

# The Doctor is in at DHS:

## Targeting the Department of Homeland Security as a Healthcare Customer



**Amy Strouse · Rachel Meyer · Stephanie Stahl**

As healthcare services and information technology providers come to the end of a busy Spring/Summer proposal submittal period, many companies are reconsidering their strategies and looking for growth outside of the traditional government health customers. Avascent suggests looking to DHS as a customer for health IT services – one that is currently underserved with a growing set of healthcare challenges.

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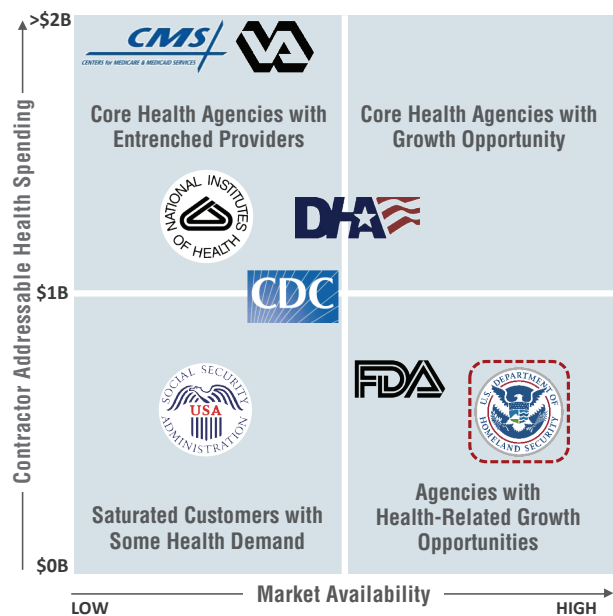
It's the summer of 2014 at the height of the Ebola outbreak in West Africa. The Center for Disease Control (CDC) is working with African countries to conduct exit screenings in all airports with international flights, while DHS is closely monitoring airports and the Mexican border, where illegal immigrants from the three Ebola-affected countries are frequently apprehended. Both agencies have assured the American population that they stand ready to respond in the unlikely event of an outbreak. Fast forward to September 30th, the date when Thomas Eric Duncan, recently arrived from Liberia, is diagnosed with Ebola at Texas Health Presbyterian Hospital. Government officials demand an explanation for how Mr. Duncan was able to enter the country without being tested for symptoms, while audits conducted by the Inspector General detailing DHS's mismanagement of pandemic-response supplies are cited as evidence of its fault. A year after Mr. Duncan's ill-fated international trip and the only outbreak of Ebola in the US, we find ourselves asking the question: when did the Department of Homeland Security become a security agency with major health responsibilities?

Founded in November 2002 as a direct response to the 9/11 terrorist attacks, the Department of Homeland Security began as an entity melding together civilian domestic security agencies with a focus on preventing terrorism at home and abroad. Thirteen years later the department faces a spectrum of new missions that reflect evolving security concerns. A common thread? Healthcare. Some 80% of DHS' stated challenges involve healthcare yet these missions are not being pursued as market opportunities alongside traditional business with Health and Human Services (HHS), the Veterans Administration (VA), and the Defense Health Agency (DHA).

As security threats evolve and place healthcare at the center of many DHS missions, how should contractors be thinking about the way they can support DHS? These opportunities may be during moments of extreme need, akin to Europe's immigration crisis, or the steady

### Health Market Size & Saturation at Primary Citizen Service Agencies

*Core health agencies have large budgets but are crowded with entrenched and aspiring contractors, while the field at DHS remains relatively open*



Source: FPDS

policing of America’s borders with missions that can be as much law enforcement as humanitarian operations.

### DHS’ Primary Security Concerns

To start, consider how the 2014 Quadrennial Homeland Security Review lays out the “six prevailing challenges” that DHS leadership believes represent the greatest risks to U.S. national security. In their words, those challenges are:<sup>1</sup>

- The evolving terrorist threat remains a significant area of concern, as attack planning and operations become more decentralized and continue targeting the United States and its interests, particularly in the transportation sector
- Growing cyber threats are a substantial risk to critical infrastructure and to the greater U.S. economy, as made clear by recent critical breaches in both the private and public sector
- Biological threats, including bioterrorism, pandemics, foreign animal diseases, and other agricultural concerns, have a greater potential likelihood and impact than almost any other type of risk and have become a top security concern as international travel and trade continue to increase
- Nuclear terrorism through the introduction and use of an improvised nuclear device, while unlikely, remains an enduring risk because of the potential for devastating consequences

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<sup>1</sup> The Quadrennial Homeland Security Review, June 2014, p. 28. <http://www.dhs.gov/sites/default/files/publications/2014-qhsr-final-508.pdf>

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- Transnational criminal organizations are increasing in strength and capability, driving risk in counterfeit goods, human trafficking, illicit drugs, and other illegal flows of people and goods
- Natural hazards are becoming more costly to address, with increasingly variable consequences due in part to drivers such as urban population expansion, climate change, and aging infrastructure

Four of the six (terrorism, biological, nuclear, and natural hazards) are challenges with clear implications for health services and information technology contractors. Additionally, the activities of transnational criminal organizations can have healthcare implications as well when it comes to human trafficking and caring for those we rescue or detain at our borders.

Contractors that 15 years ago were primarily providing services to the DOD quickly pivoted capabilities to serve the then-new DHS agency, treating it as a new consumer for security and defense offerings. In the past 3-5 years with the downturn in DOD spending, DHS has become an even more important customer for these legacy DOD business units to address the decrease in customer demand. Contractors have been only moderately successful in migrating capabilities

and expertise from their health business units to their defense and homeland security lines of business. Most firms see DHS as a defense customer first and foremost.

