

**Defense Health Program
Fiscal Year (FY) 2017 Budget Estimates
Operation and Maintenance
Information Management**

I. Description of Operations Financed: This Budget Activity Group (BAG) provides for the Health Information Technology resources required to support the Military Health System and includes the following:

Service Medical IM/IT - Resources 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 and 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.

Military Health System IM/IT Support Programs - Resources services in support of the Military Health System Health Information Technology Directorate and can be contracted out or provided by other Department of Defense agencies. Services deliver modifications to contractor owned IM/IT systems to meet Congressional and other medical commercially regulated mandated changes; medical functional IM/IT support personnel; and funding to support centrally managed office automation.

Tri-Service IM/IT - Resources the Military Health System (MHS) Health Information Technology (HIT) Directorate. Encompasses services and legacy IT systems that are shared within all components of the Military Health System, excluding the Integrated Electronic Health Record (iEHR), DoD Healthcare Management System Modernization Program (DHMSM), Defense Medical Information Exchange and Interoperability (DMIX), Theater Medical Information Program - Joint (TMIP-J), Joint Operations Medicine Medical Health Agency

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Information System (JOMIS) and component specific initiatives supporting their line Services. Resourced activities include: Innovation and Advanced Technology; Infrastructure and Operations; Solution Delivery; Information Delivery; Cyber Security; and Portfolio Management and Customer Relations. These resources are used for program management of Defense Health Agency programs, system and infrastructure sustainment, annual software licensing fees, and software and hardware maintenance fees.

Integrated Electronic Health Record (iEHR) - Resources the Integrated Electronic Health Record Increment 1. The iEHR Increment 1 initiative completed delivery of its defined requirements in FY 2014 and entered sustainment in FY 2015. Based on departmental decision, the iEHR Increment 1 provides for Single Sign On/Context Management (SSO/CM) at the James A Lovell Federal Health Care Center (JAL FHCC). The iEHR Increment's Milestone B was achieved in December 2012, and Milestone C Acquisition Decision Memorandum (ADM) was signed July 2014. During the Milestone C decision, it was decided that the iEHR Increment 1 capability would only be fielded to users at the JAL FHCC and was not authorized for implementation beyond that single site. The iEHR Increment 1 funding will continue in sustainment, post Full Deployment (FD), and includes any additional DoD specific capabilities at the JAL FHCC, as well as DoD staffing for the Interagency Program Office (IPO).

The Department of Defense/ Department of Veterans Affairs (DoD/VA) Interagency Program Office (IPO) was re-chartered on December 5, 2013. The mission focus is addressing and coordinating the establishment of a clinical and technical standards profile and processes for data interoperability to create seamless integration of health data for DoD and the VA. The IPO leverages national and international standards and open architecture design principles to preserve flexibility, and fosters data interoperability with each other and appropriate commercial entities. The IPO enhances existing DoD and VA efforts

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with the Office of the National Coordinator (ONC) for Health Information Technology within the Health and Human Services (HHS) and other national and international standards organizations and coordinates and monitors the common components required for health data sharing and interoperability. The primary deliverables include technical data interoperability architecture requirements, interface control documentation, terminology standards identification, and data exchange guidance.

Department of Defense (DoD) Healthcare Management System Modernization Program (DHMSM) - Resources the DoD Healthcare Management System Modernization (DHMSM). The DHMSM is a tailored Major Automated Information System (MAIS) program established to acquire and field a configurable and scalable modernized Electronic Health Record (EHR) System. DHMSM will focus on the replacement of DoD legacy healthcare systems including, but not limited to, Armed Forces Health Longitudinal Technology Application (AHLTA), Composite Health Care System (CHCS) (inpatient), and most components of the Theater Medical Information Program-Joint (TMIP-J) program, with an Off-The-Shelf (OTS) EHR System. DHMSM will address the current state of the Military Health System (MHS), where multiple healthcare legacy systems and data stores, developed over decades, are in need of modernization to ensure and enable sustainability, flexibility, and interoperability, for improved continuity of care.

