

## Information Paper

MRMC-MMP-I  
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Subject: Technology Assessment & Requirements Analysis (TARA) Program

1. Purpose: To provide a TARA program summary including deliverables and benefits.

2. Facts:

a. The TARA program originated in 1992 as a contracted pilot program. It was then brought in-house in 1994 and the first TARA visit occurred at Walter Reed Army Medical Center 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 4-5 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 equipment. Furthermore, the program has realized a cost avoidance/savings to the AMEDD in excess of \$240 million over its 20 years of existence.

b. The TARA Program currently assesses all investment medical equipment and clinical operations within the MEDCOM's brick and mortar (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 equipment, provide a 5-year strategic replacement plan for equipment, 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. The TARA program is an unbiased and independent team of professionals that provides the following benefits and service:

1) Provide advice to the STCPC/MEDCOM on the prioritization, planning, programming and execution of capital investment programs.

2) 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.

3) 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.

4) Make tough recommendations with regards to infrastructure right-sizing (Space, People, Equipment and Contracts).

5) Reduce clinical and administrative workload by performing a business case analysis to support system requirements for the facility (site visits).

6) Validate workload documentation out of the Composite Health Care System (CHCS) by Clinical Procedural Terminology (CPT) codes.

7) Mitigate URGENT requirements by managing the equipment and having subject matter experts that are intimately knowledgeable of the systems.

8) Provide clinical recommendations through the OTSG Consultants (matrixes).

9) Assist the site in identifying ways to recapture workload that is being referred to the TRICARE network (additional equipment, staffing, business practices, etc.).

10) Leverage industry and technology to provide the best value to the Government on the acquisition of systems to include "Group-Buy" initiatives.

c. The TARA program has realized an average cost avoidance/savings of \$12 million dollars a year over the last 20 years. 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.

3. The POC for this effort is Mr. Jimmy Bisenieks, MRMC-MMP-I, 301-619-7965, [jimmy.l.bisenieks.civ@mail.mil](mailto:jimmy.l.bisenieks.civ@mail.mil)

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