AIR FORCE MEDICAL COMMAND (AFMED)

FREQUENTLY ASKED QUESTIONS

March 2024

OVERVIEW

The Air Force Medical Service is restructuring the Air Force Medical Service to advance Airmen and Guardian health and readiness. The move also provides better support and advocacy for Department of the Air Force priorities in partnership with the Military Health System. This will be accomplished through the standup of two regional Air Force Medical Commands, or AFMED Regions. These AFMED Regions will be overseen by the Air Force Surgeon General to better support Air Force and Space Force priorities while integrating the Defense Health Agency authorities for health care operations in military treatment facilities at DAF installations.

The Frequently Asked Questions below answers common questions from Air Force senior leaders, medics, Airmen and beneficiaries on what AMED is, its significance, impact on different Air Force medical communities, and operations at military treatment facilities.

> *"The Air Force has always been distinct from our sister services, from our structure and number of military treatment facilities, to how we train and deploy our medical forces. As the DHA and MHS have evolved over the past six years, it's become apparent that the AMFS needed to restructure to ensure we could better advocate for our equities and execute the health service support mission at our installations and around the globe."*
>
> *- Lt. Gen. Robert Miller*
> *U.S. Air Force Surgeon General*

DISCLAIMER

This is intended to be a living document, with new questions and new information added as more decisions are made. To ensure you are reviewing the most current version of this product, please visit the Air Force Surgeon General Office of Congressional and Public Affairs MilSuite site.

General FAQs

1. What is Air Force Medical Command (AFMED) and why is it being stood up?

AFMED is being introduced as a command structure within the Air Force Medical Service (AFMS) to increase efficiencies and improve advocacy for Air and Space Force-related medical concerns. To advance Airmen and Guardian health and readiness, support Department of the Air Force priorities, and better integrated with the Defense

Health Agency (DHA), the addition of AFMED will facilitate command and control through two intermediate regional commands, or AFMED regions.

2. How will the AF/SG's role change?

Through AFMED, the Air Force Surgeon General will have enhanced authority and oversight to better support medical readiness and DHA. The AF/SG would now be more akin to their Army and Navy SG counterparts by retaining their headquarters advisory functional responsibility and gaining command responsibility.

3. How will AFMED support DAF priorities?

Under the proposed construct, each commander will be dual-hatted, meaning they will have two lines of authority: one through the DAF for medical readiness and one through the DHA to facilitate health care delivery on Air and Space Force installations. By leveraging both authorities, AFMED commanders will prioritize the concerns of MAJCOM/FLDCOM, Wing/Delta, and MTF commanders.

MTF commanders will align under direct command and control of the intermediate regional AFMED commands. This will enable Air Force Medical Service leadership to better advocate for Department of the Air Force priorities. AFMED commanders will address any DAF/DHA conflicts, rather than individual MTF commanders as is currently the case.

The DAF is unique – it deploys differently and trains differently, when compared to sister services. Along with prioritizing readiness, AFMED commanders will ensure those differences are represented in a joint environment with the Defense Health Agency.

4. What is the intended AFMED structure?

The proposed structure, when AFMED is fully operational, will be commanded by the AF/SG. AFMED will include two AFMED regional commands, commanded by general officers who report to AF/SG. These regional commanders will be dual hatted as DHA market directors, to oversee DAF MTFs.

5. What impacts will the Airmen or Guardians feel related to receiving health care at their installation?

Airmen and Guardians will see little to no change in how healthcare is delivered at the clinic level because AFMED is a command structure not a healthcare delivery system, but will see enhanced processes for readiness items, such as pre-deployment and force generation requirements. The AFMED command structure will provide quicker execution guidance for Air Force readiness and DHA health care policies for installation military treatment facilities.

Beneficiaries will use the same appointment line, MHS GENESIS patient portal, and will still visit their MTF. AFMED's regional commands, on behalf of the DHA, will be able to work on improvements for access to care while supporting their installation or larger AF exercise and operational needs.

6. When will this change occur?

AFMED will stand up in an initial operating capability Oct. 1, 2023.

7. What will happen at initial operational capability (IOC)?

AFMED is scheduled to launch at IOC on Oct. 1, 2023. A significant degree of planning, coordination, and approvals need to occur before AFMED achieves its full operational capability. Medical group commanders and staff will see little to no immediate change to operations and health care processes as AFMS planners continue to build the AFMED structure and processes in preparation for full operational capability set for October 2024; change will occur incrementally. When fully implemented, two AFMED regional commands will be established, each led by a medical general officer.

8. What does FOC for AFMED look like?

Full operating capability is scheduled for Oct. 1, 2024. At this time each AFMED command will be fully operational with appropriate authorities and processes in place, staffed, and ready to take on the dual-hatted role to support both Department of the Air Force and Defense Health Agency priorities.

9. How will AFMED be staffed?

Personnel at existing AFMS headquarters and Air Force Medical Readiness Agency will realign to AMED's two regional commands. Initially, one of the regional commands will be in the National Capital Region and one in San Antonio, but these may be subject to change as the organization matures from IOC into FOC. Since AFMED leadership will be dual-hatted and will represent authorities under the DAF and DHA chains of command.