Defense Medical Information Exchange (DMIX) - Resources the Defense Medical Information Exchange (DMIX). The DMIX provides a complete picture of Service Member medical history to ensure the readiness of our fighting force. While beneficiaries may receive medical care from DoD, they can also receive care from the Department of Veterans Affairs (VA) and private sector medical facilities, all of which maintain separate medical records documenting care in paper and electronic formats. Consequently, a need exists to improve data sharing among DoD, VA, and private healthcare partners so healthcare providers can

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view a patient's comprehensive health history via a single data display (viewer) that draws from multiple health record data sources.

The Joint Legacy Viewer- Health Information Portal (JLV-HIP) was the selected tool to meet this need. JLV-HIP is a patient-centric, presentation system that pulls information from disparate health-care systems in real time for viewing in a web browser. The web application provides the ability to view specific clinical data within patients' longitudinal health records stored in electronic medical record systems available to the VA and the DoD and private sector partners. The underlying infrastructure, DES, provides the technical solutions for seamless data sharing with interoperable electronic health records (EHRs) that evolves with national standards.

Theater Medical Information Program - Joint (TMIP - J) - Resources the Theater Medical Information Program - Joint that integrates components of the Military Health System 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 in operational environments. TMIP-J is the medical component of the Global Combat Support System providing information to medical and combatant commanders and will transition its modernized functionality to the Joint Operations Medicine Health Agency Information System beginning in FY 2017.

Joint Operations Medicine Health Agency Information System (JOMIS) - Resources the deployment and related sustainment of Medical Information Technology (IT) software to provide integrated medical care information across multiple echelons of operational medicine to combatant commanders in support of time-sensitive decisions for successful operations. JOMIS integrates the medical care information under a joint concept of operations that assists the medical commander/command surgeon to maximize delivery of

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combat medical care with field medical operations in functional areas including: command and control, medical logistics, patient regulation and evacuation, medical/threat intelligence, healthcare delivery, manpower/training, and medical capabilities assessment and sustainability analysis. Once fully fielded, JOMIS will support the new Electronic Health Record (EHR) and legacy operational medical systems not being replaced by the new EHR. JOMIS will also modernize, integrate, and or replace non-EHR functionality as required by the Capability Development Document.

II. Force Structure Summary:

This program funds concept exploration, management and sustainment of automated information systems, communications and 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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	FY 2016							FY 2017 Estimate
	FY 2015 Actual	Budget Request	Congressional Action			Current Estimate		
			Amount	Percent	Appropriated			
A. <u>BA Subactivities</u>								
1. Service Medical IM/IT	555,658	363,095	-7,941	-2.2	355,154	355,154	355,198	
2. DHP IM/IT Support Programs	87,104	38,417	-1,907	-4.0	36,510	36,510	33,364	
3. Tri-Service IM/IT	713,481	1,107,884	-17,165	-1.6	1,090,719	1,090,719	1,089,774	
4. Integrated Electronic Health Record (iEHR)	61,901	19,500	-1,200	-6.2	18,300	18,300	17,183	
5. DoD Healthcare Management System Modernization (DHMSM)	56,986	89,188	0	0.0	89,188	89,188	129,969	
6. DoD Medical Information Exchange and Interoperability (DMIX)	0	59,743	0	0.0	59,743	59,743	57,268	
7. Theater Medical Information Program - Joint (TMIP-J)	0	0	0	n/a	0	0	49,857	
8. Joint Operations Medicine Health Agency Information System (JOMIS)	0	0	0	n/a	0	0	11,136	
Total	1,475,130	1,677,827	-28,213	-1.7	1,649,614	1,649,614	1,743,749	

1. FY 2015 actual includes \$0.4M for Overseas Contingency Operations (OCO).
2. FY 2015 actual does not reflect Department of Defense (DoD) Medicare-Eligible Retiree Health Care Fund (MERHCF) of \$5.4M (O&M only).
3. FY 2016 current estimate does not reflect Department of Defense (DoD) Medicare-Eligible Retiree Health Care Fund (MERHCF) of \$0.9M (O&M only).
4. FY 2017 estimate does not reflect Department of Defense (DoD) Medicare-Eligible Retiree Health Care Fund (MERHCF) of \$0.9M (O&M only).
5. FY 2017 increases for Theater Medical Information Program-Joint (TMIP-J) and Joint Operations Medicine Health Agency Information System (JOMIS) and corresponding FY 2017 decrease from Tri-Service Information Management/Information Technology are indicated as Memo Entries to show that initial FY 2017 funding for TMIP-J and JOMIS was internally realigned within the Information Management Budget Activity Group.

