

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE
DIRECTOR, TRICARE MANAGEMENT ACTIVITY
NETWORK DIRECTORS (10N1-23)
VETERANS HEALTH ADMINISTRATION CHIEF OFFICERS

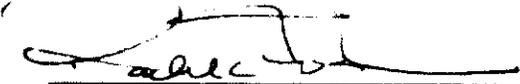
SUBJECT: Fiscal Year (FY) 2009 Department of Defense and Department of Veterans Affairs
(DoD-VA) Joint Incentive Fund (JIF) Projects

The Health Executive Council (HEC) has approved the DoD-VA Health Care Sharing Incentive Fund proposals for FY2009. Selected projects with approved funding are consolidated on the attached list (Attachment 1). All projects selected received the minimum score of 70 based on current established criteria. Projects that did not receive funding based upon the minimal score are at attachment (2).

The HEC is responsible for reporting to the Government Accountability Office (GAO) on the effectiveness and efficiency of the funded projects, and on progress toward the originally stated aims, methods and results. To that end, Interim Project Reviews (IPRs) will be used to formulate the reporting data.

IPRs will be conducted for all projects approved for FY 2009, in addition to those of previous fiscal years. IPRs should be jointly prepared by each site and should reflect a brief but accurate assessment of the projects' accomplishments and limitations during the funding period. The initial IPR is due on January 15, 2010, and quarterly thereafter throughout the funding period on the 15th of April, July, October and January (or the first business day after) using the template in Attachment 2. A final report will be completed within 30 days of the conclusion of the project using a template which will be provided at that time.

Please have the designated lead coordinator forward the jointly developed IPRs electronically using the enclosed template (Attachment 3) to Mr. Michael Gardner, michael.gardner2@va.gov. For further information and questions, Mr. Gardner may be reached at (202) 461-6514.



Rachel Foster
Acting, DoD Co-Chair, Financial Management
Work Group

Date

10 Aug 2009



W. Paul Kearns, MI
VA Co-Chair, Financial Management
Work Group

Date

8/10/09

Attachments:
As stated

FY 2009 JIF Projects Selected for Funding

Location/ Title	Service	VISN	Total Cost
O'Callaghan Federal Hospital/ 99th Medical Group Nellis AFB (Cardiac Catheterization Lab) <i>Joint Market Opportunity Site</i>	Air Force	22	\$2,965,000
Gulf Coast HCS/ 81st Medical Group Keesler (Space Sharing) <i>Joint Market Opportunity Site</i>	Air Force	16	\$812,000
Gulf Coast HCS/ Keesler 81st Medical Group Keesler AFB (Business Operations) <i>Joint Market Opportunity Site</i>	Air Force	16	\$2,366,000
10th Medical Group, U.S. Air Force Academy/Eastern Colorado Veterans Health Care System (Ambulatory Surgery) <i>Joint Market Opportunity Site</i>	Air Force	19	\$9,650,995 *
Washington VAMC/ Walter Reed AMC (Amputee Care)	Army	5	\$1,364,000
Boston VAMC/ Telemedicine and Advanced Technology Research Center, USAMRMC (Automated Hand-Hygiene System)	Army	1	\$717,000
VA/ DoD National (Biosurveillance System)	National	NA	\$4,854,000 *
VA Northern California HCS/ 60th Medical Group Travis, AFB (Cardiovascular Care Center)	Air Force	21	\$4,427,000
NMMC Bethesda (Dental School)/Washington VAMC (Craniofacial Implant Registry)	Navy	5	\$462,000
VA/ DoD National (Data Sync Phase 5)	National	NA	\$6,200,000 *
Alaska VAMC/ 3rd Medical Group Elmendorf AFB (Magnetic Resonance Imaging (MRI 3T))	Air Force	20	\$3,828,000
Washington VAMC/ Walter Reed AMC (Virtual Neurosurgery Clinic)	Army	5	\$3,077,000
Captain James A. Lovell Federal Health Care Center (IM/IT)	National	12	\$100,020,000 **
Totals			\$140,742,995

* Funds to be distributed after 1 October 09

** Phase I: \$50,000,000 will be distributed immediately. Phase II: \$50,020,000 to be distributed after 1 October 09

FY 2009 JIF Projects Not Selected for Funding

Location/ Title	Service	VISN	Total Cost
<p>VA/DoD National (Patient Receiving Center Training) (PRC) This project proposed to provide comprehensive and realistic training and exercise opportunities to ensure the readiness of PRC personnel by assigning patient movement aircraft from Air Mobility Command (AMC) to selected DoD and VA PRCs. The Training involves on/off-loading patients and other patient movements in the event of a major contingency operation.</p> <p>This project did not receive the minimum score of 70 based on established scoring criteria. Specifically, the proposal scored low in the categories associated with improving quality of care and access to care, and return on investment. The Financial Management Work Group understands the benefits improved readiness and smoother transition of patients among DoD, VA, and any non-Federal medical care providers, but it felt this type of training should be financed using operational training funds.</p>	National	NA	\$720,000