

## Technology Assessment & Requirements Analysis (TARA) Program

MCMR-MMP-I

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**PURPOSE.** To provide a TARA program summary including deliverables and benefits

**BACKGROUND.** The TARA program, originating as a contracted pilot program in 1992, was brought in-house in 1994, with Walter Reed Army Medical Center becoming the first TARA visit in April of that year. The Strategic Technology & Clinical Policies Council (STCPC) formally adopted the TARA program in January 1995, directing full integration of clinical consultants and requiring a TARA visit to every Army Medical Department (AMEDD) medical activity and medical center (MEDCEN) on a 3-year basis. After the initial round of site visits, the frequency was changed to 3 years for MEDCENs and 4 to 5 years for all other medical facilities. In 2004, the TARA Program was awarded The Surgeon General's Excalibur Award. In March of 2007, the TARA team expanded to cover additional modalities. This expansion was based on approval and funding from Medical Command (MEDCOM) due to a business case analysis submitted in 2006. The TARA program has resulted in process improvements and modernization of medical devices. Furthermore, the program has realized a cost avoidance/savings to the AMEDD in excess of \$240 million over its 20 years of existence. The expansion team alone identified over \$2 million in savings in its first 6 months. In 2014, the TARA program identified over \$14.4 million in savings.

**DISCUSSION.** The TARA Program currently assesses all investment medical devices and clinical operations within the MEDCOM's fixed (TDA) medical treatment facilities (MTFs). The purpose of each site visit is to interview departmental staff, observe scheduling and patient-flow patterns, evaluate quality of service, evaluate the condition and utilization of existing medical devices, provide a 5-year strategic replacement plan for medical devices, recommend improvements in operations, facilities, staffing, workflow, and to discuss clinical operations. The clinical assessment is performed by the Office of The Surgeon General (OTSG) Consultants. Evaluations are performed at approximately 8 to 10 facilities a year. The TARA program is an unbiased and independent team of professionals that provides the following benefits and service:

- Provide advice to the STCPC/MEDCOM on the prioritization, planning, programming and execution of capital investment programs
- Perform market surveillance of emerging medical technologies and provide recommendations to the Diagnostic Imaging and Radiotherapy Subcommittee (DIRS) of the STCPC on technology insertion strategies
- Work with vendors and the MTFs to ensure interoperability of new system acquisitions with current systems within the facility and with the overall network infrastructure
- Make tough recommendations with regards to infrastructure right-sizing (Space, People, Equipment and Contracts)
- Reduce clinical and administrative workload by performing a business case analysis (BCA) to support system requirements for the facility (site visits)
- Validate workload documentation out of the Composite Health Care System (CHCS) by Clinical Procedural Terminology (CPT) codes

- Mitigate URGENT requirements by managing the medical devices and having subject matter experts that are intimately knowledgeable of the systems
- Provide clinical recommendations through the OTSG Consultants (matrixed)
- Assist the site in identifying ways to recapture workload that is being referred to the TRICARE network (additional equipment, staffing, business practices, etc.)
- Leverage industry and technology to provide the best value to the Government on the acquisition of systems to include “Group-Buy” initiatives

**CONCLUSION.** Over the last 20 years, the TARA program has realized an average cost avoidance/savings of \$13.8 million dollars a year. This is due to centralized buy initiatives, accurate requirements analysis based on validated workload metrics, and reduction of maintenance and procurement costs due to removing and not replacing systems that are not required. However, the TARA program’s biggest impact can be seen in the improvements and efficiencies of operations, workflow, facilities and the quality of care provided to our Warfighters and their Families.

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