

D&CP – OFFICE OF THE MEDICAL DIRECTOR

Resource Summary

(\$ in thousands)

Appropriations	FY 2009 Actual	FY 2010 Enacted	FY 2011 Request	Increase / Decrease
Positions	131	156	166	10
Funds	36,535	49,108	56,549	7,441

Program Description

The Office of the Medical Director (MED) is committed to safeguarding and promoting the health of America's diplomatic community of more than 55,000 USG employees and family members in 51 different agencies deployed around the globe. To achieve this commitment, MED (1) formulates and implements policies for the worldwide medical program; (2) manages the medical clearance process to ensure that adequate health care services will be available at overseas posts; (3) provides primary care at over 200 posts abroad, often in remote and medically austere locations, facilitating hospitalizations or medical evacuations when necessary; (4) conducts a health promotion program to foster a healthy, productive workforce; (6) plans and prepares for medical emergencies, mass casualties and chem-bio attacks; (7) employs modern health information technology to support continuity of care and efficient information exchange; and (8) provides education, screening and treatment for deployment-related stress issues.

MED's varied programs and increased workloads reflect the growing and changing needs of the Department's service population. MED provides health care in 210 health units around the world, deploying over 120 medical practitioners. These physicians, nurse practitioners, physician assistants, laboratory technologists, and psychiatrists care for over 55,000 Foreign Service employees and their eligible family members. To ensure the best medical care possible, MED hires highly qualified medical personnel and provides continuing medical education seminars to maintain professional credentials and certifications. As the Department's overseas mission grows and evolves, MED closely monitors the need for additional medical providers. MED is responsive to requests from overseas posts for additional medical support, and works with regional bureaus to assure appropriate placement of medical personnel overseas.

Promote and Maintain the Long-term Health of Foreign Service Employees and Family Members

MED will continue to evaluate the health condition of Government employees and eligible family members through the medical clearance process to ensure that adequate health care services will be available to them at their overseas posts. The mental health program offers direct mental health care as well as preventive services and seminars on mental health topics such as stress management, raising children overseas, conflict resolution in the work place, substance abuse, and coping with depression and anxiety. MED hires qualified medical personnel and provides continuing medical education seminars required to maintain professional credentials and certifications. The Medical Program facilitates medical evacuation and hospitalization of Department and other Government agency employees. MED will measure efficiency using its ISO 90001 standards.

Implement a Deployment Stress Management Program (DSMP)

Through the Mental Health Services (MHS) section, MED provides direct mental health care to Foreign Service employees and eligible family members. MED also provides preventive care by offering seminars on mental health topics, stress management, raising children overseas, conflict resolution in the workplace, substance abuse, and coping with depression and anxiety. In particular, the Deployment Stress Management Program (DSMP) works to prevent, diagnose and treat mental health conditions related to deployment at high stress, high threat, and unaccompanied posts. The

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program offers voluntary PTSD screening to all who have served in danger pay posts, and provides therapy for most cases. More serious cases that require continued care will be referred for outside treatment under the Workmen's Compensation Program. Mental Health Services also provides short-term counseling and crisis intervention services to all employees through the Employee Consultation Services (ECS) program. This past year ECS assisted families of 1,056 special needs children overseas with their medical clearance and special education allowances. The Alcohol and Drug Awareness Program (ADAP) provides evaluations, counseling, and treatment referrals for employees and family members with substance abuse problems.

Expand Availability and Security of Electronic Medical Records (EMR)

The Electronic Medical Record (EMR) system is the repository of critical patient-related information used to support the Department's worldwide medical program, the Foreign Service medical clearance process, and emergency medical evacuations and hospitalizations. However, MED's current EMR system lacks the capability for worldwide expansion. In August 2006, Executive Order 13410 mandated that all federal agencies providing health care must have an EMR that is interoperable with other federal agency systems. Since that time, MED has been researching and testing other health record systems with a view toward collaborating with another federal agency to develop a fully integrated EMR that will comply with the Presidential Directive. A worldwide state-of-the-art EMR system will benefit patients by enhancing the quality of care, providing permanent legible medical records, minimizing adverse events, and ensuring follow-up care. The Department will also benefit by having the ability to retrieve epidemiological and quality assurance data to better manage the medical program and patient care.

