

D&CP – OFFICE OF THE MEDICAL DIRECTOR

Resource Summary

(\$ in thousands)

Appropriations	FY 2010 Actual	FY 2011 CR	FY 2012 Request
American Positions	147	147	148
Funds	44,919	44,334	44,776

Program Description

The Office of Medical Services (MED) safeguards and promotes the health of America's diplomatic community, which includes more than 55,000 U.S. Government employees and their eligible family members. This supports the Department's goal of Strengthening Consular and Management Capabilities and mirrors the Assistant Secretary's priority of implementing sound emergency preparedness capabilities. In addition, MED supports non-State Department personnel from 50 U.S. Government agencies represented at embassies and consulates. MED manages several program offices which formulate the State Department's medical policies and implement its worldwide medical program, including the Designated Agency Safety & Health Official, the Clinical Director, Mental Health Services, Quality Improvement, and Foreign Programs.

MED's programmatic offices execute the key activities underlying MED's mission, including managing the medical clearance process; delivering primary care around the world; executing a health promotion program to foster a healthy, productive workforce; planning for medical emergencies involving mass casualties and biological-chemical attacks; employing modern health information technology to support continuity of care and efficient information exchange; and providing education, screening and treatment for deployment-related issues. For FY 2012 MED will continue developing efforts underlying these activities, many of which began in prior years, notably: the Development Stress Program, Electronic Health Medical Records project (EHMR), and the Emergency Medical Response program.

Develop a Deployment Stress Management Program (DSMP)

U.S. diplomats can return from hardship and high-threat posts with the same debilitating, stress-related symptoms that afflict many U.S. troops. Post Traumatic Stress Disorder (PTSD), defined as an anxiety disorder that occurs in the aftermath of a traumatic event, affects personnel working in areas where they must confront intense, and even-life threatening situations which may induce serious and prolonged levels of stress. Stress related symptoms, e.g., insomnia, irritability, and anxiety, rupture interpersonal relationships and threaten job performance.

MED surveyed nearly 2,000 Foreign Service Officers in 2007 on their experiences serving at unaccompanied tours due to growing congressional and public concern over PTSD's impact on Department employees. Based on the survey's results (nearly ten percent of the 800 respondents exhibited symptoms of PTSD), MED considers PTSD support and counseling to personnel essential. To combat PTSD's significant consequences, MED will continue providing mandatory post-deployment outpatient briefings for all officers who complete more than 90 days of service in Iraq, Afghanistan or Pakistan. The Department began requiring these briefings in April 2007. In addition, DSMP offers weekly support group meetings for returnees from high threat or high stress posts.

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Expand Availability and Security of Electronic Medical Records

In FY 2009 the Office of Medical Service successfully developed and deployed all three phases of the original programmatic scope of the Electronic Health Medical Records (EHMR) project: Phase I - Domestic Electronic Health Medical Records (eMED), Phase II - Post Capabilities Database, and Phase III - Overseas Medical Records System (oMED). In preparing to deploy EHMR's next phase, MED recently completed a thorough review of functional requirements and began pursuing partnering opportunities with other federal agencies, including the Department of Defense. By reviewing EHMR systems developed by other agencies MED seeks to develop a flexible platform that can operate at MED's 210 health units worldwide.

MED is currently conducting an extensive, detailed analysis of commercial off-the-shelf EHMR systems as well as EHMR systems in use at other federal agencies to determine a system which best meets MED's requirements. Costs associated with this effort include migration of the data contained in the current eMED system, approximately 55,000 individual patient histories and two million scanned image documents. Other projected costs include the purchase and implementation of commercial software licenses as well as any necessary system hardware upgrades, interface development, training and EHMR system support. Ongoing life cycle costs include routine operations and maintenance as well as scanning and indexing of medical records.

Strengthen Medical Emergency Response Program

Emergency medical preparedness is one of MED's critical functions. Consequently, MED has pre-positioned medical material at more than 250 U.S. embassies, consulates, and missions. These materials include medical equipment and supplies to provide alternate medical site functionality in case of a terrorist bombing like the 1998 attacks on U.S. embassies in Nairobi and Dar Es Salaam, nerve agent antidotes to respond to a chemical attack, and pharmaceuticals to treat biological threats such as anthrax. In recent years MED has pre-positioned personal protective equipment and vaccines (Tamiflu and Relenza) to treat potential pandemic illnesses such as avian influenza. All of these programs involve pharmaceuticals and medical supplies which carry various expiration dates. MED is exploring strategies including shelf life extension programs with other U.S. agencies to reduce the expenses associated with provisioning materials and medications required to protect overseas personnel. MED seeks to accomplish this without compromising the health and safety of U.S. employees. In addition, MED will regularly provide emergency preparedness training to its medical staff and service providers. Training will be performed in conjunction with other State Department bureaus whenever possible.

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.

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STRATEGIC GOAL: STRENGTHENING CONSULAR AND MANAGEMENT CAPABILITIES						
Strategic Priority	Human Resources					
Indicator	Percent of medical reviews and clearances completed within 30 days.					
FY 2007 Result	FY 2008 Result	FY 2009 Result	FY 2010 Result	FY 2010 Target	FY 2011 Target	FY 2012 Target
N/A	N/A	81 percent	86 percent	83 percent	85 percent	87 percent
New Indicator, No Rating	New Indicator, No Rating	New Indicator, No Rating	▲ Above Target			
Reason for Exceeding Target	Additional personnel and enhanced technology enabled MED to exceed planned targets. The hiring of more nurses allowed clearances to adjudicate its large caseload faster. Scanned medical images updated in the Electronic Medical Records (EMR) system made case review easier and faster.					
Impact	Timely and appropriate assignment of employees and family members. Available medical resources were matched according to class of medical clearance.					
Methodology	The number of clearances completed is documented in the EMR 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 2012 request of \$44.776 million for the Office of Medical Services will maintain current services, including a reduction of \$635,000 in planned administrative savings for travel and contract support, and represents a decrease of \$143,000 from the FY 2010 Actual level. MED serves more than 55,000 employees and family members assigned overseas, and this population is expected to grow to more than 60,000 by the end of FY 2011. An increase of \$501,000 above the FY 2010 enacted level supports one new position. The FY 2012 request provides funding to support the expansion in Juba and the conversion of the consulate to an embassy in support of the January 2011 referendum on Sudan.

