

DEFENSE HEALTH PROGRAM (DHP)

FY 2009 Supplemental Request Operation and Maintenance, Defense-Wide Budget Activity 1, Operation and Maintenance

Detail by Subactivity Group

I. Description of Operations Supported:

Funding will provide medical and dental services to active forces (above baseline) and mobilized Reserve Components (RC), and their family members, as they support Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). The DHP supplemental request does not provide medical and dental support within the OIF/OEF Area of Responsibility (AOR). Supplemental funding provides for the incremental costs associated with the treatment of casualties at Military Treatment Facilities (MTF). Caring for combat injuries (e.g., amputees, burns, and rehabilitative care) requires a level of effort greater than seen during peacetime operations. Other DHP operational requirements in support of the OIF/OEF include pre/post deployment processing for personnel, aeromedical transportation of casualties from Germany to the US, medical holdover processing, and contracted/civilian medical personnel to backfill-deployed staffs at MTF's. Additional support requirements include command, control and communications (C3) costs, telemedicine, public health support, material management control, veterinary support, and bioenvironmental health support that are above the normal day-to-day operations. The DHP provides blood units and products for casualties, deployment health outreach, medical surveillance analytical support, chemical and biological warfare health threat support activities, and post deployment health assessments (between 3-6 months after deployment), evaluations and treatment for all deployed forces. Funding will also provide for the Wounded, Ill, & Injured (WII) programs supporting increased clinical case management, revisions to the existing disability evaluation system, and increased data exchange of electronic medical records. Funding also provides for the Traumatic Brain Injury (TBI) and Psychological Health (PH) programs through comprehensive, multi-disciplinary (medical/non-medical) care, focused clinical research, prevention, education, patient, and family support.

FY 2008
Actuals

FY 2009
Request

FY 2009
Bridge

FY 2009
Remaining

- **In House Care:**

- Incremental costs of health care for casualties of war above baseline
- Incremental costs for deployment related pharmaceuticals
- Increased dental care for mobilized RC personnel
- Backfill of deployed medical personnel to home station MTF
- Clinical treatment programs for Traumatic Brain Injury and Psychological Health

- **Private Sector Care**

- Healthcare for mobilized RC and their family members
- Supplemental care for post deployment health reassessments

- **Consolidated Health Support**

- Incremental costs for the Armed Services Blood Program to provide blood products for OIF/OEF
- Aero-medical transportation of casualties from Germany to the US
- Deployment health outreach, medical surveillance analytical support, and chemical and biological warfare health threat support activities
- Military Public Health manpower, supplies, support equipment, and the associated requirements specifically identified for management, direction, and operation of disease prevention and control for OIF/OEF
- Incremental support for epidemiology, medical entomology, drinking water safety, monitoring hazardous waste disposal, food and facility sanitation, health promotion and education, health surveillance, medical intelligence, disease and climate illness, disease prevention and control, and injury surveillance in support of OIF/OEF
- Resources required for the incremental costs for the management, direction and operation of DoD's veterinary missions in support of OIF/OEF

<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2009</u>	<u>FY 2009</u>
<u>Actuals</u>	<u>Request</u>	<u>Bridge</u>	<u>Remaining</u>

- Medical laboratories processing of blood samples collected in the pre/post deployment process
- Resources for the management, direction and operation of the Wounded, Ill, & Injured (WII) Transition Units to include administrative personnel
- Resources for screening and surveillance for Traumatic Brain Injury and Psychological Health programs

- **Information Management**

- Incremental information management support for medical coding and tracking of patients supporting GWOT
- Incremental contract support to electronically collect and store healthcare, public health, bioenvironmental, and health surveillance data
- Incremental funding of telemedicine and teleconferencing initiatives to better leverage technology in the delivery of combat health care
- Information management support for the WII Transition Units

- **Management Activities**

- Medical command, control and communications in support of OIF/OEF
- Medical headquarters planning, analysis, reporting, data collection, and after action reviews in support of OIF/OEF