Costs associated with this effort may include data migration from the current eMED system, purchase of software licenses, hardware upgrades, interface development, and training and implementation for clinician and allied health support staff. Recurring costs will include routine operations and maintenance as well as scanning and indexing of patient health records.

Strengthen the Medical Emergency Response Program

Preparation for medical emergencies remains one of MED's mission critical functions. The recent 2009 H1N1 outbreak underscored the importance of having adequate emergency supplies prepositioned overseas. Although MED acted quickly to purchase supplemental protective masks and respirators, stocks depleted rapidly and suppliers were unable to support the sudden surge in demand. As part of the emergency preparedness program, MED has pre-positioned medical supplies at over 280 embassies, consulates, and missions abroad. These include medical equipment and supplies to provide an alternate medical site in case of a catastrophic event, nerve agent antidotes to respond to a chem-bio attack, and pharmaceuticals to treat biological threats such as anthrax. In order to maximize access and minimize the risk of accidental injury from inadvertent injections, MED has positioned nerve agent auto injectors into caches that are stored overseas in readily accessible cabinets. Based on current pandemic assumptions, MED recently expanded the overseas stockpiles of protective masks and N-95 respirators. MED has also prepositioned stockpiles of Tamiflu® and other antivirals at overseas missions to provide treatment and prophylaxis for pandemic influenza. During the past year, MED instituted a global influenza surveillance program in cooperation with the Walter Reed Army Institute of Research. MED now has the capability of conducting surveillance of respiratory pathogens at over 70 posts. The value of this program has already been realized when two very early cases of novel H1N1 influenza were confirmed at the embassy in Mexico City. As part of the ongoing program for emergency preparedness, MED regularly conducts emergency and trauma courses for medical providers and staff, and sponsors emergency response training for non-medical personnel as well. Over 40 such classes are scheduled at FSI for this year alone.

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Performance

The medical clearance process is designed to identify health care problems before the employee (or eligible family member) is assigned overseas, so prompt reviews and clearance decisions are imperative. If ongoing medical care or educational needs are known, they are linked with available overseas resources. Adequate medical resources may not be readily available in some countries. Therefore the clearance process is individualized to meet the unique health needs of each person.

STRATEGIC GOAL: STRENGTHENING CONSULAR AND MANAGEMENT CAPABILITIES						
Strategic Priority	Human Resources					
Bureau Goal	Indicator is a department level measure and was developed outside of bureau strategic planning process					
Indicator	NEW INDICATOR: Percent of medical reviews and clearances completed within 30 days.					
FY 2006 Result	FY 2007 Result	FY 2008 Result	FY 2009 Result	FY 2009 Target	FY 2010 Target	FY 2011 Target
N/A	N/A	N/A	81%	[Baseline year]	83%	88 %
New Indicator, No Rating	New Indicator, No Rating	New Indicator, No Rating	New Indicator, No Rating			
Impact	Rating and Results not available to determine Impact					
Methodology	The number of clearances completed is documented in the Electronic Medical Records System. The system also tracks the time required to complete the clearances.					
Data Source and Quality	Electronic Medical Records (EMR). Data quality is monitored by an outside contractor for availability and accuracy. The Data Quality Assessment revealed no significant data limitations					

Justification of Request

The Department's FY 2011 request of \$56,549,000 for the Office of the Medical Director includes increases to maintain current services and to support a key initiative, the Electronic Medical Records (EMR). An increase of \$842,000 funds statutory pay raises for a base staffing level of 156 and medical inflation to maintain MED at the FY 2010 level of activity. Currently, MED serves over 55,000 employees and family members assigned overseas and expects this number to increase to about 60,000 employees and family members in FY 2011. To provide adequate medical care for the growing number of employees and family members, MED must also increase the number of medical personnel assigned overseas.

