CONFIDENTIAL

B5-3817

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

OMS FY 86 - FY 91 Plan

FROM: Director of Medical Services 1D4061 Hqs.			EXTENSION	NO.	STAT
				DATE 7 November 1985	

TO: (Officer designation, room number, and building)	DATE		OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
	RECEIVED	FORWARDED		
1. DDA/EXO	7 Nov		Eau	Attached is OMS FY 86 - FY 91 Plan.
2.				
3. DDA/PLANS				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

FORM 610 USE PREVIOUS EDITIONS
1-79

CONFIDENTIAL

C O N F I D E N T I A L

MEMORANDUM FOR: Director of Medical Services

FROM: Harry E. Fitzwater
                                  Deputy Director for Administration

SUBJECT: Office of Medical Services Long Range Plan

REFERENCE: Office of Medical Services Strategic Plan,
                                  FY 1986 to FY 1991

    I have reviewed and approved your long range plan. The plan outlines an

ambitious and well thought-out set of objectives for medical services for the

coming years. It is exceptionally and commendably people-oriented. I look

forward to meeting with your people quarterly to review the progress of your

important programs to discuss any problem areas.

25X1

Harry E. Fitzwater

25X1

ORIG: DDA/Plan

Original - Addressee
       1 - DDA Chrono
       1 - DDA Subject
       1 - DDA/MS Chrono
       1 - DDA/MS Subject

25X1

C O N F I D E N T I A L

OMS FY 86 - FY 91 PLAN

MISSION

The Director of Medical Services is responsible for developing and directing the Agency's medical programs, both in the United States and overseas. These programs are concerned with promoting and maintaining the physical and mental fitness of all Agency employees, and dependents when applicable; providing medical evaluations and psychological assessments for job suitability; and providing medical and psychological support to operational and intelligence production activities.

25X1

AN OVERVIEW OF OMS PLAN

A. The Office of Medical Services (OMS) provides a broad range of professional programs that fall into **four functional categories** and are as follows:

1. SELECTION AND EVALUATION. This process involves clinical, psychiatric, and psychological screening of applicants and evaluation of both employees and dependents pre- and post-overseas assignment.

2. HEALTH SUPPORT. This is the traditional medical support plus a potpourri of additional services such as counseling, training, health lectures, Employee Assistance Program, Safety Program, etc.

3. SUPPORT OF OPERATIONS AND INTELLIGENCE PRODUCTION. This support assists the clandestine service (Agency and Intelligence Community) in the development and retention of agents and assets, and production of intelligence.

4. INTERNAL OMS SUPPORT. This represents the traditional support services such as personnel, budget, medical administration, etc.

B. The plan establishes one or more objectives in each of the functional areas and identifies the major challenges facing OMS during the next five years and provides a general strategy for meeting these challenges.

2

SELECTION AND EVALUATION ASSUMPTIONS AND GOALS FY 86 - FY 91

The Agency's planning emphasis upon increased technology/automation has an impact upon selection activities. Increased automation is characteristically accompanied by increased centralization of information bases; i.e., the more efficient an information processing system becomes, through reliance upon technology, the more vulnerable it becomes. (A single individual, by means of perhaps a computer terminal, may gain access in a matter of minutes to more information than the same person, without automation, might ever have been exposed to over years of routine Agency employment.) Thus, plans for increased automation of Agency operations points up the requirement for expanded, more detailed evaluation of applicants in terms of stability and reliability, but this requirement cannot be met solely through refined medical evaluation techniques or methodology.

The ultimate success in refining and improving Agency selection processing demands abandonment of parochialism among Agency selection components and collaborative review of the evolving social mores of applicants applying for Agency employment. Expansion of inter-component (OP, OS, and OMS) data sharing will be critical in pursuing the highest levels of selection efficiency and effectiveness which are attainable. Reaching these levels while observing the legal and ethical constraints associated with selection processing systems will require development of a creatively complex automated information management system.

GOALS FY 86 - FY 91

Goal 1 - EXPANSION OF OMS SELECTION METHODOLOGY TO ALL APPLICANTS. (e.g., CPI TESTING FOR CLERICALS, ETC.)

Goal 2 - FURTHER REFINEMENT OF RELIABLE MEASURES OF APPLICANT CHARACTERISTICS SUCH AS INTEGRITY, LOYALTY AND CAREER COMMITMENT.