- **Education and Training**

- Additional trauma training to ensure medical providers receive/retain the necessary skill sets to treat combat trauma injuries
- Training for medical providers to properly diagnose pre and post-deployment mental health conditions
- Additional training support for personnel assigned or working with WII Transition Units
- Training for the prevention, detection, diagnosis, treatment, follow-up and recovery for PH/TBI conditions

- **Base Operations/Communications**

- Sustainment costs for medical facilities at five RC installations utilized for deployment processing
- Increased square footage in support of Post Deployment Health Re-Assessments to include utilities and housekeeping

FY 2008	FY 2009	FY 2009	FY 2009
<u>Actuals</u>	<u>Request</u>	<u>Bridge</u>	<u>Remaining</u>

- Communication support for the Deployed Warrior Medical Management Center
- **Research, Development, Test, and Evaluation**
 - Bi-directional exchange of information between DoD and VA
 - Additional computer fields to identify WII patients
- **Procurement**
 - Purchase new end-user devices in support of WII Units and case-managers including lap-tops
 - Procure software licensing for Theater Imaging and other computer applications in support of OIF/OEF medical efforts

	(\$ in Thousands)			
II. <u>Financial Summary (\$ in Thousands):</u>	FY 2008	FY 2009	FY 2009	FY 2009
	<u>Actual</u>	<u>Request</u>	<u>Bridge</u>	<u>Remaining</u>
	1,461,420*	2,009,297	1,100,000	909,297

* FY 2008 actual amount does not include execution of funding for Operation and Maintenance (\$293.023M) for facilities sustainment, restoration & modernization; Procurement (\$62M) for Army and Navy equipment; and MILCON (\$18.512M).

Budget Activity 01, Operation & Maintenance

<u>A. Subactivity Group – In-House Care</u>	608,750	918,880	740,052	178,828
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Narrative Justification: Increased requirements are due to an increase in medical backfill, implementation of the Wounded, Ill, & Injured (WII) program, and Traumatic Brain Injury/Psychological Health treatment requirements. Since FY 2006, there has been a significant reduction in the numbers of Reserve Components mobilized to support DHP medical activities, while all medical activities have continued to operate at or above current levels. In FY 2009, the DHP will have to contract for more medical backfill personnel and increased personnel for case management of WII personnel. The DHP will continue to incur costs associated with supplying pharmaceuticals, and pre-deployment individual equipment items (e.g. eyewear and gas mask eyewear inserts) and prophylactic vaccinations as a direct result of our military personnel's deployments to the OIF/OEF area of responsibility (AOR). Funding for dental care for RC is accounted for both in In-House Care and Private Sector Care. The DHP will continue to fund casualty care activities at MTFs with FY 2008 levels.

FY 2008	FY 2009	FY 2009	FY 2009
<u>Actuals</u>	<u>Request</u>	<u>Bridge</u>	<u>Remaining</u>

Labor costs increase as Reserve Components fill fewer positions at Army deployment platforms. These costs are associated with Landstuhl Regional Medical Center (LRMC) continuing to operate its bed expansion program to meet the increased patient load since the start of OIF/OEF. Patients treated at LRMC have complex injuries or wounds that average a 25 percent higher treatment requirement than patients seen prior to OIF/OEF. Funding also supports the Army amputee centers at Brooke Army Medical Center, San Antonio, TX; Walter Reed Army Medical Center, Washington, DC; and the Navy amputee center at Naval Medical Center, San Diego, CA. Casualty care is also provided at the Defense and Veterans Traumatic Brain Injury and Burn centers in San Antonio. In FY 2009, Brooke Army Medical Center burn unit will continue to operate a bed expansion program to care for OIF/OEF patients. The DHP Post-Deployment Health Reassessment (PDHRA) program identifies members who may have mental or physical health conditions as a result of their deployment. The PDHRA program provides crucial pre/post-deployment mental health data and comparisons never before seen in the Military Health Care system. The DHP continues to contract for mental health providers to provide care in military treatment facilities to ensure redeployed personnel have access to mental health services. The in-house care budget activity request is over 40 percent of the total supplemental funds requested by the DHP.