Overseas and Domestic Position: \$2,599,000 including 10 positions

The FY 2011 request includes \$2,599,000 to fund 10 new positions. The number of Foreign Service employees and eligible family members, as well as other ICASS agency personnel assigned overseas continues to grow. In consultation with the Regional Bureaus and overseas posts, and considering the size of the missions, availability and accessibility of quality local medical care, local health risks, availability of medical care in the surrounding geographical area, and access to emergency transportation services, MED is requesting funding to support 7 new positions. The new positions include Regional Medical Officers (RMOs), Regional Medical Officer/ Psychiatrists (RMO/Ps) and Foreign Service Health Practitioners (FSHPs). MED is also requesting funding for three new positions to fill critical domestic positions required to support the growing worldwide medical program.

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Electronic Medical Records: \$4,000,000

As part of the development of the next generation of Electronic Medical Record (EMR) system, MED conducted research and extensive analysis of existing federal EMR systems to determine the best system that will meet the needs of the Department of State employees, their eligible family members, and the medical community. The review of the systems in use at DOD, VA, and IHS resulted in a collaborative effort and opportunity to partner with an existing federal EMR system. This collaborative effort will provide the Department of State an opportunity to acquire an interoperable EMR that can be deployed in Washington, DC and to 190 health units (HUs) worldwide.

Costs associated with this effort will include migration of the data contained in the current eMED system (projected to be close to 50,000 individual patient histories including 2.5 million scanned document images by FY 2011). Other projected costs will include purchase of commercial licenses required by the other agencies' systems, hardware upgrades, Clearances-to-DOS HR interface development, and training and implementation for clinician and allied health support staff. On-going costs will include regular operations and maintenance as well as scanning and indexing of patient health records. MED is working with both DOD and VA to develop a detailed project scope and budget estimate. An initial broad estimate received from DOD ranges from \$10 to \$50 million. MED is requesting \$4,000,000 to be able to begin a phased deployment in FY 2011.

Resource Summary

	Positions			Funds (\$ in thousands)			
	American		FSN	Pos Total	Bureau Managed	American Salaries	Funds Total
	Domestic	Overseas					
FY 2009 Actual	127	4	0	131	23,916	12,619	36,535
FY 2010 Estimate	144	12	0	156	34,004	15,104	49,108
FY 2011 Built-in Changes							
Annualization of FY 2010 COLA	0	0	0	0	20	84	104
FY 2011 American COLA	0	0	0	0	79	103	182
Medical Inflation	0	0	0	0	556	0	556
Total Built-in Changes	0	0	0	0	655	187	842
FY 2011 Current Services	144	12	0	156	34,659	15,291	49,950
FY 2011 Program Changes							
Electronic Medical Record	0	0	0	0	4,000	0	4,000
Medical Program - Positions	3	7	0	10	0	2,599	2,599
Total Program Changes	3	7	0	10	4,000	2,599	6,599
FY 2011 Request	147	19	0	166	38,659	17,890	56,549

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Staff by Program Activity (positions)

Office of the Medical Director	FY 2009 Actual	FY 2010 Enacted	FY 2011 Request	Increase / Decrease
Domestic Administrative Support	36	40	40	0
Information Resource Management	9	11	11	0
Medical Services	78	97	105	8
Policy Formulation	8	8	10	2
Total	131	156	166	10

Funds by Program Activity (\$ in thousands)

Office of the Medical Director	FY 2009 Actual	FY 2010 Enacted	FY 2011 Request	Increase / Decrease
Domestic Administrative Support	7,578	9,650	10,047	397
Information Resource Management	1,733	1,840	1,916	76
Medical Services	26,230	36,580	43,508	6,928
Policy Formulation	994	1,038	1,078	40
Total	36,535	49,108	56,549	7,441

