MS 127 Office of Health Services: Organization, Mission, and Functions

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1.0 Authority

Peace Corps Act, 22 U.S.C. 2504, 2506
2.0 Purpose

The purpose of this manual section is to describe the organization, mission, and functions of the Office of Health Services (OHS).

3.0 Organization

OHS is headed by the Associate Director for Health Services (AD/OHS). OHS includes seven sub-units:

(a) the Office of Medical Services (OMS);
(b) the Quality Improvement Unit;
(c) the Epidemiology and Surveillance Unit;
(d) the Peace Corps Medical Officer Support Unit;
(e) the Health Informatics Unit;
(f) the Financial and Resource Management Unit; and
(g) the Behavioral Health and Outreach Unit.

These units are each headed by a manager who reports to the AD/OHS. OMS contains three additional sub-units: (i) the Pre-Service Unit; (ii) the Field Support Unit; and (iii) the Post-Service Unit.

4.0 Office Mission

4.1 Office of Health Services

The Office of Health Services determines whether applicants are medically qualified for Volunteer service and operates a comprehensive, international health system designed to maintain and improve the health of Trainees, Volunteers and, as authorized, Returned Peace Corps Volunteers. OHS achieves this goal by assessing the medical needs and qualifications of applicants, providing clinical and preventive health services to Volunteers and Trainees (collectively the Volunteers), clinical supervision and support, technical advice, training and education, and administrative support services through a multidisciplinary staff of trained professionals.

5.0 Office Functions

5.1 Associate Director for Health Services

The AD/OHS advises the Peace Corps Director and senior staff on matters related to the health of applicants Trainees, and Volunteers before, during, and after their Peace Corps service. The AD/OHS:

(a) Develops and implements the Peace Corps health care and health system policies and procedures.
(a) Establishes standard operating procedures for administrative functions of OHS, such as time and attendance, travel, procurement requests, training requests, and claims processing;

(b) Conducts data analyses and presents strategies for maintaining and improving the health of Volunteers, enhancement of health and safety measures, and continuous quality improvement of the operations of Peace Corps health system.

(c) Serves as liaison between OHS and other Peace Corps Offices on administrative and program matters that affect the programs and policies of the office;

(d) Ensures performance of the authorities under the Peace Corps Act delegated to AD/OHS; and

(e) Supports and coordinates the operation of any agency-wide, ad-hoc working groups designed to improve the health of Volunteers or the operations of the Peace Corps health system.

(f) Oversees selection, training, and evaluation of overseas medical staff and provides the Office of Congressional Relations with confirmation that the review and evaluation of medical staff has been completed in line with the Peace Corps Act.

5.2 Office of Medical Services

The Office of Medical Services’ primary function is to develop and manage a comprehensive health care program for Volunteers, including:

(a) Providing medical clearance determinations of applicants;

(b) Delivering medical care and health services to Volunteers and Trainees;

(c) Overseeing and coordinating medical evacuation;

(d) Developing and implementing efforts to improve medication safety and efficacy and protect the integrity of the pharmaceutical supply chain;

(e) Providing coordination and oversight of the overall health care system for Volunteers; and

(f) Managing and supervising the Peace Corps Medical Officers’ (PCMOs) clinical activities. Country Directors shall serve as the direct supervisor of PCMOs for PCMOs’ responsibilities other than clinical-related activities.

Moreover, the functions of OMS are achieved through the following operational units:
5.2.1 Pre-Service Unit

The Pre-Service Unit develops, implements, and monitors, the process for reviewing Peace Corps Volunteer applicants for medical clearance for service.

5.2.2 Field Support Unit

The Field Support Unit provides clinical oversight of, and consultation for, PCMOs. The Field Support Unit:

(a) Manages and oversees medical and mental health care provided to Volunteers;

(b) Consults with the Pre-Service Unit in medical clearance determinations for applicants with medical and mental health concerns;

(c) Provides 24-hour medical duty officer coverage for Peace Corps medical emergencies;

(d) Responds to consultations submitted by PCMOs on specific medical and mental health cases in coordination with regional and headquarter-based medical doctors and behavioral health experts;

(e) Participates in PCMO performance evaluations and performance improvement activities;

(f) Provides advanced practice nursing case management for Volunteers (i) during the medevac process, (ii) while at home on other leave, (iii) while on leave in non-Peace Corps countries, and (iv) during medical separation process applicable to Volunteers;

(g) Provides assistance for the transition of care (with Post-Service Unit) for all Volunteers during a country suspension or evacuation process.

5.2.3 Post Service-Unit

The Post-Service Unit assists Returned Peace Corps Volunteers in accessing medical and dental care for service-related medical conditions as authorized by the Peace Corps Act. The Post-Service Unit:

(a) Oversees and manages the Close of Service Review process for all Returned Peace Corps Volunteers;

(b) Serves as liaison between the Peace Corps and the Department of Labor (DOL), Office of Workers’ Compensation Programs on the eligibility of former Volunteers for Federal Employees' Compensation Act (FECA) benefits;

(c) Works collaboratively with DOL regarding medical benefits available to Returned Peace Corps Volunteers under the Peace Corps Act; and

(d) Responds to RPCVs’ requests for medical records.
5.3 Quality Improvement Unit