Goal 3 - DEVELOP AND IMPLEMENT AN ARTIFICIAL INTELLIGENCE (AI) SYSTEM (MIDAS) that will significantly enhance the quality of selection methodology and medical care through knowledge engineering. Employees, physicians, and psychologists will enter evaluations and histories at terminals here and abroad. This information along with other experience and knowledge factors will be manipulated and presented in a digested "intelligent" manner to the examining physicians and psychologists both at Headquarters and in the field. By 1990 these types of computer assisted programs will routinely enhance the quality of medical and psychological judgment in the U.S. Without this automation, OMS

3

medical and psychological programs will be removed from the
usual professional standards associated with a top notch
organization.

**Goal 4 - IN COORDINATION WITH OTHER AGENCY COMPONENTS
PILOT STUDIES OF IMPROVEMENT IN SELECTION PROCESSING AS
A FUNCTION OF AN ALL-SOURCE (OMS, OP AND OS) DATA
SYSTEM.** Findings developed will provide guidelines
(where appropriate) to assist in upgrading the selection
screening process.

RESOURCE IMPLICATIONS

The development and implementation of an OMS AI System over
the five years will require

25X1

4

OFFICE OF MEDICAL SERVICES

GOAL FY 86: Review and Revise Current Applicant Screening Methods.

OBJECTIVES: Complete Revision of Personal Index Utilizing Data
Obtained from Review of PI, Interview CPI, and ARP
data.

MILESTONES

I	Introduction PI Revision	1st Quarter
II	Finish Review of OMS, OP, OS Files	2nd Quarter
III	Analyze Data	3rd Quarter
IV	Final Revision of PI	4th Quarter

5

OFFICE OF MEDICAL SERVICES

GOALS FY 86:   To explore the utility of expanded inter-component
               sharing of applicant data for Agency selection
               processing.

MILESTONES

I   Project Design. Assembling data,
      designating in-house expertise, Preparation
      of data collection instruments. Orientation
      of raters (drawn from OMS, OP, and OS).   1st Quarter

II   Perusal and evaluation of applicant data
      by Raters.   2nd Quarter

III   Perusal and evaluation of applicant data by
      Raters. First level data analysis by PSD   3rd Quarter

IV   Final data analyses and preparation of
      report of findings by PSD.   4th Quarter

6

HEALTH AND SAFETY SUPPORT ASSUMPTIONS AND GOALS FOR FY 86 - FY 91

While we endorse an Agency-wide goal of attracting and retaining the best people available, we recognize that the changing nature of federal service as well as changing economic conditions make that task difficult. In addition, adjustment problems of staff and families will continue and increase as the overseas environment grows more hostile to American presence. Thus, the currently high levels of demand for psychiatric and psychological support to the field and preparing staff and families to go to the field will increase. Therefore, OMS challenge has, quite appropriately, been the identification and provision of additional health services as benefits of Agency employment.

This was done by streamlining those services which can be considered as direct benefits of Agency employment. For example, the inclusion of the Fitness Program, Alcohol Program and Counseling Branch under the general title of Employee Assistance Program (EAP) centralizes access to these services and emphasizes their Agency-wide significance. This consolidation, in conjunction with other programs, provides the general direction of the development of an increasingly integrated OMS program of future employee health benefits/services. Extension of these services to family members provides an additional service and increasingly recognizes problems as developing within the family unit with special implications for the employee being assigned overseas. This type of OMS program provides the prevention and maintenance, ongoing support and crisis intervention, and rehabilitation which will be the hallmarks of OMS comprehensive program over the next five years.

Demands upon the Safety Division are expected to increase considerably during the next five years due to continued growth of Agency in personnel, buildings, and additional operations. There are currently [ ] agency facilities, not including activities within the Headquarters building, that should be inspected annually. Some of these are quite extensive and require from one to two weeks for the inspection. This figure will probably increase. For example, it is estimated that at least one man-year annually will be required for the new Headquarters Building. Further, with increased activity in the ordnance field, at least two Safety Division employees must be trained to be able to comply with regulations covering shipping and storage of ordnance items.

25X1

7

Goal 1 - IDENTIFY AND REFLECT THE NEEDS OF THE CURRENT WORKFORCE.

The task of the next five years is to determine, given the changing nature of the Agency workforce, the areas of greatest employee need and the most effective and efficient way of providing appropriate services.

For example, the Employee Counselling Branch/EAP, in keeping with the injunction to do more with stable resources, has increasingly relied on support groups as a means of assisting employees with a wide variety of problems. Support groups for the newly separated and divorced as well as support groups for single parents (both currently in the planning process) are an indication of the OMS response to the needs of a changing workforce.