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Program Activities

Department Of State	Positions			Funds (\$ in thousands)			
	American		FSN	Pos Total	Bureau Managed	American Salaries	Funds Total
	Domestic	Overseas					
Domestic Administrative Support	40	0	0	40	6,378	3,669	10,047
Domestic Administrative Management	5	0	0	5	729	176	905
Domestic Financial Services	10	0	0	10	0	945	945
Domestic General Services	23	0	0	23	4,517	2,326	6,843
Domestic Personnel Services	2	0	0	2	1,132	222	1,354
Information Resource Management	11	0	0	11	1,203	713	1,916
Office Automation	11	0	0	11	1,203	713	1,916
Medical Services	90	15	0	105	30,527	12,981	43,508
Domestic Health Units	6	0	0	6	448	589	1,037
Environmental Health	2	0	0	2	419	120	539
Medical Evacuation	5	0	0	5	11,460	424	11,884
Medical Examinations and Clearances	57	15	0	72	14,956	5,172	20,128
Mental Health Programs	20	0	0	20	1,274	6,676	7,950
Policy Formulation	6	4	0	10	551	527	1,078
Bureau Direction	6	4	0	10	551	527	1,078
Total	147	19	0	166	38,659	17,890	56,549

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Staff by Domestic Organization Unit (positions)

Office of the Medical Director	FY 2009 Actual	FY 2010 Enacted	FY 2011 Request	Increase / Decrease
Medical Director	3	8	8	0
Office of Clinical Services	50	56	59	3
Office of Foreign Service Health Practitioners Program	21	23	23	0
Office of Mental Health Services	53	57	57	0
Total	127	144	147	3

Funds by Domestic Organization Unit (\$ in thousands)

Office of the Medical Director	FY 2009 Actual	FY 2010 Enacted	FY 2011 Request	Increase / Decrease
ICASS	11,003	17,596	20,369	2,773
Medical Director	357	565	575	10
Office of Clinical Services	11,557	12,255	12,617	362
Office of Foreign Service Health Practitioners Program	1,832	2,579	2,685	106
Office of Mental Health Services	10,126	11,025	12,076	1,051
Total	34,875	44,020	48,322	4,302

Staff by Post (positions)

Office of the Medical Director (MED)	FY 2009			FY 2010			FY 2011			Increase/ Decrease		
	Actual			Enacted			Request			Decrease		
	Amer	FSN	Total	Amer	FSN	Total	Amer	FSN	Total	Amer	FSN	Total
Angola, Luanda	1	0	1	1	0	1	1	0	1	0	0	0
Armenia, Yerevan	0	0	0	0	0	0	0	0	0	0	0	0
Australia, Canberra	0	0	0	0	0	0	1	0	1	1	0	1
Bahrain, Manama	0	0	0	0	0	0	1	0	1	1	0	1
Belarus, Minsk	0	0	0	1	0	1	1	0	1	0	0	0
Bolivia, La Paz	0	0	0	0	0	0	0	0	0	0	0	0
Burkina Faso, Ouagadougou	0	0	0	1	0	1	1	0	1	0	0	0
Burma, Rangoon	0	0	0	1	0	1	1	0	1	0	0	0
Burundi, Bujumbura	0	0	0	0	0	0	1	0	1	1	0	1
Colombia, Bogota	0	0	0	0	0	0	1	0	1	1	0	1
Djibouti (Rep. Of), Djibouti	0	0	0	0	0	0	1	0	1	1	0	1
Gabon, Libreville	0	0	0	1	0	1	1	0	1	0	0	0
Germany, Berlin	0	0	0	0	0	0	0	0	0	0	0	0

