Defense Health Program
Fiscal Year (FY) 2017 Budget Estimates
Operation and Maintenance
Procurement Budget Item Justification

BUDGET ITEM JUSTIFICATION SHEET						DATE: February 2016			
APPROPRIATION / BUDGET ACTIVITY : 97*0130				P-1 ITEM NOMENCLATURE: Replacement/Modernization					
	FY 2015 Actual	FY 2016 Enacted	FY 2017 Base	FY 2017 OCO	FY 2017 Total Request	FY 2018 Estimate	FY 2019 Estimate	FY 2020 Estimate	FY 2021 Estimate
Quantity									
Total Cost ($ M)	**219.212**	**330.504**	**360.727**	**0.000**	**360.727**	**324.283**	**404.358**	**403.576**	**415.957**
Dental Equipment	*0.000*	*0.308*	*0.323*	*0.000*	*0.323*	*0.335*	*0.348*	*0.362*	*0.376*
Food Ser, Preventive Med, Pharmacy Equip	*0.270*	*1.828*	*2.971*	*0.000*	*2.971*	*2.597*	*3.269*	*3.585*	*3.724*
Medical Information System Equipment	*119.440*	*149.897*	*180.347*	*0.000*	*180.347*	*170.371*	*193.193*	*181.377*	*185.005*
Medical Patient Care Administrative Equip	*2.614*	*4.470*	*6.170*	*0.000*	*6.170*	*5.551*	*6.496*	*6.898*	*7.036*
Medical/Surgical Equipment	*35.969*	*18.238*	*22.425*	*0.000*	*22.425*	*18.601*	*28.256*	*26.944*	*23.098*
Other Equipment	*2.962*	*7.829*	*8.654*	*0.000*	*8.654*	*11.830*	*14.459*	*15.130*	*15.556*
Pathology/Lab Equipment	*1.495*	*11.685*	*17.749*	*0.000*	*17.749*	*17.777*	*19.838*	*21.063*	*21.883*
Radiographic Equipment	*56.462*	*136.249*	*122.088*	*0.000*	*122.088*	*97.221*	*138.499*	*148.217*	*159.279*

REMARKS

The most significant medical equipment investments will be in the radiographic, surgical, and information systems functional areas. The driving factors are rapid technological advancements in these areas and the need for DoD's health care delivery system to maintain the standards of care set by the civilian health care sector. Procurement investments for information systems will cover software license acquisitions, infrastructure, hardware replacement such as End User Devices, Local Area Network (LAN) upgrades and servers supporting Military Health System (MHS) Information Management/Information Technology (IM/IT) which is composed of the Defense Health Agency Health Information Technology (DHA HIT) (the Tri-Service component, previously known as centrally-managed IM/IT), three Military Departments (MilDep) medical IM/IT components, Defense Health Agency (DHA Comptroller) IM/IT, and the National Capital Region Medical Directorate (NCRMD) IM/IT.

Financing an adequate equipment acquisition budget is critical in retaining the Department's medical workload in-house and controlling escalating purchased healthcare O&M costs in the private sector. The items supported by this budget are the result of an extensive investment equipment justification process and are necessary to provide properly trained medical department personnel and high quality, cost effective health care services for the eligible beneficiary population.

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BUDGET ITEM JUSTIFICATION SHEET						DATE: February 2016			
APPROPRIATION / BUDGET ACTIVITY : 97*0130				P-1 ITEM NOMENCLATURE: New Facility Outfitting					
	FY 2015 Actual	FY 2016 Enacted	FY 2017 Base	FY 2017 OCO	FY 2017 Total Request	FY 2018 Estimate	FY 2019 Estimate	FY 2020 Estimate	FY 2021 Estimate
Quantity									
Total Cost ($ M)	**13.057**	**33.392**	**20.611**	**0.000**	**20.611**	**22.384**	**13.905**	**18.485**	**17.572**
Dental Equipment	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Food Ser, Preventive Med, Pharmacy Equip	0.193	1.181	0.261	0.000	0.261	0.209	0.180	0.243	0.234
Medical Information System Equipment	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Medical Patient Care Administrative Equip	0.000	1.474	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Medical/Surgical Equipment	0.993	1.819	1.302	0.000	1.302	1.038	0.900	1.213	1.168
Other Equipment	9.357	14.915	14.491	0.000	14.491	17.515	9.699	12.830	12.129
Pathology/Lab Equipment	0.236	1.978	0.320	0.000	0.320	0.256	0.220	0.298	0.286
Radiographic Equipment	2.278	12.025	4.237	0.000	4.237	3.366	2.906	3.901	3.755