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B. <u>Reconciliation Summary</u>	Change	Change
	<u>FY 2016/FY 2016</u>	<u>FY 2016/FY 2017</u>
Baseline Funding	1,677,827	1,649,614
Congressional Adjustments (Distributed)	-28,213	
Congressional Adjustments (Undistributed)		
Adjustments to Meet Congressional Intent		
Congressional Adjustments (General Provisions)		
Subtotal Appropriated Amount	1,649,614	
Fact-of-Life Changes (2016 to 2016 Only)		
Subtotal Baseline Funding	1,649,614	
Supplemental		
Reprogrammings		
Price Changes		18,350
Functional Transfers		
Program Changes		75,785
Current Estimate	1,649,614	1,743,749
Less: Wartime Supplemental		
Normalized Current Estimate	1,649,614	

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<u>C. Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>
FY 2016 President's Budget Request (Amended, if applicable)		1,677,827
1. Congressional Adjustments		-28,213
a. Distributed Adjustments		
1) Congressional Adjustment for Removal of Fiscal Year 2016 Increases.	-23,013	
2) Congressional Adjustment for National Capital Region Unjustified Growth.	-4,000	
3) Congressional Adjustment for Integrated Electronic Health Record Department Identified as excess to Requirement.	-1,200	
b. Undistributed Adjustments		
c. Adjustments to Meet Congressional Intent		
d. General Provisions		
FY 2016 Appropriated Amount		1,649,614
2. OCO and Other Supplemental Enacted		
3. Fact-of-Life Changes		
FY 2016 Baseline Funding		1,649,614
4. Reprogrammings (Requiring 1415 Actions)		
Revised FY 2016 Estimate		1,649,614
5. Less: OCO and Other Supplemental Appropriations and Reprogrammings (Items 2 and 4)		
FY 2016 Normalized Current Estimate		1,649,614
6. Price Change		18,350
7. Functional Transfers		
8. Program Increases		207,887
a. Annualization of New FY 2016 Program		
b. One-Time FY 2017 Increases		
c. Program Growth in FY 2017		
1) Theater Medical Information Program-Joint (TMIP-J) (Memo Entry):	53,034	

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	<u>Amount</u>	<u>Totals</u>
<p>Realigns funding from the Tri-Service IM/IT Program Element in accordance with Department of Defense acquisition guidance that transitioned the Theater Medical Information Program-Joint (TMIP-J) from the Defense Health Agency to the Program Executive Office (PEO) Defense Healthcare Management Systems (DHMS). Funding supports software maintenance and sustainment efforts for legacy TMIP-J software baselines currently fielded across the Services' communications and hardware platforms. The TMIP-J software provides the following operational medicine capabilities: electronic documentation of clinical inpatient/outpatient encounters; medical surveillance; data reporting, storage and framework; and medical logistics to include patient movement/tracking. TMIP-J is scheduled to go into full sustainment by the end of FY 2016, at which time the Medical Services will deploy the final software release to DoD expeditionary units. The FY 2016 baseline funding for PEO DHMS is \$167.2M. The FY 2016 baseline civilian FTE staffing is 65 civilian FTEs. The FY 2016 baseline contractor staffing is 496 FTEs.</p> <p>2) Department of Defense Healthcare Management System Modernization (DHMSM): Funds the deployment of the Department of Defense's Healthcare Management System Modernization (DHMSM) to additional military treatment facilities (MTF) after the initial deployment to the Pacific Northwest Region. Additional requirements include system hosting, software maintenance, and help desk support.</p>	43,561	