Goal 2 - TO IDENTIFY STRESSORS ON FAMILIES AND STAFF OVERSEAS, PERSONAL TRAITS THAT CAN BEST HANDLE THEM, THE MEASURES OF SUCH STRESSORS AND TRAITS, AND CONDUCT A NEEDS ASSESSMENT OF STAFF AND FAMILY IN THE FIELD.

Goal 3 - THE ALCOHOL BRANCH IS IN THE PROCESS OF EXPANDING ITS EFFORTS TO INCLUDE ALL FORMS OF SUBSTANCE ABUSE.

For several years increasing numbers of Agency employees have experienced difficulties with drug abuse problems among dependents. To educate employees about the prevalence of these problems and to assist them in the identification of drug difficulties in their youngsters, the Alcohol Branch has initiated a drug education and parent referral services. The parent referral service was the suggestion of a group of parents who have experienced drug problems in their own families. The wisdom of encouraging employee participation as well as the advantage of using experienced volunteers determined this approach. It is an approach which we expect to use to good advantage with other problems in the future.

Goal 4 - EXPAND INDIVIDUAL FITNESS EVALUATIONS, EXERCISE PRESCRIPTIONS AND FEEDBACKS.

The Fitness Branch has been increasingly integrated into other OMS health promotion activities, a role which will expand during the next five years as opportunities are identified. This year, for example, our Exercise Physiologist was an integral part of the Clinical Activities Division's Stop Smoking Clinic. Participation of the Fitness Branch in health promotion activities is not only desirable, but will inevitably increase as the

8

number of employees actively involved in individual
fitness activities increasingly request this kind of
integration. It is worth noting that the greatest
expression of interest during OMS briefings on OMS
employee services invariably involves the fitness area –
facilities, equipment and personnel.

Goal 5 – INCREASED COMMUNICATION AND TRAINING.
In addition to providing a host of counselling,
rehabilitation, and fitness services to employees, OMS
has a significant training task. Beyond the
responsibility to inform Agency employees of OMS employee
services, OMS has the opportunity to inform employees of
the broader commitment of the Agency. The function is a
critical one of communicating Agency concern for the
employee population and its focus on people as our most
significant resource.

Goal 6 – ESTABLISH A FAMILY HEALTH FACILITY where families
assigned PCS will be evaluated and counseled on their
assignment as a unit that also includes the employee. In
addition to the usual medical/psychiatric processing,
elements of the FELO and EAP (overseas support network)
will be contiguous and will coordinate their activities
to provide the care and concern the employee and family
deserve.

**Goal 7 – CONDUCT AN OCCUPATIONAL HEALTH PROGRAM TO PROVIDE
AGENCY EMPLOYEES HEALTHY ENVIRONMENTS FREE OF RECOGNIZED
OCCUPATIONAL HAZARDS.** This will be accomplished through
implementation of environmental health, industrial
hygiene, radiation, asbestos, and noise programs.

**Goal 8 – FURNISH TO EMPLOYEES PLACES AND CONDITIONS OF
EMPLOYMENT THAT ARE FREE OF RECOGNIZED SAFETY HAZARDS.**
This is to be accomplished through periodic inspections
of Agency facilities, training in all categories of
employees, maintaining an effective motor vehicle
program, investigation of accidents, maintaining
statistics regarding accidents, and keeping top
management advised of the status of the program.

RESOURCE IMPLICATIONS

25X1

9

OFFICE OF MEDICAL SERVICES

GOALS FY 86:   Develop a program where families assigned PCS will
be evaluated and counseled on their PCS assignment
as a unit.

OBJECTIVE: Establish a Family Health Facility

MILESTONES

I   Locate space and obtain approval to lease
5000 square feet for covert Family Health
Facility.   1st Quarter

II   Lease, design and furnish 5000 square feet
and make operational.   3rd Quarter

10

OFFICE OF MEDICAL SERVICES

GOALS FY 86:   Since employees are the single most important Agency resource, the EAP's primary goal is to expand those services which enhance their well-being and productivity and which constitute an additional benefit of their Agency employment.

OBJECTIVE: Identify and develop programs which reflect the changing nature and needs of the Agency workforce.