Impact if not funded: Providing health care for military members (active as well as mobilized Reserve/Guard members) is the mission of the Military Health System. Baseline funding is available for health care of active duty members but not at the intensity and complexity of casualty care. This request is for the funding necessary to provide for the additional medical and dental care of the mobilized forces when not in the war zone. Funding will also support the mental health providers needed to treat post-deployment mental health issues. The DHP would have to reprioritize the baseline funding appropriated for the care of retirees and all family members (active, mobilized RC, and retirees) to care for active and mobilized military members and the care of the non-active, non-mobilized beneficiaries would shift to the private sector. In addition, if funding is not provided for the backfill of active duty medical personnel deployed in support of OIF/OEF, fewer beneficiaries can be seen in the Military Treatment Facilities (MTFs) shifting even more care to the private sector. Health care of all DoD beneficiaries is a mandated requirement either through the use of MTFs or the private sector care contracts, making it a must pay bill.

B. Subactivity Group -- Private Sector Care

511,786	579,243	0	579,243
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Narrative Justification: Provides deployed Reserve Components (RC) and their family members with dental, pharmacy, and healthcare benefits during the time they are on active duty, in support of contingency operations. RC personnel and

<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2009</u>	<u>FY 2009</u>
<u>Actuals</u>	<u>Request</u>	<u>Bridge</u>	<u>Remaining</u>

their family members are entitled to the same TRICARE benefits as active duty counterparts including access to private sector providers through the TRICARE Managed Care Support Networks. The network provides access to civilian providers for those beneficiaries living in remote locations outside the established network areas. (The TRICARE Reserve Select programs which is offered to RC members who enroll and share premiums with the government are not included in this requirement). Health care coverage includes costs for medical care and pharmaceuticals for RC and their family members, managed care contract administration fees and RC dental care (funded here and in In-House Care). The average annual cost per mobilized RC (includes family members) in FY 2008 is \$5,669 and will increase to \$6,019 in FY 2009. The average annual cost for FY 2009 is derived using actual FY 2006 claims data.

Impact if not funded: Providing health care to mobilized RC personnel and their families is congressionally mandated. This is a must pay bill and the cost will incur even without funding. If this occurs, other beneficiary health care could be compromised and funding would have to be shifted from other priorities including curtailment of treatment in military treatment facilities for non-active duty personnel shifting the increased cost to the private sector care contracts.

C. Subactivity Group -- Consolidated Health Support

211,594	288,343	220,147	68,196
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Narrative Justification: Increase in FY 2009 is mainly due to requirements for the Traumatic Brain Injury/Psychological Health program. The projected Armed Services Blood program support for FY 2009 includes 54,311 Red Blood Cell shipments, 27,480 Fresh Frozen Plasma shipments, and 3,252 CRYO (Frozen Blood) shipments. The number of blood products manufactured has increased since FY 2005 by 14 percent, and the actual cost to manufacture the products has increased about 13 percent. In addition, shipping costs have increased by 22 percent for both quantity of product shipped and the cost per box. Other health activities, including public health and bioenvironmental engineering, will experience a reduction in costs as the initial influx of support continues to decrease to a minimal baseline support effort. Blood samples are collected during the pre and post deployment process. Community outreach and medical surveillance analytical support provided by the Deployment Health Support Directorate (DHSD) will maintain current levels during FY 2009. DHSD continues to collect, analyze, and store health surveillance information for OIF/OEF.

Impact if not funded: Without funding, the blood program and aeromedical transport missions would require further internal offsets. This would lead to reduced efficiencies as infrastructure improvements, hiring of civilian personnel, and

<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2009</u>	<u>FY 2009</u>
<u>Actuals</u>	<u>Request</u>	<u>Bridge</u>	<u>Remaining</u>

non-emergency logistics procurements would be delayed or cancelled. In addition, patient medical information collection and storage of critical medical surveillance data sets would be problematic causing medical data integrity issues similar to the Vietnam Conflict Agent Orange exposure tracking and follow-up medical care issues.