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	<u>Amount</u>	<u>Totals</u>
Funding includes equipment purchases of \$3.0M, \$0.4M travel for FY 2017 source selection board activities, and \$34.7M for IT contract service support. The FY 2016 baseline funding for Program Executive Office DHMS is \$167.2M. The FY 2016 baseline civilian FTE staffing is 65 civilian FTEs. The FY 2016 baseline contractor staffing is 496 FTEs.		
3) Defense Information Systems Network (DISN) Cost Recovery Model Consumption Adjustment: Provides additional funding based upon future estimates of Defense Information Systems Network (DISN) service requirements estimated in accordance with the new DISN cost recovery model. The FY 2016 baseline funding for DISA DISN Subscription Services (DSS) is \$7.9M.	30,089	
4) Partnership For Improvement (P4I) Data Mart: Funds the Joint Defense Health Agency and the Services' medical commands for the Partnership for Improvement (P4I) data mart to provide the Military Health System (MHS) enterprise with healthcare analytics and computational capabilities. P4I will provide a single, governance approved dashboard, presenting a core set of measures for monitoring and improving patient access to care, quality of care, and patient safety for the medical services as directed by the Secretary of Defense. The FY 2016 baseline funding for the Health Information Technology Directorate is \$1,129.4M. The FY 2016 baseline civilian FTE staffing is 601. The FY 2016 baseline contractor staffing is 3,100 FTEs.	22,733	

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5) Joint Operational Medical Information System (JOMIS) (Memo Entry): Realigns funding from the Tri-Service IM/IT in accordance with Department of Defense (DoD) acquisition guidance for the Joint Operational Medical Information System (JOMIS) that will replace the legacy Theater Medical Information Program-Joint (TMIP-J) transitioning from the Defense Health Agency to the Program Executive Office (PEO) Defense Healthcare Management System (DHMS). Funding supports planning for procurement and deployment of the new Electronic Health Record and follow-on DoD operational medicine capabilities to expeditionary locations. The FY 2016 baseline funding for PEO DHMS is \$167.2M. The FY 2016 baseline civilian FTE staffing is 65 civilian FTEs. The FY 2016 baseline contractor staffing is 496 FTEs.	11,130	
6) Defense Information Systems Agency Circuit Requirements, Transition to Defense Enterprise Email (DEE), and Website Consolidation: Realigns funding from the Consolidated Health Support (Anthrax/Smallpox Biosurveillance Program) to the Information Management for escalating circuits requirements to provide the capacity to transmit all service member's electronic healthcare information. Funding also provides project management support for the consolidation of multiple Military Health System (MHS) web sites including Pharmacy.mil, Tricare.mil, Assistance Reporting Tool.mil and to complete the transition of multiple MHS email systems to the	9,247	

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<p>Department of Defense Enterprise Email System (DEE). The FY 2016 baseline funding for Health Information Technology Directorate is \$1,129.4M. The FY 2016 baseline civilian FTE staffing is 601 civilian FTEs. The FY 2016 baseline contractor staffing is 3,100 FTEs.</p>		
<p>7) Health Artifact and Image Management Solution (HAIMS): Funds enhanced capability for the Health Artifact and Image Management Solution (HAIMS) to support the Military Treatment Facilities' clinical workflow and service treatment record claims processing. Requirements for HAIMS are greater than planned due to increases in the number of users and database demand. Funds an operational support team to optimize the system performance, perform root cause and historical trend analysis, and proactively monitors after-hour activities to maintain high system availability. These funds are included in IT contracts support services. Information Management's FY 2016 baseline funding for IT contracts support services is \$935.8M.</p>	5,508	
<p>8) Life Cycle Equipment Purchases: Funds equipment purchases to meet Service specific and centrally managed systems requiring life cycle replacements including: Medical Operational Data System, "SNAP" Automated Medical System, Navy Medicine On-Line, Air Force Integrated Framework Health Care Toolset, and the Budget Analysis Evaluation Reporting System-Field Level. Information</p>	5,413	

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Management's FY 2016 baseline equipment purchases funding is \$44.5M.		
9) Military Health Information Technology (IT) Optimization: Funds continuing network consolidation and architecture upgrades to optimize the Military Health System's (MHS) information architecture environment in preparation for future year Defense Health Program Information Optimization funding reductions following a Department of Defense FY 2016 MHS zero-based information technology and management review. The FY 2016 baseline funding for the Information Management is \$1,649.6M. The FY 2016 baseline civilian FTE staffing is 1,982 civilian FTEs. The FY 2016 baseline contractor staffing is 4,291 FTEs.	4,300	
10) Defense Health Agency-National Capital Region Directorate Manpower Realignment: Realigns Defense Health Agency-National Capital Region (DHA-NCR) manpower and associated funding for proper execution including Information and Management (+\$4.1M), Consolidated Health Support (+\$3.6M), Base Operations (+\$7.4M) and Education and Training (-\$0.4M). The DHA-NCR FY 2016 Information Management baseline funding is \$64.5M. The FY 2016 baseline civilian FTE staffing is 50 FTEs. The FY 2016 baseline contractor staffing is 215 FTEs.	4,089	
11) Office of the Electronic Health Record Transition Management (OETM): Funds the Office of Electronic Health Record Transition Management (OETM) to maximize the	3,770	