MILESTONES

I   Identify and develop appropriate support groups for employees (such as groups for newly separated or divorced individuals; single parents, etc.) within the Counseling Branch.   1st Quarter

II   Expand Alcohol Branch into Alcohol and Substance Abuse Branch to deal with dependent drug problems; develop education and referral services.   2nd Quarter

III   Conduct a comprehensive conditioning program for as many employees as possible which includes individual evaluation, monitoring and feedback.   3rd Quarter

11

OFFICE OF MEDICAL SERVICES

GOALS FY 86:   Develop a health program that will evaluate the
employee and dependents as a family unit.

OBJECTIVE: Identify stressors, personal traits that can best
handle them, the measures of such stressors and
traits; and conduct a needs assessment of staff
and families in the field.

MILESTONES

I   Design a study of risk factors in illnesses
overseas and a needs assessment for
field.   1st Quarter

II   Continue risk factor and needs assessment
study designs, design a measure of
environmental stressors.   2nd Quarter

III   Begin data analysis in risk factor study,
begin data collection in needs assessment,
continue design of measure of environmental
stressors.   3rd Quarter

IV   Complete data analysis of risk factor data,
begin collecting new data set for validation
of risk factor study results, complete data
collection for needs assessment, begin
data collection in environmental stressors
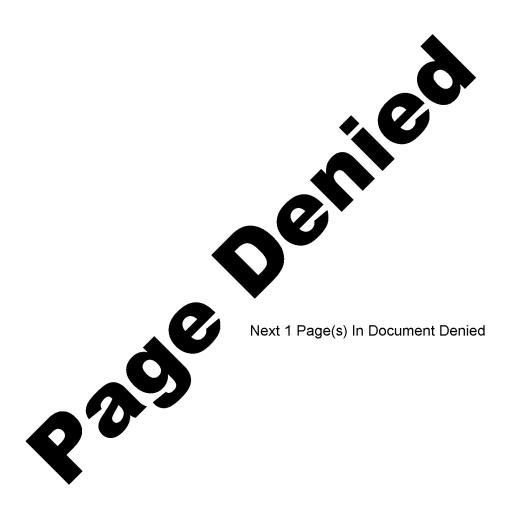study.   4th Quarter

12

OPERATIONAL MEDICAL SUPPORT ASSUMPTIONS AND GOALS FY 86 - FY 91

Because of a continual increasing recognition for the use of operational medicine, OMS will face demands for an increased and improved medical support to operations. This will require a cadre of medically/operationally experienced people and a long-term covert medical action program.

Goal 1 - PROMOTE THE GROWTH OF AND MAINTAIN CONTACTS WITH OTHER BEHAVIORAL SCIENTISTS INTERNAL AS WELL AS EXTERNAL. Since Behavioral Analysis Branch (BAB) and Psychiatric Operations Division (POD)/OMS attempt to accomplish similar goals, OMS believes a good case could be made for closer coordination and "pooling" of behavioral activities particularly in combating terrorism.

Goal 2 - IMPROVE AND EXPAND AGENT MEDICAL DATA BASE INFORMATION.

Goal 3 - MAINTAIN AND EXPAND GEOGRAPHICALLY A NATIONWIDE LIST OF PHYSICIANS CLEARED TO HANDLE SENSITIVE CASES. This activity is now undergoing significant expansion in cooperation with the National Collection Division. It is anticipated that a corps of 25 consultants in 11 states will be in place within the next year.

Goal 4 - DEVELOP A TWO-PHASE MEDICAL TRAINING PROGRAM FOR THOSE AGENCY PERSONNEL GOING ON HIGH RISK OPERATIONS WITHOUT MEDICAL SUPPORT.

Goal 5 - DEVELOP A STANDARD INDIGENOUS MEDICAL TRAINING PROGRAM DIVIDED INTO FOUR LEVELS OF PROFICIENCY AND TRANSLATED INTO VARIOUS LANGUAGES, E.G., SPANISH, FRENCH, ETC.

RESOURCE IMPLICATIONS

25X1

13

Page Denied

Next 1 Page(s) In Document Denied

INTERNAL OMS SUPPORT ASSUMPTIONS AND GOALS FY 86 - FY 91

OMS will be tasked with more medical administrative functions because of increased recruitment, larger Agency population, and increased worldwide operational requirements.

Advances in computer technology will continue to soar, while the cost of equipment and software will drop. Terminal devices will gradually be converted to or replaced by multi-functional work stations incorporating personal computing, telecommunications, word processing and graphics, with the capacity for interchanging specific-purpose peripherals as needed. Medical software applications will be readily available in the marketplace for use on microcomputers.

There will be increased requirements for space for automation equipment and for the automation support personnel.

Widespread use of automation and the Corporate Data concept (shared data based among Agency components) will encourage inter-Office cooperation in the Directorate and discourage parochialism.