D. Subactivity Group -- Information Management

19,914	83,919	78,219	5,700
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Narrative Justification: Significant increases in FY 2009 are due to the installation of network infrastructure to support the Wounded, Ill, & Injured program. In addition, modifications/updates for the Medical Operation Data System (MODS) and Medical Protections System (MEDPROS) are necessary to monitor Medical Hold/Holdover Patients during the Medical Evaluation Board/Physical Evaluation Board (MEB/PEB) process. The Military Health System (MHS) has been electronically tracking patients departing the areas of responsibility (AORs) for many years. The increase in funding is due to additional IM-IT requirements at Army Military Treatment Facilities. Patient tracking allows the MHS to know where casualties are as they travel from the AOR thru or to Germany and CONUS Military Treatment Facilities (MTFs). This is vital to ensure patients are provided the specialized medical care required and to ensure the MTF's readiness to receive casualties. The MHS also collects, analyzes, and stores all AOR public health, bioenvironmental hazard, and health surveillance data by using information management contracts to support this capability. Telemedicine and teleconferencing initiatives enable AOR medical personnel to leverage global military healthcare expertise in their treatment of combat casualties before patients depart to CONUS for advanced care.

Impact if not funded: If funding is not available for patient tracking, patients may arrive at a destination hospital that is not properly equipped to care for the patient. Vital health surveillance data collected within the theaters of operation would not be stored. This data is crucial for investigating possible healthcare conditions resulting from service in OIF/OEF AOR in future years. The electronic collection and storage of all casualty health care records would decrease, if funding were not available to pay for the incremental costs association with information management activities.

E. Subactivity Group -- Management Activities

1,928	1,159	1,159	0
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Narrative Justification: The DHP will continue providing management activities in support of OIF/OEF. The Army Medical Command operations center provides the Department of the Army with vital information for command and control

<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2009</u>	<u>FY 2009</u>
<u>Actuals</u>	<u>Request</u>	<u>Bridge</u>	<u>Remaining</u>

of medical assets. The center is operational 24 hours a day. The center coordinates the sourcing of operations and rotations, manages medical policy and operational issues, and performs reporting functions. The center also functions as the medical coordinator between the theaters (OIF/OEF) and the US. The center integrates all the medical operating systems including hospitalization, evacuation, medical logistics, personnel, dental, and veterinary functions. Prior to the start of the war, this center functioned with less than half of the current staffing and only operated during normal duty hours. The operations center will continue to operate 24 hours a day, in FY 2009. The FY 2009 decrease is due to a slight reduction in logistical management support.

Impact if not funded: Army Medical Command operations center hours would be curtailed and staffing would be decreased to support only a normal duty hour function. The backload of information would cause a tremendous burden with decreased staff support. The DHP would not be able to effectively manage the logistical support for medical units assigned to OIF/OEF. If funding is not provided there would be a coordination gap in the movement of supplies, equipment, and medical personnel in support of OIF/OEF. The lack of funding could delay or interrupt the coordination of patient movement between overseas locations to stateside MTFs.

F. Subactivity Group -- Education and Training

17,041	60,276	51,157	9,119
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Narrative Justification: The increase in FY 2009 is due to training for the prevention, detection, diagnosis, treatment, follow-up and recovery for PH/TBI conditions. Increases are also due to the development of curriculum and training of clinical nurse care managers to support the Wounded, Ill, & Injured program. In addition, trauma medical skill training is required to ensure combat trauma patients in support of OIF/OEF receive exemplary care. Just-in-time training is vital in preparing deploying medical personnel with the latest healthcare threat information for each theater of operation. The Post-Deployment Health Reassessment (PDHRA) program identifies members who may have mental or physical health conditions because of their deployment. The PDHRA program provides crucial pre/post-deployment mental health data and comparisons never before seen in the Military Health Care system. As the program continues to evolve, military mental health providers have the opportunity to continue to refine pre/post-deployment counseling and assessment techniques to ensure the readiness and mental health of deploying forces.

Impact if not funded: The proficiency of medical personnel, in treating the types of combat injuries that regular day-to-day peacetime health care typically does not afford, would be diminished. Without pre-deployment training valuable time

FY 2008	FY 2009	FY 2009	FY 2009
<u>Actuals</u>	<u>Request</u>	<u>Bridge</u>	<u>Remaining</u>

in the AOR would be devoted to elevating medical skills to proper readiness levels. In addition, specialized training to identify and treat pre/post deployment mental illnesses would not be available causing the possible deployment of non-ready forces.