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<p>capability of the new electronic health record to support the Military Health System healthcare requirements. The FY 2016 baseline funding for Health Information Technology Directorate is \$1,129.4M. The FY 2016 baseline civilian FTE staffing is 601 civilian FTEs. The FY 2016 baseline contractor staffing is 3,100 FTEs.</p>		
<p>12) Armed Forces Billing and Collection Utilization Solution (ABACUS): Realigns funding from the Consolidated Health Support to the Information Management to provide project management support for the Armed Forces Billing and Collection Utilization Solution (ABACUS) that captures third party healthcare provider/treatment facility billing and collections information for military treatment facilities. Funding supports the completion of the ABACUS transition from a point-to-point server based application to a cloud based platform and sustainment requirements funded under IT contracts support services. The FY 2016 baseline funding for Health Information Technology Directorate is \$1,129.4M. The FY 2016 baseline civilian FTE staffing is 601 civilian FTEs. The FY 2016 baseline contractor staffing is 3,100 FTEs. The FY 2016 IT contracts support services baseline funding is \$935.8M.</p>	3,228	
<p>13) Military Health System Review Special Performance Management System: Funds a Military Health System (MHS) Review Special Performance Management system that uses root cause</p>	2,766	

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Amount

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analysis, web-based, data repository to promote continuous process improvement for quality health care, by providing information to health care providers about best practices for health care delivery and lessons learned. MHS Special Performance Management System provides the IT solution to the Secretary of Defense directed MHS Review initiative to improve performance measurement. The FY 2016 baseline funding for Health Information Technology Directorate is \$1,129.4M. The FY 2016 baseline civilian FTE staffing is 601 civilian FTEs. The FY 2016 baseline contractor staffing is 3,100 FTEs.

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| <p>14) Defense Occupational and Environmental Health Readiness System - Industrial Health (DOEHRS-IH): Provides additional funds for an automated capability for the Defense Occupational and Environmental Health Readiness System - Industrial Health (DOEHRS-IH) to rapidly access and incorporate information from safety data sheets (SDS) in support of Hazardous Materials (HAZMAT), reducing the risk and occurrence of workplace incidents, injuries, and fatalities in the Department of Defense. HAZMAT refers to any chemical, biological, radiological, equipment and/or product hazards used and/or stored in the workplace or operational environment. The funds are included in IT contracts support services. The FY 2016 baseline funding for Health Information Technology Directorate is \$1,129.4M. The FY 2016 baseline civilian FTE staffing is 601 civilian FTEs. The FY 2016 baseline</p> | <p>2,448</p> | |
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contractor staffing is 3,100 FTEs.		
15) Pharmacy Outpatient Automation Solution: Funds the implementation of the Pharmacy Outpatient Solution including: (1) The Pharmacy Outpatient Automation Solution-Parata (POAS-P) to provide pharmacy workflow management and automated medication fulfillment technologies. POAS-P supports storage, dispensing and distribution of medications and accurately tracks their movement throughout the dispensing process; and (2) the Pharmacy Outpatient Dispensing Solution - Pickpoint (PODS-P) to provide a method for storing, managing, and tracking prepackaged medications at remote locations, such as, emergency rooms and acute care clinics. The pharmacy outpatient solution funds are IT contracts support services. The FY 2016 baseline funding for the Health Information Management Directorate is \$1,129.4M. The FY 2016 baseline civilian staffing is 601 FTEs. The FY 2016 baseline contractor staffing is 3,100 FTEs.	2,374	
16) Defense Occupational and Environmental Health Readiness System - Hearing Conservation (DOEHRS-HC): Provides additional funds for the Defense Occupational and Environmental Health Readiness System - Hearing Conservation (DOEHRS-HC) to improve the processes relating to data reliability and reporting capability in order to provide upper echelon and unit commanders with reliable individual and group military readiness projections to enable them to make sound deployment decisions and prevent	1,411	

