administrative support to the Council, including agendas, minutes and other tasks as directed by the Chair. The DMLEC shall make decisions and recommendations through consensus of the voting members, and forward issues requiring MHS leadership adjudication to the FHPC. The DMLEC shall be supported by two standing, chartered committees: the Defense Medical Logistics Proponent Committee, and the Clinical Advisory Committee (Enclosures 1 and 2).

- Duration:

The DMLEC is established until the Force Health Protection Council (FHPC) determines the assigned scope of work is complete. In the event the DMLEC is disbanded a memorandum outlining the rationale to inactivate shall be presented to the FHPC for approval

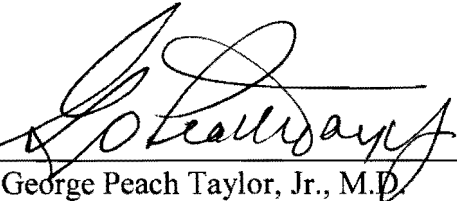
- Review of Charter:

The DMLEC shall submit recommended changes to this Charter when necessary. The DMLEC shall review the charter every two years. All charter changes with accompanying justification shall be submitted to the FHPC for approval. If charter is not reviewed the DMLEC will sunset.

**Reporting:** The DMLEC shall:

- Submit minutes, approved by the Chair, through the Deputy Assistant Secretary of Defense (Force Health Protection and Readiness) to the FHPC for review and comment. Advise the FHPC on issues relative to the DML business area, as appropriate. Recommend to the FHPC decisions regarding policy, business process changes, or other medical logistics initiatives, as appropriate. Brief FHPC on Council activities as required by the FHPC.

SIGNED: \_\_\_\_\_



DATE: 12/21/2010

George Peach Taylor, Jr., M.D.  
Deputy Assistant Secretary of Defense  
(Force Health Protection and Readiness)  
Performing the Duties of the  
Assistant Secretary of Defense  
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Enclosures:

1. Defense Medical Logistics Proponent Committee Charter
2. DoD Clinical Advisory Committee Charter

**ENCLOSURE 1**  
**Defense Medical Logistics Proponent Committee Charter**

**REFERENCES:**

- a. Concept of Operations, Health Readiness 21 January 2010
- b. Department of Defense (DoD) Instruction 6430.nm, Defense Medical Materiel Program (Draft)
- c. DoD Directive 5101.9, DoD Executive Agent for Medical Materiel
- d. Medical Logistics Proponent Committee Charter, 27 April 2006, hereby rescinded

**Charge:** The Defense Medical Logistics Proponent Committee (DMLPC), under the oversight of the DMLEC, shall coordinate and provide advocacy for DoD medical logistic programs and initiatives to promote joint interoperability, efficiency, effectiveness and responsiveness in support of the Health Readiness Joint Capability Area (Reference A).

**Scope of Responsibilities:** The DMLPC shall be the functional proponent for DoD Medical Logistics through four interdependent main focus areas:

- **Information Management:** The DMLPC shall coordinate and approve outputs of the Defense Medical Logistics (DML) Information Management function, including portfolio management, enterprise architecture, and change management. In consultation with the Deputy Program Manager, Defense Health Services Systems (DHSS) Medical Logistics Division, it shall validate and prioritize functional requirements for the development and configuration of DML Information Technology applications and enterprise data services supporting end-to-end medical logistics processes.
- **Business Management:** The DMLPC shall champion the development and management of a coordinated DML strategy, development of business process improvements and enabling policy, and promote coordinated planning and execution of DML support to current and future operations. It shall foster joint collaboration in DML objectives, initiatives, and business processes and assess metrics and other performance indicators to improve DoD medical logistics management.
- **Transformation:** The DMLPC shall provide recommendations for and support development of DML concepts to support future Military Health System (MHS) requirements in the delivery of Health Readiness.
- **Functional Lead:** The DMLPC shall serve as a functional lead, representing the MHS in development of synchronized supply chain strategies, to include material acquisition lifecycle management and supporting business processes for the delivery of health service support to the MHS across the full range of military operations.

**GOALS:** The DMLPC shall support the goals of the DMLEC through these focus areas:

- **Information Management:** Transition to a net-centric, DML Enterprise solution architecture enabling effective management of medical logistics processes at local, regional, theater, and national levels of the MHS.
- **Business Management:** Improve the efficiency and effectiveness of DML business processes across the full range of military operations in order to optimize cost effectiveness of military healthcare and ensure reliable and responsive Health Readiness support. Ensure adoption of and/or alignment with best business practices for the medical commodity.
- **Transformation:** Develop future DML concepts and functional capabilities that support and improve joint interoperability and effectiveness of Health Readiness support in the joint operating environment.
- **Functional Lead:** Support the Defense Logistics Agency (DLA), as the DoD Executive Agent for Medical Materiel, to ensure delivery of effective and efficient medical supply chain support. Apply best business practices and joint, interoperable and integrated medical logistics capabilities that are highly responsive to the health care requirements of the MHS across the full range of military operations.