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Office of the Medical Director (MED)	FY 2009			FY 2010			FY 2011			Increase/Decrease		
	Actual			Enacted			Request					
	Amer	FSN	Total	Amer	FSN	Total	Amer	FSN	Total	Amer	FSN	Total
Germany, Frankfurt	0	0	0	0	0	0	0	0	0	0	0	0
Haiti, Port-au-Prince	0	0	0	1	0	1	1	0	1	0	0	0
India, Chennai (CG)	0	0	0	1	0	1	1	0	1	0	0	0
Kenya, Nairobi	0	0	0	0	0	0	0	0	0	0	0	0
Malaysia, Kuala Lumpur	0	0	0	0	0	0	0	0	0	0	0	0
Mauritania, Nouakchott	1	0	1	1	0	1	1	0	1	0	0	0
Nigeria, Abuja	0	0	0	0	0	0	0	0	0	0	0	0
Nigeria, Lagos	1	0	1	1	0	1	1	0	1	0	0	0
Panama, Panama City	0	0	0	0	0	0	1	0	1	1	0	1
Poland, Warsaw	0	0	0	1	0	1	1	0	1	0	0	0
South Africa, Pretoria	0	0	0	0	0	0	0	0	0	0	0	0
South Korea, Seoul	0	0	0	1	0	1	1	0	1	0	0	0
Sri Lanka, Colombo	0	0	0	0	0	0	0	0	0	0	0	0
Sudan, Khartoum	1	0	1	1	0	1	1	0	1	0	0	0
Thailand, Bangkok	0	0	0	0	0	0	0	0	0	0	0	0
Timor-Leste, Dili	0	0	0	0	0	0	0	0	0	0	0	0
Togo, Lome	0	0	0	0	0	0	1	0	1	1	0	1
Turkey, Ankara	0	0	0	0	0	0	0	0	0	0	0	0
Vietnam, Hanoi	0	0	0	0	0	0	0	0	0	0	0	0
Zambia, Lusaka	0	0	0	0	0	0	0	0	0	0	0	0
Total	4	0	4	12	0	12	19	0	19	7	0	7

Funds by Post (\$ in thousands)

Office of the Medical Director	FY 2009 Actual	FY 2010 Enacted	FY 2011 Request	Increase / Decrease
Angola, Luanda	415	424	433	9
Australia, Canberra	0	0	433	433
Bahrain, Manama	0	0	433	433
Belarus, Minsk	0	424	433	9
Burkina Faso, Ouagadougou	0	424	433	9
Burma, Rangoon	0	424	433	9
Burundi, Bujumbura	0	0	433	433
Colombia, Bogota	0	0	433	433
Djibouti (Rep. Of), Djibouti	0	0	433	433
Gabon, Libreville	0	424	433	9
Haiti, Port-au-Prince	0	424	433	9

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Office of the Medical Director	FY 2009 Actual	FY 2010 Enacted	FY 2011 Request	Increase / Decrease
India, Chennai (CG)	0	424	433	9
Mauritania, Nouakchott	415	424	433	9
Nigeria, Lagos	415	424	433	9
Panama, Panama City	0	0	433	433
Poland, Warsaw	0	424	433	9
South Korea, Seoul	0	424	433	9
Sudan, Khartoum	415	424	433	9
Togo, Lome	0	0	433	433
Total	1,660	5,088	8,227	3,139

Funds by Object Class (\$ in thousands)

Office of the Medical Director	FY 2009 Actual	FY 2010 Enacted	FY 2011 Request	Increase / Decrease
1100 Personnel Compensation	15,082	19,189	23,725	4,536
1200 Personnel Benefits	2,235	2,717	3,331	614
2100 Travel & Trans of Persons	6,520	9,229	12,324	3,095
2200 Transportation of Things	115	163	219	56
2300 Rents, Comm & Utilities	109	153	206	53
2400 Printing & Reproduction	107	151	204	53
2500 Other Services	9,096	12,874	10,309	(2,565)
2600 Supplies and Materials	1,823	2,580	3,471	891
3100 Personal Property	1,448	2,052	2,760	708
Total	36,535	49,108	56,549	7,441