Overseas – American New Hire: \$501,000

To provide adequate medical care for the growing number of employees and family members, MED must increase the number of medical personnel assigned overseas. The Department requests one overseas position for a Foreign Service Health Practitioner in Juba.

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	Positions				Funds (\$ in thousands)			
	American			FSN	Pos Total	Bureau Managed	American Salaries	Funds Total
	CS	FS Dom	Overseas					
FY 2010 Actual	110	33	4	0	147	29,541	15,378	44,919
FY 2011 CR	110	33	4	0	147	28,956	15,378	44,334
FY 2012 Built-in Changes								
Efficiency Savings	0	0	0	0	0	(635)	0	(635)
Medical Inflation	0	0	0	0	0	576	0	576
Total Built-in Changes	0	0	0	0	0	(59)	0	(59)
FY 2012 Current Services	110	33	4	0	147	28,897	15,378	44,275
FY 2012 Program Changes								
New American Overseas Positions	0	0	1	0	1	358	143	501
Total Program Changes	0	0	1	0	1	358	143	501
FY 2012 Request	110	33	5	0	148	29,255	15,521	44,776

Staff by Program Activity (positions)

Office of the Medical Director	FY 2010 Actual	FY 2011 CR	FY 2012 Request
Medical Services	147	147	148
Total	147	147	148

Funds by Program Activity (\$ in thousands)

Office of the Medical Director	FY 2010 Actual	FY 2011 CR	FY 2012 Request
Medical Services	44,919	44,334	44,776
Total	44,919	44,334	44,776

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Program Activities

Department Of State	Positions			Funds (\$ in thousands)			
	American		FSN	Pos	Bureau Managed	American Salaries	Funds Total
	Domestic	Overseas		Total			
Medical Services	143	5	0	148	29,255	15,521	44,776
Total	143	5	0	148	29,255	15,521	44,776

Staff by Domestic Organization Unit (positions)

Office of the Medical Director	FY 2010 Actual	FY 2011 CR	FY 2012 Request
Medical Director	41	39	39
Office of Clinical Services	42	44	44
Office of Foreign Service Health Practitioners Program	18	17	17
Office of Mental Health Services	42	43	43
Total	143	143	143

Funds by Domestic Organization Unit (\$ in thousands)

Office of the Medical Director	FY 2010 Actual	FY 2011 CR	FY 2012 Request
ICASS	14,423	15,257	14,677
Medical Director	571	451	3,121
Office of Clinical Services	12,101	10,203	9,313
Office of Foreign Service Health Practitioners Program	2,597	2,110	2,060
Office of Mental Health Services	10,139	9,815	9,259
Total	39,831	37,836	38,430

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Staff by Post (positions)

Office of the Medical Director (MED)	FY 2010			FY 2011			FY 2012		
	Actual			CR			Request		
	Amer	FSN	Total	Amer	FSN	Total	Amer	FSN	Total
Nigeria, Lagos	1	0	1	1	0	1	1	0	1
Poland, Warsaw	1	0	1	1	0	1	1	0	1
South Korea, Seoul	1	0	1	1	0	1	1	0	1
Sudan, Juba	0	0	0	0	0	0	1	0	1
Sudan, Khartoum	1	0	1	1	0	1	1	0	1
Total	4	0	4	4	0	4	5	0	5

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Funds by Post

(\$ in thousands)

Office of the Medical Director	FY 2010 Actual	FY 2011 CR	FY 2012 Request
Angola, Luanda	424	342	334
Australia, Canberra	0	342	334
Bahrain, Manama	0	342	334
Belarus, Minsk	424	342	334
Burkina Faso, Ouagadougou	424	342	334
Burma, Rangoon	424	342	334
Burundi, Bujumbura	0	342	334
Colombia, Bogota	0	342	334
Djibouti (Rep. Of), Djibouti	0	342	334
Gabon, Libreville	424	342	334
Haiti, Port-au-Prince	424	342	334
India, Chennai (CG)	424	342	334
Mauritania, Nouakchott	424	342	334
Nigeria, Lagos	424	342	334
Panama, Panama City	0	342	334
Poland, Warsaw	424	342	334
South Korea, Seoul	424	342	334
Sudan, Khartoum	424	342	334
Togo, Lome	0	342	334
Total	5,088	6,498	6,346

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Funds by Object Class

(\$ in thousands)

Office of the Medical Director	FY 2010 Actual	FY 2011 CR	FY 2012 Request
1100 Personnel Compensation	19,449	19,362	19,839
1200 Personnel Benefits	2,813	2,900	3,139
2100 Travel & Trans of Persons	9,500	9,316	9,000
2200 Transportation of Things	163	122	122
2300 Rents, Comm & Utilities	153	109	109
2400 Printing & Reproduction	151	107	151
2500 Other Services	8,558	7,786	7,800
2600 Supplies and Materials	2,080	2,551	2,606
3100 Personal Property	2,052	2,081	2,010
Total	44,919	44,334	44,776