REMARKS

The new facility outfitting program element of the DHP's procurement budget funds the acquisition and installation of commercially available equipment to furnish new and expanded facilities being completed under military construction projects in support of dental services, health care delivery, health care training, and other health care activities. The items range from dental, surgical, radiographic, and pathologic equipment to medical administrative support equipment. The new facility outfitting program provides critical support to the DHP's military medical construction program.

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BUDGET ITEM JUSTIFICATION SHEET							DATE: February 2016	
APPROPRIATION / BUDGET ACTIVITY : 97*0130			P-1 ITEM NOMENCLATURE: Theater Medical Information Program - Joint (TMIP-J)					
	FY 2015 Actual	FY 2016 Enacted	FY 2017 Base	FY 2017 OCO	FY 2017 Total Request	FY 2018 Estimate	FY 2019 Estimate	FY 2020 Estimate	FY 2021 Estimate
Quantity									
Total Cost ($ M)	**3.145**	**1.494**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**
TMIP-J	*3.145*	*1.494*	*0.000*	*0.000*	*0.000*	*0.000*	*0.000*	*0.000*	*0.000*

REMARKS

TMIP-J integrates components of the Military Health System (MHS) sustaining base systems and the Services medical information systems to ensure timely interoperable medical support for mobilization, deployment, and sustainment of all Theater and deployed forces in support of any mission. TMIP-J enhances the clinical care and information capture at all levels of care in Theater, transmits critical information to the Theater Commander; the evacuation chain for combat and non-combat casualties; and forges the theater links of the longitudinal health record to the sustaining base and the Department of Veterans Affairs (VA).

TMIP-J is the medical component of the Global Combat Support System (GCSS). TMIP-J provides information at the point of care and to the Theater tactical and strategic decision makers through efficient, reliable data capture, and data transmission to a centralized Theater database. This delivers TMIP-J's four pillars of information support through the electronic health record; integrated medical logistics; patient movement and tracking; and medical command and control through data aggregation, reporting and analysis tools for trend analysis and situational awareness.

TMIP-J is slated to enter into sustainment in FY 2016 upon delivery of the Increment 2 Release 3 (I2R3) software to the Services. The JOMIS PMO will work with the Services to ensure these legacy systems support operational medicine needs until improvements are introduced. Each Service will be responsible for deploying TMIP-J software baselines, up to and including I2R3, as well as sustaining and fielding the current TMIP-J infrastructure.

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BUDGET ITEM JUSTIFICATION SHEET						DATE: February 2016			
APPROPRIATION / BUDGET ACTIVITY : 97*0130			P-1 ITEM NOMENCLATURE: Joint Operational Medicine Information System (JOMIS)						
	FY 2015 Actual	FY 2016 Enacted	FY 2017 Base	FY 2017 OCO	FY 2017 Total Request	FY 2018 Estimate	FY 2019 Estimate	FY 2020 Estimate	FY 2021 Estimate
Quantity									
Total Cost ($ M)	0.000	0.000	2.413	0.000	2.413	77.358	75.688	75.150	73.605
JOMIS	0.000	0.000	2.413	0.000	2.413	77.358	75.688	75.150	73.605

REMARKS

The mission of the Department of Defense (DoD) Joint Operational Medicine Information Systems (JOMIS) program is to modernize, deploy, and sustain the DoD's operational medicine systems. Maintaining complete and accurate medical records while in an operational environment is an essential part of patient care management. Practitioners need access to up-to-date patient health records to ensure that relevant data is accessible and interoperable to support effective clinical decision making and clinical information management. The approved Concepts of Operations for healthcare delivery requires end-to-end capability and covers garrison and expeditionary environments. As such, USD (AT&L) and USD (P&R) have directed that the DoD Healthcare Management System Modernization (DHMSM) program provide the electronic health record (EHR) core for all health IT platforms both garrison and theater.

