

OFFICE OF MEDICAL SERVICES

OBJECTIVES

for

FY 1975

1. Derived from DCI Objectives

Office of Medical Services manpower levels in both FY 1974 and FY 1975 will be reduced below that of FY 1973 -- two less staff employees. Certain new activities moreover, as outlined below, will be initiated in FY 1974 through the allocation of limited additional funds starting in FY 1974.

2. DBS and OMS Objectives

A. General

(1) Starting in FY 1975 20% of OMS activities will be reviewed to determine if they are still justified, to evaluate them against current and projected requirements, and to develop a working program for performance evaluation against program objectives. The total OMS clinical function -- Selection Processing Division and Clinical Division -- will, it is currently planned, be reviewed initially.

(2) In FY 1974 systems/procedures will be developed to permit the identification of those costs to be considered for allocation, as appropriate, to Agency elements served by the OMS.

B. Clinical Division

The basic CD program of preventive medicine (occupational health, medical assignment selection of employees already on duty, health education, immunization), and care and treatment will continue. Starting in FY 1974 new activities will be initiated or existing activities will be expanded

as follows:

(1) Multiphasic Testing and Periodic Health Examinations:

In order to provide medical testing (screening) to those Agency employees not now seen by the OMS on any recurrent basis, we shall, starting in FY 1974, inaugurate a program for this. In FY 1974 the first of such employees will be screened, a data base will be developed, and this new effort will be evaluated. In FY 1975 these efforts should be further developed and accelerated. The ultimate objective is to provide such screening to employees on a three-year cycle. Further medical evaluation of certain employees, depending on the results of the screening, are planned. For the Clinical Division this will involve the procurement (through the OMS Support Division) of certain additional non-staff professional and technical services. It will also involve the scheduling (also through SD/OMS) of employees for the MPT and PHE phases of the program. Finally, the operation of the MPT/PHE will be the responsibility of CD.

(2) An increase of 100 in annual physical examinations is planned for FY 1975 over FY 1974. For CD this will involve the planning and execution of this expansion -- WAE services, scheduling, conduct of the actual examinations, and appropriate follow-up action.

C. Selection Processing Division

The basic SPD program of initial medical selection (pre-employment or EOD) for Agency personnel, medical evaluations of dependents, and health services support (for the Rosslyn area personnel) will continue. As an objective, starting in FY 1974 and continuing into FY 1975 and beyond, dependent orientation on medical aspects of overseas living will be expanded and will include color slides and other data which have already been requested from the several Regional Medical Officers overseas.

D. Psychiatric Staff

The basic PS program comprising clinical activities (including continued attention to alcoholism and drug abuse),



25X1C

25X1

Approved For Release 2002/05/14 : CIA-RDP78-05077A000100010035-4

Approved For Release 2002/05/14 : CIA-RDP78-05077A000100010035-4

H. Support Division

The basic responsibility of SD to provide administrative, personnel, registrar, supply, budget/fiscal and services support for the OMS will continue. Special attention as an objective will be given starting in FY 1974 to the planned Information Processing System as a companion program to the MPT/PHE Programs. For SD -- in coordination with the OMS Medical Systems Development Officer -- this will mean:

- (1) Expansion of the OMS Medical Chart Room,
- (2) Conversion of these charts to a terminal-digit color coded system, and
- (3) Operation of the revised records system in support of the MPT/PHE Programs in particular, and other OMS

medical administrative activities in general. This will, for example, require the procurement of a Contract Systems Analyst and a Contract Clerk.

I. Office of the Director of Medical Services

Direction and control of the activities outlined above, monitoring of progress toward the indicated objectives, and development of means for the measurement of such progress will be the continuing responsibility of the Office of the D/MS.