

Defense Health Agency

DELIVERING WARFIGHTER READINESS

FISCAL YEAR 2027





“The DHA is, in its entirety, a Combat Support Agency.”

—DHA DIRECTOR VICE ADM. DARIN K. VIA

OUR MISSION

DHA is a Combat Support Agency that serves the Joint Services by optimizing lethality through warfighter medical readiness. DHA delivers the full spectrum of health services in garrison and during combat operations to ensure warfighters are medically ready to deploy, fully supported throughout operations and rapidly returned to duty. As the foundation of an integrated health enterprise, DHA provides joint medical capabilities across a mission-ready health system worthy of the Department of War, combatant commands, the Military Services, their families, and all beneficiaries.

THE STRATEGY

This Campaign Order is an operational guide to drive decisive action toward our four lines of effort. DHA headquarters is aligned to synchronize the execution of priority readiness functions.

- **Prioritization.** Resources are being shifted to mission-critical requirements, and DHA headquarters is accepting risks with stopping non-essential work.
- **Expectation.** The FY 2027 (FY27) Campaign Order lays out the specific actions and milestones — What by When — that DHA leaders throughout the enterprise established through standardized governance processes to improve warfighter medical readiness, medical warrior currency, joint warfighting capability, and quality medical care for all beneficiaries.
- **Transparency.** DHA headquarters will use standardized visual dashboards to monitor performance across key performance indicators, delivering transparent and real-time readiness performance data to senior stakeholders as well as front-line medical professionals.



NORTH STAR: DHA will enhance Total Force medical readiness (deployability, employability, and fitness standards) by **reducing 90% of lost warrior days outside standard healing timelines**. We will standardize profile durations, decrease days above benchmark for non-deployable/non-employable conditions to zero, and drive **active-duty access targets for acute, routine, and specialty care**.

LOE 1 has four Supporting Efforts in FY27:

- **Medical Employability and Deployability.** Reduce 90% of lost Warrior days outside of standard physiologic healing timelines by standardizing profile durations, modernizing periodic health assessments (PHAs) and implement seamless data exchange with service readiness systems.
- **Access to Care Procedures.** Prioritize and expedite Active Duty Service Member appointments to eliminate access appointing delays, with 100% of MTFs meeting access standards:
 - Primary Care (Acute Care): 1 day or less,
 - Primary Care (Routine Care): 7 days or less,
 - First Specialty Care: 15 days or less.
- **Care Continuity Procedures.** Accelerate Permanent Change of Station (PCS) readiness by eliminating process barriers in medical screenings and transitions of care, reducing time to reestablish care for active patients (primary care and specialty care) upon PCSing.
- **Public Health in Support of Readiness.** Mitigate the structural drivers of injury and illness to maximize force-wide medical deployability, achieving 5-10% reduction in risk of musculoskeletal injury (MSKI). Utilize targeted approaches to address lifestyle factors, hearing surveillance, brain health, and blast overpressure exposures, and strengthen enterprise injury prevention planning.



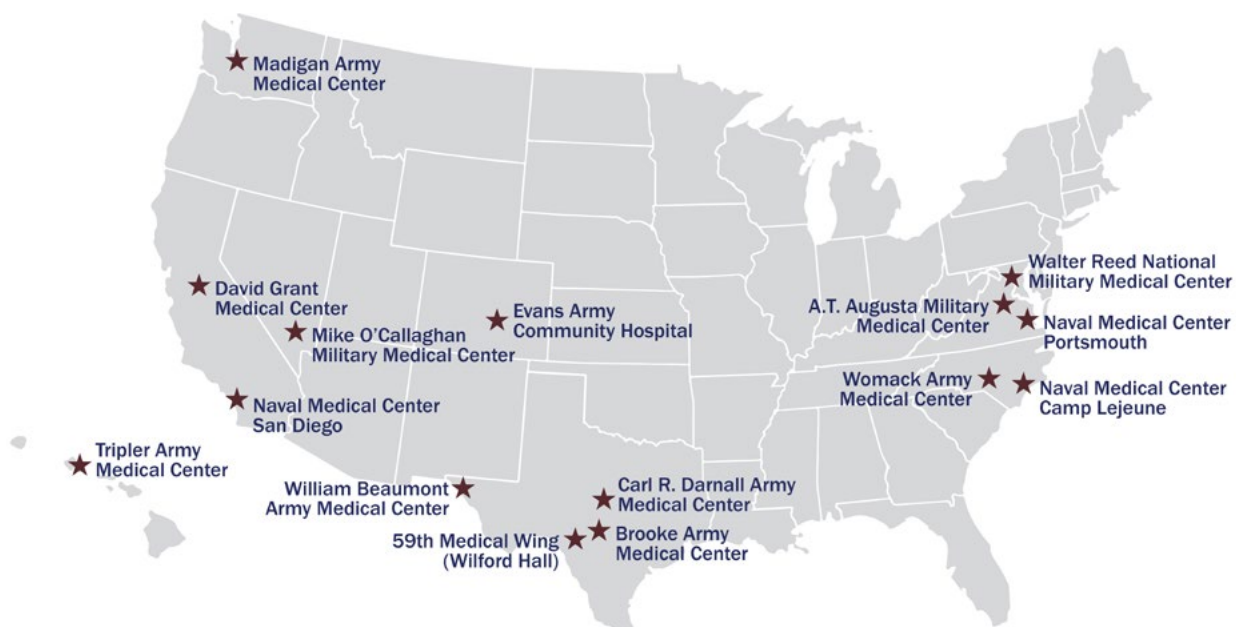
LINE OF EFFORT 2: Deliver Medical Warrior Currency



NORTH STAR: DHA will ensure **85% of identified, deployable military medical personnel in MTFs meet 100% of their Joint Knowledge, Skills, and Abilities** for Service and Force Sustainment requirements. We will use military hospitals and clinics and expand partnerships to increase high-acuity and surgical volume in the Core 15 MTFs aiming for a 20% acuity increase and 15% TRICARE For Life enrollment growth.