As more employees obtain access to the different computer systems, the records management officer will have to insure that the medical confidentiality is maintained and that security procedures meet the Agency's standards.

Increased missions and functions, employee mobility, the technology explosion, a high number of OMS employees eligible for retirement, the increase in covert action operations and the possible end of the PCA benefit after FY 89 (FY 87 for new hires) will severely challenge OMS recruitment, position staffing, TDY and retention capabilities over the next five years.

Goals FY 86 - FY 91

Goal 1 - PROVIDE A FULLY AUTOMATED SYSTEM.   This will enable OMS components to call up and track medical files, track requests for medical evaluation (Form 259b), maintain and monitor medical appointment schedules, process cancellations and separation notices and transfer medical records to archives.

Goal 2 - STRIVE TO KEEP ABREAST OF AUTOMATION ADVANCES WITH MAXIMUM ECONOMY.   This will be done by investing in equipment that is currently state-of-the-art and which can wherever possible be modularly upgraded rather than replace. We will succeed only by close interaction with OIT, relying on their projections and benefiting from their technical expertise.

16

Goal 3 - DEVELOPMENT OF PROJECT MIDAS WILL CONTINUE THROUGH THE PERIOD IN COOPERATION WITH OIT. The plan to integrate OMS data bases has been incorporated under MIDAS, beginning with conversion of MEDSIGN and CLINSTAT to IDMS in FY 86. The work will be performed by a contractor whose production will be monitored by IMB and the OIT representative on TDY to OMS.

Goal 4 - THE ACCOUNTABLE AND PERSONAL APPEAL PROPERTY WILL BE AUTOMATED ON THE ASAP system in FY 86. This will give the office a tighter control of its property. It will also assure a more accurate record keeping system and provide easier updates and deletions.

Goal 5 - RECRUITMENT OF PHYSICIANS. OMS will explore new ideas and procedures to insure the continuing access to the best qualified professionals for our organization.

RESOURCE IMPLICATIONS

OMS will be faced with a critical space problem before the new building is ready. We need to find added space, preferably contiguous, to accommodate two more people and for the use of the Project MIDAS team from OIT, probably a maximum of three persons. For security and control of our automated systems and hardware, the entire first floor component of OMS at Headquarters should be vaulted. In addition to space, three positions will be required to support the increase of medical processing and automation. Resource implications for MIDAS are listed under Selection and Evaluation Functions.

17

OFFICE OF MEDICAL SERVICES

GOALS FY 86:   Establish a fully automated medical records system to provide authorized OMS personnel ready access to medical data in order to respond to consumer requests.

OBJECTIVE: Provide the capability to order up Form 259b requests for medical evaluation, medical appointment schedules, cancellations or separation notices, and transfer medical records to archives.

MILESTONES

I	Automation of cancellation and separation notices.	1st Quarter
II	Automated transfer of medical records to archives.	1st Quarter
III	Automated tracking of Form 259b.	2nd Quarter
IV	Automated call-up and tracking of medical files throughout OMS.	3rd Quarter
V	Automated appointment scheduling.	4th Quarter

18

<u>OFFICE OF MEDICAL SERVICES</u>

GOALS FY 86:   Development of Project MIDAS (Medical Information, Diagnosis and Artificial Intelligence System) will continue through the period in cooperation with OIT. The plan to integrate our data bases has been incorporated under MIDAS, beginning with conversion of MEDSIGN and CLINSTAT to an IDMS prototype.

OBJECTIVE: To complete the Initiation and System Definition Phases of a long-range plan to develop and implement an integrated data base management system for OMS which interacts with one or more expert systems.

<u>MILESTONES</u>

I   Complete System Feasibility Report.   1st Quarter

II   Progress Report on the MEDSIGN and CLINSTAT IDMS prototype.   4th Quarter

19

OFFICE OF MEDICAL SERVICES

GOALS FY 86:   Automation of Accountable and Personal Appeal
Property to include all equipment in our newly
acquired Safety Division. Assist in the planning
and procurement of new gym and stress equipment
for our new building.

OBJECTIVE: To provide tighter controls and better record
keeping procedures of our accountable property
and to provide our employees with the finest
facility to promote their physical fitness and
well being.

MILESTONES

I   Automation Accountable Records.   3rd Quarter

II   Planning and Procurement of gym
fitness equipment.   4th Quarter

20

OFFICE OF MEDICAL SERVICES

GOALS FY 86: To explore the utility of expanded inter-component
sharing of applicant data for Agency selection
processing.

