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Operation and Maintenance
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I. Description of Operations Financed: This Budget Activity Group provides for the Information Management/Information Technology resources dedicated to the operation and maintenance of Defense Health Program (DHP) facilities. This program includes the following:

Service Medical IM/IT: Includes funding for non-centrally managed, service medical Information Management/Information Technology (IM/IT) programs in the following functional areas: 1) Service medical funded support for functional area applications (service unique information systems); 2) Communications & computing infrastructure to include long haul/wide area communications, office automation and video teleconferencing; 3) related technical activities, which includes spectrum management, data administration, development of architectures, facilitation of interoperability and technical integration; and 4) Information assurance, which includes all efforts that protect and defend information and information systems by ensuring their availability, integrity, authentication, confidentiality and non-repudiation.

DHP IM/IT Support Programs: Includes funding for IM/IT services in support of the Military Health system (MHS). These services are in support of the Military Health System Chief Information Officer and can be contracted out or provided by other DoD agencies. Services deliver modifications to contractor owned IM/IT systems to meet congressional and other mandated changes; changes or modifications to other DoD agencies IM/IT systems to comply with changes in medical regulatory guidance; commercially purchased IM/IT related services that enable the Managed Care Support Contracts to meet compliance requirements; and funding to support centrally managed office automation, video-teleconferencing and related technical activities. Excludes funding for centrally managed and service medical IM/IT systems including acquisition of centrally developed systems.

Tri-Service IM/IT: Includes funding for tri-service IM/IT programs for program management, system and infrastructure sustainment, annual software licensing fees, and software and hardware maintenance fees. Major tri-service initiatives include: 1) AHLTA which is DoD´s current Electronic Health Record (EHR) serving as one of the world's largest clinical information systems that provides secure, 24x7, worldwide online access to patients´ medical records, making it a key enabler of military medical readiness; 2) Electronic Health Record (EHR) Way Ahead is the proposed Major Automated Information System program designed to replace/sunset the current portfolio of systems providing initial EHR capability (AHLTA and CHCS). EHR Way Ahead will provide a comprehensive, longitudinal, electronic health record that is available anytime anywhere; 3) Theater Medical Information Program – Joint (TMIP-J): Integrates the military health information systems to ensure timely interoperable medical support for mobilization, deployment and sustainment of missions in the theater environment. TMIP-J adapts medical information systems to Theater specific requirements; 4) Defense Medical

Logistics Standard Support (DMLSS): Provides integrated supply chain and life cycle management for pharmaceuticals, medical supplies, equipment, health facilities, and services. Additionally, DMLSS enables medical logistics support to the Force Health Protection mission for the MHS; 5) Executive Information/Decision Support (EI/DS): Receives and stores data from MHS systems, processes those data through a variety of business rules, and makes the data available, in various data marts, to managers, clinicians, and analysts for the management of the business of health care; and 6) Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH): Assembles, stores and evaluates data on personnel occupational exposure information, environment monitoring, protective equipment usage, work practices, and health hazard education. Funding for other significant tri-service initiatives include, but are not limited to: Defense Medical Human Resources System (internet); the Patient Accounting System (PAS); Enterprise Blood Management System (EBMS); TRICARE On Line (TOL); Patient Safety Reporting (PSR), and the Joint Electronic Health Record Interoperability (JEHRI) for the DoD portion of the joint DoD/VA sharing initiative. Resources also support MHS communications and computing infrastructure under MHS Cyber Infrastructure Services (MCiS) Division (which includes the previously known Tri-Service Infrastructure Management Program Office (TIMPO)). MCiS manages the associated implementation of three basic components: (1) a wide area network (WAN) deployed to all TRICARE regions, to provide communication support for all medical information systems; (2) a local area network (LAN), to provide unified backbone networks within military treatment facilities; and (3) centralized network management, to include capacity planning, configuration management and security integration.

II. Force Structure Summary: This program funds concept exploration, management and sustainment of automated information systems, communications & computing infrastructure, related technical activities and information assurance supporting military medical readiness and promoting quality healthcare services to members of the armed forces, their families, and others entitled to DoD healthcare.

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III. Financial Summary ($ in Thousands):

			FY 2011				
			Congressional Action				
A. Subactivities	**FY 2010 Actuals**	**Budget Request**	**Amount**	**Percent**	**Current Appropriation**	**Current Estimate**	**FY 2012 Estimate**
1. Service Medical IM/IT	550,346	521,908	0	0%	521,908	521,908	536,870
2. DHP IM/IT Support Programs	98,898	115,624	0	0%	115,624	115,624	112,960
3. Tri-Service IM/IT	696,583	814,798	0	0%	814,798	814,798	772,867
Total	1,345,827	1,452,330	0	0%	1,452,330	1,452,330	1,422,697

Notes:
1. FY 2010 actuals include $6.124M for Overseas Contingency (OCO) under the Department of Defense Appropriations Act of 2010, Public Law 111-118.
2. FY 2011 President's Budget Request excludes $2.286M for OCO.
3. FY 2012 Request excludes $5.548M for OCO.
4. Excludes Departmental DoD Medicare-Eligible Retiree Health Care Fund (MERHCF) for FY 2010 of $4.944M, FY 2011 of $12.800M, and FY 2012 of $13.248M.