LOE 2 has one Supporting Effort in FY27:

- **Clinical Volume and Complexity ISO Clinical Readiness.** DHA will enhance critical wartime clinical skills by focusing on high-acuity and surgical volume in the Core 15 MTFs, aiming for a 20% acuity increase and 15% TFL enrollment growth. DHA will also increase Direct Care appointments for Specialty Care TFL patients, Prime Right of First Refusals (ROFRs) from the network, and VA partnerships at Core 15 MTFs by 50%.



The Core 15 MTFs are considered the Military Health System's largest readiness-generating platforms.



NORTH STAR: DHA will support theaters by **ensuring 100% of surge capacity materiel (equipment and supplies)**, 90% of blood requirements are forward positioned OCONUS and at Core 15 MTFs. Medical education and training will achieve > 90% graduation rates, 70-90% baseline seat capacity, and ability to surge by 90% above baseline seat capacity.

LOE 3 has seven Supporting Efforts in FY27:

- **Joint Trauma System (JTS).** DHA will maximize combat casualty survival by delivering 100% of CTS support plans, supporting ally/partner agreements, and submitting CTS requirements documents.
- **Capability Development.** Integrate resilient Secret Internet Protocol Router (SIPR) networks and deliver Artificial Intelligence (AI) data platforms to deliver CSA functions required by the Joint Force 90% of the time.
- **Combat Support Readiness.** Improve readiness reporting to identify and close readiness gaps with 100% of PACOM, Core 15, and EUCOM MTFs reporting on their readiness requirements.
- **Logistics and Sustainment.** Bolster the wartime supply chain by expanding theater medical materiel, walking blood bank (WBB) and blood supply capability, and fatality management capability and capacity. DHA will meet facility surge and equipment requirement 100% of the time. DHA will meet NDS-aligned priorities for PACOM and EUCOM steady state and crises blood quotas at 90% or greater. DHA will meet 45–90 Days of Supply (DOS) to support CCMDs.
- **Integrated Planning.** Deliver DHA Contingency Support Base Plan and 100% of support plans for all prioritized CCMD OPLANs and CONPLANs.
- **Professional Education.** Modernize joint training requirements to support LSCO; and further maximize clinical educational pipelines to eliminate Force Development shortfalls to achieve >90% graduation rates.
- **Public Health.** Optimize Force Health Protection through the integration of 100% priority health surveillance data sources into Joint systems of record, increasing pathogen genomic surveillance from 15 to 17 laboratories, achieving 100% operational capability for prioritized Wastewater Surveillance (WWS) sites, and reducing exposure analysis time to 21 days with 90% on-time delivery.



NORTH STAR: DHA will achieve 90% outpatient and inpatient satisfaction and 100% of patients awaiting specialty care are seen within 28 days; 100% of eligible MTFs will achieve top-tier (A/B) Leapfrog safety grades; and exceed national benchmarks for cancer screenings.

LOE 4 has six Supporting Efforts in FY27:

- **Patient Experience.** Simplify the care journey through improved communications, next-generation portals, streamlined complaint processes, and private sector process advances to increase inpatient satisfaction from 75% to 85% and increase outpatient satisfaction by 10% above baseline.
- **Population Health.** Drive early cancer detection to exceed the 90th percentile in HEDIS preventative screenings for cervical, colorectal, and breast cancer.
- **Optimize Surgery and Trauma Outcomes.** Improve post-operative safety and achieve 20% reduction all cause morbidity (from 3% to 2.4%) through the National Surgical Quality Improvement Program.
- **Optimize Obstetric Outcomes.** Increase maternal and infant safety by decreasing the ORYX PC-06 (Unexpected Complications in Term Newborns) severe complication rate and the ORYX PC-07 (Severe Obstetric Complications) rate by 10%.
- **Protection from Harm.** Maintain top-tier A/B Leapfrog safety grades, achieving 100% A or B safety grades across all MTFs .
- **Provider Experience.** Deploy interventions to reduce administrative burden and improve professional fulfillment, burnout and intention-to-leave by 10% against baseline among clinicians.

ENABLING SUPPORT

This Campaign Order can only be achieved with specific enablers that address critical drivers and remediate barriers across all four LOEs:

- **Organizational Process Standardization.** We will deploy interventions to modernize and standardize enterprise processes and replace or update legacy systems to reduce administrative burden.
- **Manpower and Personnel.** We will enhance manpower readiness and workforce agility by effectively and sustainably managing manpower requirements, workforce development, while conducting oversight of personnel administrative functions related to resource management.
- **Data Strategy.** We will strengthen enterprise data-driven operations by executing the DHA Data Strategy and Artificial Intelligence Strategy to ensure the LOEs are supported by trusted and accessible data, modern analytics, responsible AI, and the data governance and infrastructure necessary to accelerate execution.



AN ACTION PLAN FOR 2027

The DHA FY27 Campaign Order — released on October 1, 2026 — is the operational guide to system-wide improvement.

The Campaign Order enables a synchronized, data-driven enterprise capable of delivering decisive medical support to the warfighter.

Frontline medics and providers are the most critical contributors to success. All enterprise decisions will prioritize staffing and workflows and not increase risk to mission execution or outcomes.

Leaders at every organizational level will be empowered with clear, outcome-focused performance measures and be held accountable for achieving results aligned against enterprise priorities.

**“Everything we do...exists for one reason,
and that is to support warfighter readiness.”**

—DHA DIRECTOR VICE ADM. DARIN K. VIA