The Quality Improvement Unit monitors the performance of the Peace Corps health system, primarily related to the quality of clinical care provided to Volunteers. The Quality Improvement Unit:

(a) Manages the credentialing process for PCMOs and Medical Assistants;
(b) Manages the performance evaluation process for PCMOs;
(c) Develops health policy, including medical technical guidelines, and provides oversight of policy implementation;
(d) Investigates, monitors and reports patient safety events;
(e) Manages in-country health unit site assessment program;
(f) Performs chart reviews to assess PCMO clinical performance;
(g) Manages a customer service mechanism that allows Volunteers to express health concerns directly to OHS (qualitynurse@peacecorps.gov);
(h) Conducts quality improvement training for overseas and headquarters staff;
(i) Develops data collection, analysis and reporting of health system performance measures;
(j) Leads in the development of medical risk management efforts and risk mitigation education; and
(k) Supports HIPAA policy implementation, education, and compliance.

5.4 Epidemiology and Surveillance Unit

The Epidemiology and Surveillance Unit analyzes reportable health events and utilizes data for programming, training, and research related to Volunteer health. The Epidemiology and Surveillance Unit:

(a) Manages the Epidemiological Surveillance System and databases related to Volunteer health;
(b) Monitors, evaluates and conducts studies to analyze trends in Volunteer health;
(c) implements interventions designed to improve Volunteer health;
(d) Develops, monitors and maintains systems to respond to requests for information, analysis or advice on Volunteer health conditions;
(e) Assists in designing education and prevention strategies using epidemiologic data;
(f) Responds to outbreaks of infectious diseases by coordinating efforts with Regions and in-country staff; and

(g) Consults with outside organizations (including, U.S. Government and domestic and international entities) as needed on matters related to Volunteer health.

5.5 Peace Corps Medical Officer Support Unit

The PCMO Support Unit provides administrative, educational, and policy support to PCMOs, Medical Assistants/Secretaries and OHS staff. The PCMO Support Unit:

(a) Coordinates PCMO hiring and TDY PCMO coverage to ensure appropriate health unit staffing;

(b) Analyzes PCMO staffing issues with OHS leadership and collaborates with various Peace Corps offices on PCMO hiring and management issues;

(c) Develops and coordinates orientation and training for PCMOs, Medical Assistants/Secretaries, and OHS staff to maintain their skills and satisfy licensing and credentialing standards;

(d) Provides accredited continuing medical education and other ongoing education and training to PCMOs and OHS staff;

(e) Mentors new PCMOs through development of mentoring tools and guidelines, in addition to in-person and distance mentoring;

(f) Provides PCMEDICS training and administrative support to Medical Assistants/Secretaries; and

(g) Provides oversight of health units’ medical inventory processes and programs.

5.6 Health Informatics Unit

The Health Informatics Unit manages OHS health information systems, including the Peace Corps electronic medical record system, PCMEDICS. The Health Informatics Unit:

(a) Leads the development, management, and maintenance of Peace Corps electronic medical records systems;

(b) Manages medical records, health data and information generated from OHS health information systems;

(c) Provides the MAXx system support for the Pre-Service clinical evaluation process of Peace Corps applicants;

(d) Trains and supports OHS health information systems users; and
(e) Provides OHS Health Information Systems data to various Peace Corps offices and staff to inform training, healthcare administration, and reporting, consistent with MS 294 Confidentiality of Volunteer Information.

5.7 Financial and Resource Management Unit

The Financial and Resource Management Unit is responsible for all personnel and financial matters related to OHS. The Financial and Resource Management Unit:

(a) Facilitates all personnel and financial transactions related to OHS;

(b) Analyzes OHS financial data and provides reports to OHS and Peace Corps leadership as needed;

(c) Manages the Centrally Managed Account for certain Volunteer medical expenses; and

(d) Oversees and manages the Health Care Benefits Services contract to supplement Peace Corps’ health care services by:

   (1) Managing cost-sharing financial assistance for medical, dental, and vision examinations required of applicants;

   (2) Providing access to national and international health care provider networks;

   (3) Adjudicating authorized health care claims for eligible PCVs and RPCVs; and

   (4) Providing access to short term group health insurance for RPCVs.

5.8 Behavioral Health and Outreach Unit

The Behavioral Health and Outreach Unit provides behavioral health care for Volunteers and programmatic consultation and support to other Peace Corps offices, and coordinates select emergency operations. The Behavioral Health and Outreach Unit:

(a) Provides behavioral health assessment, treatment, and resources for PCMOs to support Volunteer preventive self-help;

(b) Provides pre-service determinations for applicants with behavioral health issues;

(c) Provides consultation with Country Directors and other staff at post on adjustment, behavioral health problems and other in-country mental health emergencies involving Volunteers;

(d) Provides technical assistance, consultation and training to Peace Corps staff on Volunteer resilience.

(e) Assists Peace Corps’ response in the event of a death, disappearance or abduction of a Volunteer;
(f) Manages the Agency Duty Officer program and emergency line and liaises with families and Posts concerning Volunteer health and welfare and family emergencies;

(g) Provides Behavioral Health services after-hours; and

(h) Ensures performance of the authorities related to the Kate Puzey Act that have been delegated to the Director of the Behavioral Health and Outreach Unit under Attachment K of MS 114 *Delegation of Authority.*

6.0 Effective Date

The effective date is the date of issuance.