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B. Reconciliation Summary	Change FY 2011/FY 2011	Change FY 2011/FY 2012
Baseline Funding	**1,452,330**	**1,452,330**
Congressional Adjustments (Distributed)	0	n/a
Congressional Adjustments (Undistributed)	0	n/a
Adjustments to Meet Congressional Intent	0	n/a
Congressional Adjustments (General Provisions)	0	n/a
Subtotal Appropriated Amount	**1,452,330**	**n/a**
OCO and Other Supplemental Appropriations	2,286	n/a
Fact-of-Life Changes	0	n/a
Subtotal Baseline Funding	**1,454,616**	**n/a**
Anticipated Supplemental	0	n/a
Reprogrammings	0	n/a
Less: OCO and Other Supplemental Appropriations	-2,286	n/a
Revised Current Estimate	**1,452,330**	**1,452,330**
Price Change	n/a	20,848
Functional Transfers	n/a	-8,794
Program Changes	n/a	-41,687
Current Estimate	**1,452,330**	**1,422,697**

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	($ in Thousands)	
C. Reconciliation of Increases and Decreases	Amount	Totals
FY 2011 President's Budget Request		**1,452,330**
1. Congressional Adjustments		0
a. Distributed Adjustments	0	
b. Undistributed Adjustments	0	
c. Adjustments to meet Congressional Intent	0	
d. General Provisions	0	
FY 2011 Appropriated Amount		**1,452,330**
2. OCO and Other Supplemental Appropriations		2,286
3. Fact of Life Changes		0
a. Functional Transfers	0	
b. Technical Adjustments	0	
c. Emergent Requirements	0	
FY 2011 Baseline Funding		**1,454,616**
4. Reprogrammings (requiring 1415 Actions)		0
a. Increases	0	
b. Decreases	0	
5. Less: OCO and Other Supplemental Appropriations		-2,286
Current Estimate for FY 2011		**1,452,330**
6. Price Change		20,848
7. Transfers		-8,794
a. Transfers In	0	
b. Transfers Out	-8,794	
1) Transfer from DHP to Secretary of the Army:	-7,001	

Transfer of Army Medical Command manpower and dollar resources to
Installation Management Command and Garrison Operations(-$1.5M)
and to Army Network Enterprise Technology Command(-$5.5M and -40
civilian FTEs)for Fort Detrick.

Exhibit OP-5, Information Management
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	($ in Thousands)	
C. Reconciliation of Increases and Decreases	**Amount**	**Totals**

    2) Transfer from DHP to Secretary of the Navy: -1,793
       Transfer of Naval Bureau of Medicine manpower and dollar
       resources to Commander, Naval Installations Command for
       Portsmouth, Beaufort, San Diego, Bremerton, Guam, and Bethesda
       medical facilities (-$1.8M and -3 civilian FTEs).

8. Program Increases   40,888
   a. Annualization of New FY 2011 Program   0
   b. One-Time FY 2012 Costs   0
   c. Program Growth in FY 2012   40,888
     1) Funding Realignment: 32,817
       Realigns funding from other Budget Activity Groups to IM/IT
       Budget Activity Group to support proper execution. Realignments
       include: increased sustainment for critical service military
       treatment facility network security and web-based applications;
       Theater Medical Information Program; Defense Medical Human
       Resource System-internet (single-sign-on); Defense Occupational
       and Environmental Health Readiness System - Industrial Hygiene;
       Defense Medical Logistics Standard System Theater and service
       oriented architecture implementation; enhanced capabilities for
       blood management; tracking of In-House and Private Sector Care
       workload; accounting, medical surveillance; Business
       Modernization Program functions ($2.5M); customer rate
       adjustments due to Department's methodology changes from fee-for-
       service to Defense Working Capital Fund (DWCF) rates and DWCF
       capital reductions ($0.02M); and an increase in customer funding
       from Defense Information Systems network Subscription Services
       ($0.8M).

($ in Thousands)

C. Reconciliation of Increases and Decreases	Amount	Totals
	4,580	

2) EHR Way Ahead:
   Provides funding support for the Analysis of Alternatives for the
   Department of Defense (DoD) Electronic Health Record to define
   the preferred alternative; initiate acquisition planning and
   program management activities; and continue risk reduction
   efforts including the Clinical Data Repository Stabilization
   which allows the DoD and the Veterans Affairs to share protected
   electronic health information. FY 2011 Funding Baseline: $120.3M.