<u>G. Subactivity Group -- Base Operations/Communications</u>	90,407	13,688	9,266	4,422
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Narrative Justification: Funding provides for the Wounded, Ill, & Injured program, rental of trailers (increased temporary square footage) for Post Deployment Health Reassessments (PDHRA), additional communication support, and associated housekeeping and utilities. Funding provides for the sustainment of medical facilities at five Reserve Component (RC) installations used for deployment processing. Sustainment costs include utilities, communications, housekeeping, and minor repairs. These sites were opened to provide healthcare support to deploying RC forces. These facilities will continue to support medical pre and post-deployment activities. Continued operations and maintenance of the medical facilities is vital to the overall mission of OIF/OEF. Specifically, costs include communications support provided at Landstuhl Regional Medical Center, Germany for the Deployed Warrior Medical Management Center (DWMMC) that supports personnel evacuated out of Theater and facility modernization to incorporated Americans with Disability Act (ADA) requirements for Wounded Warriors with artificial limbs and brain injuries.

Impact if not funded: The additional medical facilities at the five RC installations will be closed and medical processing will need to be accomplished at other installations causing disruption to the processing of personnel for deployment. Centralized RC processing centers ensures all resources required for mobilized are available at one location. If funding is not provided, the medical portion of the RC processing would be geographically separated from where administrative, logistics, and equipment processing takes place. This would burden the RC with additional costs for transportation and logging. Lack of funding would also decrease the communications support for DWMMC.

Budget Activity 02, Research, Development, Test, & Evaluation

<u>H. Research, Development, Test, & Evaluation</u>	292,500*	33,604	0	33,604
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* Not reported in the cost of war report

Narrative Justification: The goal is to develop the requisite capabilities in AHLTA to support all health documentation needs. These include urgent wartime requirements to document incidents and treatment provided to support the continuity

FY 2008	FY 2009	FY 2009	FY 2009
<u>Actuals</u>	<u>Request</u>	<u>Bridge</u>	<u>Remaining</u>

of care for services related to deployment. The comprehensive application will support 24/7 operational requirements in both garrison and deployed environments. Promote the sharing of health information between Veterans Affairs and DoD is required by law and requires making modifications to AHLTA and to the Bidirectional Health Information Exchange – Theater (BHIE-T). Online delivery of information is evolving into a critical component of the overall MHS care strategy. Online services provide a meaningful and cost effective method for reaching across geography, time zones, and mobile patient populations. Development of the online pre-clinical education and treatment programs are vital to the well being of the patient and family. Ongoing funding is required for continued development, hosting, and content and graphics refresh.

Impact if not funded: Full integration of health documentation in the AHLTA Clinical Data Repository and passing data bi-directionally between the DoD to the VA through the Clinical Data Mart, Health Data Repository will not be accomplished. This functionality in AHLTA, currently scheduled for FY10, will be delayed or unavailable, thus delaying (or breaking) the full deployment of needed interfaces.

Budget Activity 03, Procurement

I. Activity Group -- Procurement

29,900*	30,185	0	30,185
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* Not reported in the cost of war report

Narrative Justification: Requested funding is for the initial deployment training for the Disability Evaluation System, as well as acquiring hardware and software licenses. The funding is required to support the infrastructure requirements to include interfacing servers at the military Medical Treatment Facilities to support the Automated Neuropsychological Assessment Metrics (ANAM) testing. Additionally, End User Devices (EUDs) are required to support the implementation of Wounded, Ill, & Injured efforts such as Peripheral Devices; Citrix/Application servers and Laptop PCs for Case Management (including some deployment software); and software licensing for Theater Imaging.

Impact if not funded: Disability Evaluation System will not perform as required or not be utilized due to lack of training. All other initiatives will either be delayed due to lack of proper hardware or will suffer performance degradations due to use of older, less reliable hardware.