The JOMIS Program will provide modernized capabilities that are operationally suitable, survivable, and effective and satisfy capability gaps identified in the JOMIS Capability Development Document (CDD). The acquisition strategy (AS) is constructed around the following two integrated efforts:
1. Operational Medicine Software Release 1: The JOMIS Program will develop the next operational medicine software release, based on the results of the Product Evaluation. The software release will first replace several of the existing capability components within TMIP-J today.
2. New Requirements for Operational Medicine: The JOMIS acquisition of any new capabilities will be designed to meet evolving operational requirements captured in an emerging Capabilities Development Document (CDD).

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BUDGET ITEM JUSTIFICATION SHEET						DATE: February 2016			
APPROPRIATION / BUDGET ACTIVITY : 97*0130			P-1 ITEM NOMENCLATURE: Integrated Electronic Health Record						
	FY 2015 Actual	FY 2016 **Enacted**	FY 2017 **Base**	FY 2017 **OCO**	FY 2017 Total Request	FY 2018 Estimate	FY 2019 Estimate	FY 2020 Estimate	FY 2021 Estimate
Quantity									
Total Cost ($ M)	**3.199**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**
EHR	*3.199*	*0.000*	*0.000*	*0.000*	*0.000*	*0.000*	*0.000*	*0.000*	*0.000*

REMARKS

The iEHR Increment 1 program completed delivery of its defined requirements in FY2014 and entered sustainment in FY 2015. Based on departmental decision, the iEHR Increment 1 provides Medical Single Sign-On/Context Management (SSO/CM) only at James A. Lovell Federal Health Care Center (JAL FHCC).
o Milestone B was achieved December 2012
o Milestone C was achieved July 2014
o Full Deployment Decision was achieved Dec 2014
o Full Deployment declared March 2015

The iEHR Increment 1 funding will continue in sustainment, post Full Deployment (FD), and includes any additional Department of Defense (DoD) specific capabilities at JAL FHCC, as well as DoD staffing for the Interagency Program Office (IPO).

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BUDGET ITEM JUSTIFICATION SHEET					DATE: February 2016			
APPROPRIATION / BUDGET ACTIVITY : 97*0130			P-1 ITEM NOMENCLATURE: Information Technology Development and Sustainment - DoD Healthcare Management System Modernization (DHMSM)					
	FY 2015 Actual	FY 2016 Enacted	FY 2017 Base	FY 2017 OCO	FY 2017 Total Request	FY 2018 Estimate	FY 2019 Estimate	FY 2020 Estimate	FY 2021 Estimate
Quantity									
Total Cost ($ M)	0.000	0.000	29.468	0.000	29.468	499.193	547.160	532.476	474.888
DHMSM	0.000	0.000	29.468	0.000	29.468	499.193	547.160	532.476	474.888

REMARKS

DHMSM will acquire, deploy, and implement an electronic health record (EHR) system that replaces the DoD legacy MHS inpatient and outpatient EHR systems. The overarching goal of the program is to enable healthcare teams to deliver high-quality, safe, care and preventive services to patients through the use of easily accessible standards-based computerized patient records resulting in: improved accuracy of diagnoses and medication; improved impact on health outcomes; increased patient participation in the healthcare process; improved patient-centered care coordination; and increased practice efficiencies in all settings, including all DoD operational environments.

DHMSM will be executed to deliver uniform information management options across both garrison and theater environments. DHMSM will focus on the replacement of inpatient and outpatient systems, and will encompass deployment of the enterprise EHR to fixed facilities as well as expeditionary components.

DHMSM will replace the DoD legacy healthcare management systems with a commercial off-the-shelf capability that is open, modular, and standards-based with non-proprietary interfaces. DHMSM will support the Department's goals of net- centricity by providing a framework for full human and technical connectivity and interoperability that allows DoD users and mission partners to share the information they need, when they need it, in a form they can understand and act on with confidence, and protects information from those who should not have it. Once fielded, the EHR will support the following healthcare activities for DoD's practitioners and beneficiaries:
o Clinical workflow and provider clinical decision support;
o Capture, maintain, use, protect, preserve and share health data and information;
o Retrieval and presentation of health data and information that is meaningful for EHR users regardless of where the patient's records are physically maintained; and
o Analysis and management of health information from multiple perspectives to include population health, military medical readiness, clinical quality, disease management, and medical research.