3) Wounded Warrior: 2,881
   Provides funding for IT development for the Wounded, Ill and
   Injured program including associated development and
   implementation efforts for clinical case management; Neuro
   Cognitive Assessment Tool (NCAT) and behavioral health notes; and
   access to radiographic images supporting infrastructure
   requirements for improved data sharing with the Veteran's
   Administration.

4) AHLTA: 610
   Provides funding to support transition training for Armed Forces
   Health Longitudinal Technology Application (AHLTA) block
   upgrades.

9. Program Decreases   -82,575
   a. One-time FY 2011 Costs   0
   b. Annualization of New FY 2011 Program   0
   c. Program Decreases in FY 2012   -82,575
   1) Secretary of Defense Efficiencies - TMA Baseline Review: -33,255
      Directs the Director for TRICARE Management Activity (TMA) to
      streamline operations by consolidating activities into a follow-
      on Military Health System Support Activity consisting of four
      divisions: 1) Uniformed Services University of the Health

($ in Thousands)

C. <u>Reconciliation of Increases and Decreases</u>	Amount	Totals

       Sciences (USUHS), 2) TRICARE health plan, 3) Health Management Support, and 4) Shared Services and to reduce 364 Contractor positions beginning in FY 2012. Directs the USD(P&R) to reduce redundancy, capitalize shared services efficiencies and to better align similar missions across the P&R enterprise and to eliminate 24 civilian full-time equivalents (-$33.3M). FY 2011 DHP Contract Services Funding Baseline: $3,005.6M.

2) Non-EHR Way Ahead Realignments: -26,946
    Realigns funding from sustainment operations to Research, Development, Test and Evaluation and Procurement in support of systems' capability enhancements including reduction in Composite Health Care System (CHCS) sustainment for on-site support transitioning to AHLTA; the completion of sustainment efforts supporting Enterprise Blood Management System development/implementation; a decrease of Theater Medical Information Program - Joint (TMIP-J) sustainment due to transition of medical logistics support in theater to Defense Medical Logistics Standard Support (DMLSS). Also realigns operations and sustainment funding for Managed Care Forecasting and Analysis System Data Analysts (-$0.8M) and Computer/Electronic Accommodations Program (-$1.1 and -7 civilian FTEs) to the Management Activities Budget Group.

3) Secretary of Defense Efficiencies - Reducing Reliance on DoD   -18,591
    Service Support Contractors:
    Directs the components to reduce funding used to acquire service support contracts by 10% per year over the next three years from their reported FY 2010 levels. FY 2012 reduction is 20% and FY 2013 reduction is 30% (-$18.591M). FY 2011 Funding Baseline: $94.3M.

4) Secretary of Defense Efficiencies - Reports, Studies, Boards   -2,129

($ in Thousands)

C. Reconciliation of Increases and Decreases	Amount	Totals

and Commissions Review:
Directs the Components to reduce funding for advisory studies by
25% below the FY 2010 levels. Reductions are based upon self-
reported PB-15 exhibit "Advisory and Assistance Service" data and
are from "Studies Analysis and Evaluation" activities (-$2.129M).
FY 2011 Funding Baseline: $40.8M.

5) Civilian to Military Conversions: -1,038
Incremental funding transfer to service MILPERS accounts to
restore military authorizations previously programmed as military
to civilian conversions, as required by Sec. 721 of the FY 2008
NDAA.

6) One Less Pay Day: -616
Adjusts funding for one less civilian pay day in FY 2012. FY11
Funding Baseline: $160.811M.

FY 2012 Budget Request   **1,422,697**

IV. Performance Criteria and Evaluation Summary:

An Electronic Health Record Usability Satisfaction Survey is currently under
development using questions from the American Academy of Family Physicians and from
customized Military Health Systems focus groups. A future performance baseline will
be established upon deployment of this survey from which performance criteria will be
reported.

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V. Personnel Summary:

	FY 2010	FY 2011	FY 2012	Change FY 2010/FY 2011	Change FY 2011/FY 2012
Active Military End Strength (E/S)					
Officer	158	153	152	-5	-1
Enlisted	343	354	353	11	-1
Total Military	501	507	505	6	-2
Active Military Average Strength(A/S)					
Officer	155	156	153	1	-3
Enlisted	333	349	354	16	5
Total Military	488	505	507	17	2
Civilian FTEs					
U.S. Direct Hire	1,658	1,642	1,601	-16	-41
Foreign National Direct Hire	10	11	11	1	0
Total Direct Hire	1,668	1,653	1,612	-15	-41
Foreign National Indirect Hire	36	42	38	6	-4
Total Civilian	1,704	1,695	1,650	-9	-45
Average Civilian Salary ($000's)	93.222	94.874	94.762		
Contractor FTEs (Total)	1,970	1,794	1,917	-176	123

VI. Outyear Summary: N/A

VII. OP 32 Line Items as Applicable (Dollars in thousands - see next page):