MAJCOM/FLDCOM, Wing/Delta and Medical Group Commander FAQs

10. What will change for the medical group?

As AFMED moves into initial operational capability on Oct. 1, 2023, MAJCOM and FLDCOM Commanders, Wing and Delta Commanders, and dual-hatted MTF Directors/ MDG Commanders, will see incremental changes over time. As coordination on tasks is finalized, additional updates will be released. AFMED's primary focus will remain on readiness, but by design, the AFMED regional commanders will be dual hatted as AFMED Commanders and DHA market directors. Empowering them to balance readiness and health care concerns, as well as meet statutory requirements.

11. To staff AFMED, will Airmen be pulled from the MTFs?

Personnel at existing AFMS headquarters and AFMRA will be realigned to AMED's two regional commands. Current staffing levels at the MTF will be maintained to execute the DHA's health care strategy, the Air Forces readiness strategy, and meet the needs of the installation.

12. Will the Wing commander have any control over MTF processes or schedules?

Since reorganizations mandated by National Defense Authorization Act (NDAA) of 2017, installation, Delta and Wing commanders have had liaison authority over MTF commanders and a direct connection to DHA through the MTF commanders on health care issues. The Air Force Surgeon General expects Medical Group commanders to be fully engaged with the wing at the installation level. MTFs have dual responsibility to provide health care and support readiness. Interactions between the MTFs and

installation commanders, units, Airmen and Guardians will see little to no immediate change and will ultimately be enhanced by greater representation of DAF equities.

13. Who will rate the Medical Group Commander?

At Initial Operating Capability there won't be changes to who rates the medical group commanders. However, by Full Operating Capability, anticipated 1, October 2024, Medical Group Commanders will be rated within the AFMED Regional chain of command.

14. What interaction will the MTFs (Medical Groups, MDGs) have with the wing (delta) at the installation level?

MTFs (MDGs) will continue to support wing / delta commanders' mission requirements and the MTF Director/MDG Commander will serve as the installation's principal medical advisor. The Air Force Surgeon General expects MDG Commanders to remain fully engaged with the wing / delta leadership in support of the installation readiness mission, crisis action response, deployment processing lines and support of AFFORGEN / SPAFORGEN is iron clad.

15. How does this reorganization affect high-tempo missions, deployment lines, no-notice or short-notice taskings at the installation level?

Readiness is an Air Force responsibility, and AFMED is being implemented to increase efficiencies in readiness. As the dual-hatted medical general officer, the AFMED regional commanders will work to balance readiness and health care and achieve demands. Ultimately, AFMS and HAF/A3 planners have been engaged and developed ways forward to maintain full support of AFFORGEN and SPAFORGEN needs.

16. Which CONUS MTFs will align under each AFMED command?

The final disposition of the alignment of MTFs under the AFMED construct is under review in coordination with DAF and DHA leadership. When the final disposition is determined, it will be released. The Air Force Surgeon General expects MTF Commanders to be fully engaged with the wing at the installation level. MTFs have dual responsibility to provide health care and support readiness. Interactions between the MTFs and installation commanders, units, Airmen and Guardians will initially see little to no immediate change.

17. How will this impact MAJCOM SG leadership?

AFMED will complement MAJCOM SG leadership, who will remain focused on readiness within their respective MAJCOM. MAJCOM SGs are a vital link between the AF/SG, MAJCOM CCs, and Wing and MTF leadership, and will continue to provide planning, coordination, and oversight.

18. How will OCONUS MTFS be aligned?

The final alignment of MTFs under the AFMED construct is under review in coordination with DAF and DHA leadership. When the final disposition is determined, it will be released.

19. Does the AFMED transition mean the MTF will become a tenant unit?

MTFs had functionally become tenant units when DHA assumed management in 2021. The AFMED transition will not impact the MTFs status. Our commitment to support installations' readiness did not change in 2021 and it will not change with the creation of AFMED. The wing / delta and MTF relationship remains iron clad.

20. How will this impact how tasks are sent down? Will this add to their workload – taskers from the base, from AF, from DHA? Will everything now come through AFMED?

AFMED will assume initial operational capability Oct. 1, 2023. HAF planners are working to determine how the workflow will change. When AFMED reaches IOC, changes will be implemented in incremental, measured steps. The current focus is on establishing a well thought out construct that is efficient and achieves federal mandates.

Questions for civilians and medical Airmen at MTFs

21. Does this impact who we report to?

HAF planners are working to resolve this answer. National Defense Authorization Act (NDAA) 2017 granted the Defense Health Agency authority to oversee healthcare delivery and many other functions to improve the MHS. Within NDAA 17, Congress mandated DHA have authority, direction, and control over MTFs, with legislation solidifying DHA market directors as the first rater for MTF Directors. AFMED proposes a dual-hat command structure that will achieve the intent of the law and enable regional commands to advocate for AF interests and requirements, while synchronizing and aligning health care related concerns under DHA policy and readiness concerns under Air Force policy. AFMS planners are coordinating with HAF/A1, SAF/MR, and AFPC to determine and codify reporting/command authorities.

22. How will AFMED impact a medic's day-to-day at the MTF?

Staff at the MTF should see little to no change to their day-to-day duties or responsibilities. Their primary goal of providing healthcare at the clinic level will remain the same. As AFMED regional commanders take on the dual-hatted role to work between the Department of the Air Force and the Defense Health Agency, policies and guidance should be more streamlined. As a result, staff will be able to focus on patient care and ensuring the medical readiness of Airmen and Guardians at their installations.