**Structure:**

- **Chairmanship:** The DMLPC Chair shall rotate annually among the Army, Navy and Air Force Service Medical Logistics Chiefs. This period of service shall not be less than 12 consecutive months.
- **Membership**  
Board of Directors (Voting Members).
  - Director of Logistics, Office of the Surgeon General, US Army
  - Director for Medical Logistics, Bureau of Medicine & Surgery, US Navy
  - Chief, Medical Logistics Division, Office of Surgeon General, US Air Force
  - Program Director Medical Logistics, FHP&R, OASD (HA)
  - Joint Medical Logistics Officer, J4/HSSD, The Joint Staff
  - Director, Directorate of Medical Materiel, DLA Troop Support
  - Chief, Air Force Medical Logistics Office
  - Commander, US Army Medical Materiel Agency
  - Commanding Officer, Naval Medical Logistics Command
  - Director, Defense Medical Materiel Program Office (DMMPO)
  - Deputy Program Manager, DHSS Medical Logistics
  - Medical Logistics Officer, HQMC
- Plenary Members (Standing invitation, attendance as requested)
  - Director, Joint Medical Logistics Functional Development Center
  - Representative, Deputy Under Secretary of Defense  
(Logistics and Materiel Readiness)
  - Representative, TRICARE Management Activity Facilities Management
  - Medical Logistics Officer, Telemedicine and Advanced Technology Research Center

Deputy for Materiel, US Army Medical Research & Materiel Command  
Representative, Defense Logistics Agency, J-3  
Program Manager, DMLSS Wholesale  
Chief Logistics Officer, Department of Veterans Affairs  
Logistics Representative, Department of Health and Human Services  
Commander, 6th Medical Logistics Management Center  
Representative, US Army Medical Command  
Representative, US Joint Forces Command  
Representative, US Transportation Command

**Procedural Guidelines:**

- Meetings:

Meetings shall be held not less than quarterly, or at the call of the Chair. An Executive Secretary shall provide administrative and facilitation support, including agendas, minutes and other tasks as directed by the Chair. A quorum must be present for the meeting to start and transact. A quorum is at least 75% of the Board of Directors (voting members), and all three Services must be present. If a Board member is unable to attend, an alternate representative may exercise the voting privilege. Recommendations and decisions shall be made through consensus of the voting members. Issues requiring leadership adjudication shall be forwarded to the DMLEC. Initiatives that are collaborative (i.e., do not have tri-service consensus) must be documented as such and presented to the DMLEC appropriately. Initiatives that are joint (i.e., do have tri-service consensus) shall be presented to the DMLEC as such. The Board of Directors may appoint subordinate committees or working groups to provide the necessary focus and effort for current operations or development of future capabilities.

- Duration:

The DMLPC is established until the DMLEC determines the assigned scope of work is complete. In the event the DMLPC is disbanded a memorandum outlining the rationale to inactivate shall be presented to the DMLEC for approval

- Review of Charter:

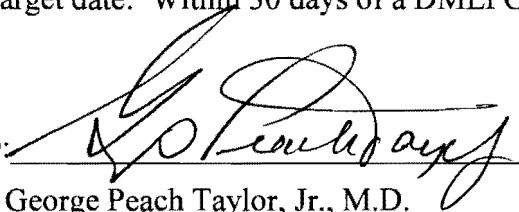
The DMLPC shall submit recommended changes to this Charter when necessary. The DMLPC shall review the charter every two years. All charter changes with accompanying justification shall be submitted to the DMLEC for approval. If charter is not reviewed the DMLPC will sunset.

**Deliverables:** The DMLPC shall:

- Advise the DMLEC on issues affecting medical logistics, readiness, and transformation as they apply to Health Readiness. Target date: As directed
- Provide, on behalf of the DMLEC, coordination, guidance, and assessment in the execution of medical logistics business processes and strategic initiatives. Target date: As appropriate

- Approve updates to DML enterprise architecture and strategy management documentation repositories. Target date: As appropriate
- Provide appropriate representation in joint forums and committees as necessary. Target date: As appropriate
- Provide coordinated DML input to joint concepts and requirements documentation as required. Target date: As appropriate
- Submit minutes, approved by the DMLPC Chair, to the DMLEC.  
Target date: Within 30 days of a DMLPC meeting

SIGNED:



DATE 12/21/2010

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**ENCLOSURE 2**  
**DoD Clinical Advisory Committee Charter**

**REFERENCE:** Department of Defense (DoD) Instruction 6430.n, Defense Medical Materiel Program (Draft)

**Charge:** The DoD Clinical Advisory Committee (CAC) shall review and coordinate the standardization of medical materiel that is not under the purview of the DoD Pharmacy and Therapeutics Committee. The DoD CAC acts under the direction of the Defense Medical Logistics Executive Council (DMLEC).