MILESTONES

I   Project Design. Assembling data,
designating in-house expertise, Preparation
of data collection instruments. Orientation
of raters (drawn from OMS, OP, and OS).   1st Quarter

II   Perusal and evaluation of applicant data
by Raters.   2nd Quarter

III Perusal and evaluation of applicant data by
Raters. First level data analysis.   3rd Quarter

IV   Final data analyses and preparation of
report of findings.   4th Quarter

6

CONFIDENTIAL

CONFIDENTIAL

OFFICE OF MEDICAL SERVICES FIVE-YEAR PLAN FY 1986-1991 OBJECTIVES

Selection and Evaluation Goals

	Supports DDA Goal	86	87	88	89	90	91	Tracking Level DDA	Tracking Level OMS
Expansion of OMS selection methodology to all applicants (e.g., CPI testing for clericals, etc.)	1,7	*							*
Further refinement of reliable measures of applicant characteristics such as integrity, loyalty, and career commitment	1,2	*						*	*
Develop and implement an Artificial Intelligence (AI) System	1,2,3,6,7	*	*	*	*	*	*	*	*
In coordination with other Agency components pilot studies of improvement in selection processing as a function of an all-source (OMS, OP, and OS) data system	1,3,7	*	*					*	*

21

CONFIDENTIAL

CONFIDENTIAL

OFFICE OF MEDICAL SERVICES FIVE-YEAR PLAN FY 1986-1991 OBJECTIVES

	Supports DDA Goal	86	87	88	89	90	91	Tracking Level DDA	OMS
Health and Safety Support Goals									
Identify and reflect the needs of the current work force	1,4,5,6	*	*	*	*	*	*		*
Identify stressors on families and staff overseas, personal traits that can best handle them, the measures of such stressors and traits, and conduct a needs assessment of staff and family in the field	1,3,5	*	*					*	*
Expand Alcohol Branch efforts to include all forms of substance abuse	5,6,7	*						*	*
Expand individual fitness evaluations, exercise prescriptions and feedbacks	5,6,7		*	*				*	*
Increase communication and training	1,2,4,5	*	*	*	*	*	*	*	*
Establish a family health facility	5,6,7	*						*	*

22
CONFIDENTIAL

CONFIDENTIAL

OFFICE OF MEDICAL SERVICES FIVE-YEAR PLAN FY 1986-1991 OBJECTIVES

	Supports DDA Goal	86	87	88	89	90	91	Tracking Level DDA	Tracking Level OMS
Health and Safety Support Goals									
Conduct an occupational health program to provide Agency employees healthy environments free of recognized occupational hazards	5,7	*	*	*	*	*	*		*
Furnish to employees places and conditions of employment that are free of recognized safety hazards	5,7	*	*	*	*	*	*		*

23

CONFIDENTIAL

CONFIDENTIAL

OFFICE OF MEDICAL SERVICES FIVE-YEAR PLAN FY 1986-1991 OBJECTIVES

	Supports DDA Goal	86	87	88	89	90	91	Tracking Level DDA	Tracking Level OMS
Operational Medical Support Goals									
Promote the growth of and maintain contacts with other behavioral scientists internal as well as external	1,2,4,6,7	*	*					*	*
Improve and expand agent medical data base information	4,7	*						*	*
Maintain and expand geographically a nationwide list of physicians cleared to handle sensitive cases.	4,7	*							*
Develop a two-phase medical training program for those Agency personnel going on high risk operations without medical support	4,5	*							*
Develop a standard indigenous medical training program divided into four levels of proficiency and translated into various languages, e.g., Spanish, French, etc.	3,4,7	*	*	*					*

24
CONFIDENTIAL

CONFIDENTIAL

OFFICE OF MEDICAL SERVICES FIVE-YEAR PLAN FY 1986-1991 OBJECTIVES

Internal OMS Support Goals	Supports DDA Goal	86	87	88	89	90	91	Tracking Level DDA	Tracking Level OMS
Provide a fully automated system	4,6,7,8	*						*	*
Strive to keep abreast of automation advances with maximum economy	4,6,7	*	*	*	*	*	*		*
Continue to develop Project MIDAS through the period in cooperation with OIT	1,3,4,5,6,7,8	*	*	*	*	*	*	*	*
The accountable and personal appeal property will be automated on the ASAP System in FY 86	1,6,7	*						*	*
Recruitment of physicians	1		*						*

25
CONFIDENTIAL