Even within the federal government DHS is not perceived as a healthcare agency, but rather a security agency that sometimes interfaces—or even interferes—with the federal healthcare agencies. Problems arise when DHS’s authority overlaps with the traditional territory of another office, such as the CDC. Take the earlier example of preparedness efforts in response to the Ebola epidemic. Roundtable meetings were held between representatives of the CDC and officials from the Federal Emergency Management Agency (FEMA) and Customs and Border Protection (CBP) to discuss who would lead and who would follow, even as employees from each agency were on the ground struggling to respond to the virus’s progress in real time.

This example underscores the organizational challenges around DHS’ mission but also reveals the agency’s frontline role tackling healthcare-related crises.

### **Industry Migration – Vendor Roles in Bringing DHS in to the Healthcare Fold**

Industry can play an important role in showing how DHS can perform its healthcare missions better, rather than waiting for the customer to act first. Healthcare vendors that play a prominent role at key healthcare agencies like CMS and CDC should consider what solutions they could bring to this new customer.

As an example, CBP, in tandem with HHS, is responsible for providing shelter and medical

care to those it detains. The current political environment surrounding immigration, combined with the unprecedented numbers of immigrants crossing the border, has created a state of affairs that threatens to overwhelm CBP, HHS, and the non-profits promising care for those who enter the US illegally, often under duress. In 2013, DHS apprehended 662,000 people illegally entering the US. Contractors can ease the burden on the federal agencies and become involved with DHS by offering their services in identity management, continuity of care, and direct medical care. Specifically, continuity of care is a major challenge for DHS agencies as the people it cares for, whether immigrants or human trafficking victims at the borders or survivors of a disaster being served by FEMA, are often rapidly moved out of DHS’ jurisdiction even as their records are still being processed. In some cases their care is taken over by another agency like HHS and the records need to be moved within the government. In other cases, patients who require more immediate attention are transported to nearby hospitals and enter the labyrinth of private provider networks. In either case, DHS is responsible for tracking their locations and passing on records and processing claims as quickly as possible. Health companies that specialize in business process management services and technology can find roles at DHS can improve the quality of healthcare delivery while helping the agency fulfill its core security mission.

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Many federal contractors already view their health portfolios as broader than the traditional “Big 3” of HHS, VA, and Defense Health Agency—and in light of this year’s abundance of major upcoming awards, are beginning to look outside ‘traditional’ health agencies for opportunities. Pulling in the relevant missions of IRS, SSA, PBGC and others has led to bigger addressable markets and better service to these smaller but still important customers. This ‘citizen services’ approach looks at all of the ways the federal government interfaces with citizens and identifies commonalities such as call centers, web portals, mobility tools and other services that can be cross-marketed.

### **Industry Migration – Recommendations for Contractors**

Federal information technology and services providers who operate in both the health space and homeland security space already should examine the way they are serving DHS and determine if they could be more expansive:

- Move responsibility for business development in the non-security missions of DHS into a broader “citizen services” organization to benefit from cross-selling
- Seek opportunities on existing contracts to facilitate communication and information sharing between DHS and HHS clients. Ask your account leads what would be possible if they had access to datasets from the other agency. Contractors can help the government see linkages they didn’t think possible

Providers who currently focus primarily on health customers should look for ways they could be serving DHS as well:

- Analyze and understand the DHS mission sets and potential pain points across this disparate customer community
- Inventory and study current HHS programs and customers for relevance to the stated DHS challenges.
- Become familiar with the DHS customer and partnering landscape and make sure they are familiar with existing offerings and service gaps

During the past thirteen years, DHS’s mission has evolved to reflect today’s threats – and the challenges of tomorrow. Healthcare contractors should see this evolution as an entry point to help this critical agency with some of its most difficult missions, offering to DHS health-specific offerings proven in addressing related missions for other federal agencies.

### About the Authors

**Amy Strouse** is a Principal at Avascent where she leads the health and citizen-services practice, advising on a wide range of issues faced by companies in this market, from early-stage market entry strategy development to merger and acquisition due diligence. She has deep expertise in issues of health industry transformation, including authorship of several white papers and leadership in industry organizations. Ms. Strouse's research and advice to clients is grounded in industry-leading knowledge of healthcare industry trends and dynamics. For more information, please contact: [ASTrouse@avascent.com](mailto:AStrouse@avascent.com).

**Rachel Meyer** is an Associate at Avascent, where she leads organic and inorganic growth strategy engagements across industries, with particular expertise in health and citizen-services markets. She has supported a wide array of clients including core government service providers, commercially-oriented firms seeking to better understand the federal opportunity space, and private equity. Rachel's functional expertise includes both tactical capture support and long-term growth strategy development. For more information, please contact: [RMeyer@avascent.com](mailto:RMeyer@avascent.com).

**Stephanie Stahl** is an Analyst at Avascent, where she provides strategy development and market analysis to clients in government-based industries, with a focus on health and civilian service markets. In her time at Avascent Stephanie has supported a range of defense, commercial, and private equity clients in capture decisions, expansion strategies, and acquisition activities. For more information, please contact: [SStahl@avascent.com](mailto:SStahl@avascent.com).

### About Avascent

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### AVASCENT

US Office  
1615 L Street NW, Suite 1200  
Washington, DC 20036  
Tel: +1 202 452 6990

Europe Office  
59, rue des Petits Champs  
75001 Paris  
Tel: +33 1 73 77 56 19

[www.avascent.com](http://www.avascent.com)