**Scope of Responsibilities:**

- The DoD CAC shall be comprised of government members (Attachment A) whose primary mission is to maximally integrate efforts to standardize medical materiel used throughout the Military Health System (MHS) through joint collaboration and planning.
- The DoD CAC shall provide clinical guidance regarding the DMMPO's development and adoption of medical materiel standardization business practices and initiatives for both institutional and operational settings within the MHS.
- The DoD CAC shall act as the authoritative clinical voice in review, coordination and approval of medical materiel standardization items prepared by DMMPO Clinical Product Teams (CPTs).
- The DoD CAC members (Attachment A) shall represent their Services/Activities to support relevant DoD standardization of medical materiel items.
- Enterprise-wide medical materiel product standardization involves a number of discrete steps conducted by a variety of groups and individuals, to include DMMPO Clinical Product Teams.

The DoD CAC reviews the efforts of these groups and makes recommendations to the DMLEC regarding product lines requiring centralized management and adoption throughout the MHS as joint products of choice (JPOC).

- Adjudicate DMMPO work products.  
The DoD CAC shall examine and adjudicate the work products of the DMMPO or other coordinating activities, before issues are referred to the DMLEC for approval.
- The DoD CAC shall monitor relevant MHS standardization and commonality metrics.
- Collaboration of testing and evaluation efforts.

The DoD CAC members shall represent their Services/Activities by reviewing and collaborating on enterprise testing and evaluation plans and activities performed by the DMMPO.

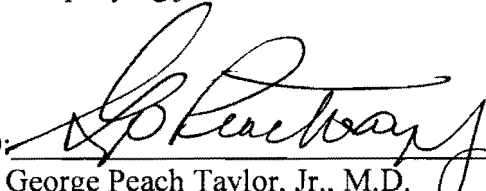
**Structure:**

- Chairperson: The Chair shall rotate among the representatives of Army, Navy, and Air Force Surgeons' General Representatives.

- **Members:** The DoD CAC members must have expertise in identifying the medical and dental needs of the populations served throughout the MHS. The DoD CAC shall have 11 voting members and additional non-voting members listed at attachment A. Voting members are recommended to be O-6 level clinicians. Voting members shall be available to serve on the DoD CAC for a minimum of two years. Each voting member and non-voting member may have a designated alternate who can represent them at the DoD CAC meetings. Additional subject matter experts may be requested to participate on an as needed basis.

**Procedural Guidelines:**

- **Meetings:**  
The DoD CAC shall meet at least quarterly and as scheduled by the Chairperson. The DMMPO shall provide administrative and related support for DoD CAC meetings. All recommendations shall be by majority vote of the participating voting members; at least six voting members are required for a quorum to vote.
- **Agenda and Routing of Minutes:**
- The DMMPO shall provide administrative support to the DoD CAC, including agendas, minutes and other tasks as directed by the Chair. The agenda shall be provided to the DoD CAC members at least seven days before the meeting date. The DoD CAC minutes, including the Committee’s recommendations, shall be forwarded to the DMLEC membership, for flag-level review and approval.
- The DoD CAC Chairperson shall be accountable to the DMLEC for the performance of the committee.
- **Duration:**  
The DoD CAC is established until the DMLEC determines the assigned scope of work is complete. In the event that the DoD CAC is disbanded, a memorandum outlining the rationale to inactivate shall be presented to the DMLEC for approval. If charter is not reviewed the CAC will sunset.
- **Review of Charter:**  
The DoD CAC shall submit recommended changes to this Charter when necessary. The DoD CAC shall review the charter every two years. All Charter changes with accompanying justification shall be submitted to the DMLEC for approval.

SIGNED:  DATE: 12/21/2010  
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## **Attachment A**

### **DoD Clinical Advisory Committee Membership**

- **Voting Members representing:**
  1. DASD (C&PP)
  2. Director, DMMPO
  3. Clinical representative (any Corps) appointed by the Joint Staff Surgeon
  4. Clinical representative(s) (any Corps) appointed by the Army Surgeons' General
  5. Clinical representative(s) (any Corps) appointed by the Navy Surgeons' General
  6. Clinical representative(s) (any Corps) appointed by the Air Force Surgeons' General
  7. Clinical representative (any Corps) appointed by the Medical Officer of the Marine Corps
  8. Dental Corps Officer from DMMPO
  9. Clinical representative from the United States Coast Guard
  10. Clinical representative from Medical Materiel Enterprise Standardization Office (MMESO)
  11. Joint Institute of Pathology (Lab Officer or Pathologist)
  
- **Non-Voting Members:**
  1. Representative from the TMA Office of General Counsel
  2. Chairman, MLPC
  3. Clinical Engineer and/or Pharmacist from Defense Logistics Agency Troop Support (DLA-TS)
  4. Contracting /Acquisition representative from DLA-TS
  5. Director, DoD Pharmacoeconomic Center
  6. Director, Armed Services Blood Program Office
  7. Director, DoD Patient Safety Program
  8. Clinical representative from the Department of Veterans Affairs