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noise-induced hearing loss. Funding will increase user satisfaction, reduce the backlog of data maintenance change requests, and improve data integrity by removing errant data. The funds are IT Contracts Support Services. The FY 2016 baseline funding for Health Information Technology Directorate is \$1,129.4M. The FY 2016 baseline civilian staffing is 601 FTEs. The FY 2016 baseline contractor staffing is 3,100 CMEs. The Information Management's FY 2016 baseline IT contracts support services funding is \$935.8M.		
17) Patient Assessment Screening Tool Outcome Registry (PASTOR): Funds the expanded deployment of the Patient Assessment Screening Tool Outcome Registry (PASTOR) to an additional seven Military Treatment Facilities (MTFs) in FY 2017. PASTOR evaluates the performance/impact of Pain Departments, Interdisciplinary Pain Management Centers, and Pain Management Programs. Funds are IT contracts support services. The Information Management's FY 2016 baseline IT contracts support services funding is \$935.8M.	1,138	
18) Telepharmacy Remote Dispensing and Verification System-Scriptpro (TRDVS): Funds the implementation of the Telepharmacy Remote Dispensing and Verification System (TRDVS) to provide pharmacy workflow management and automated medication fulfillment technologies and improve patient safety. TRDVS supports storage, dispensing and distribution	1,124	

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of medications and tracks their movement accurately throughout the dispensing process. The TRDVS maintains detailed transaction information, which enables increased security, accuracy, and accountability of medications by integrating telepharmacy videoconferencing technology with pharmacy operations management software. The FY 2016 baseline funding for the Health Information Technology Directorate is \$1,129.4M. The FY 2016 baseline civilian staffing is 601 FTEs. The FY 2016 baseline contractor staffing is 3,100 FTEs.		
19) Mission Travel:	474	
Funds increased essential mission travel requirements for staff attendance at source selection boards, cyber security and information assurance activities, functional requirements development and site surveys for ongoing deployments, and new acquisition activities such as the Joint Operational Medical Information System. The Information Management FY 2016 travel baseline funding is \$5.6M.		
20) Military Health System Review Systems Change Request for the Composite Health Care System (CHCS):	50	
Funds a Military Health System Review systems change request for the Composite Health Care System (CHCS) to achieve more accurate identification of quality performance metrics and improve perinatal and surgical safety concerns. Funding includes a perinatal quality metric dashboard using National Perinatal Information Center data, standardized surgical case reviewer descriptions, training, and		

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replacements of clinical obstetrical emergency simulators. The FY 2016 baseline funding for Health Information Technology Directorate is \$1,129.4M. The FY 2016 baseline civilian staffing is 601 FTEs. The FY 2016 baseline contractor staffing is 3,100 FTEs.		
9. Program Decreases		-132,102
a. Annualization of FY 2016 Program Decreases		
b. One-Time FY 2016 Increases		
c. Program Decreases in FY 2017		
1) Theater Medical Information Program-Joint (TMIP-J) and Joint Operational Medical Information System (JOMIS) (Memo Entry): Realigns funding from Tri-Service Information Management to Theater Medical Information - Joint and Joint Operations Medicine Health Information Agency System in accordance with Department of Defense acquisition guidance to create additional visibility for the legacy Theater Medical Information Program-Joint (TMIP-J) as it transitions to the Joint Operational Medical Information System (JOMIS) while program management transitions from the Defense Health Agency to the Program Executive Office (PEO) Defense Healthcare Management Systems (DHMS). The FY 2016 baseline funding for PEO DHMS is \$167.2M. The FY 2016 baseline civilian staffing is 65 FTEs. The FY 2016 baseline contractor staffing is 496 FTEs.	-64,164	
2) Infrastructure and Network Operations and Clinical Enterprise Intelligence Program Adjustments - Health Information Technology (HIT): Reduced requirements for infrastructure and network	-36,944	

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operations and network support throughout the Military Health System for help desk, capacity and performance management, reliability, network engineering, and portfolio consolidation. Requirements are reduced from the FY 2016 completion of the Medical Communities of Interest (MEDCOI), continuing server and application virtualization efforts, portfolio rationalization, and efficiencies gained from deployment of the Clinical Enterprise Intelligence Program. The FY 2016 baseline funding for the Information Management is \$1,649.6M. The FY 2016 baseline civilian staffing is 1,982 FTEs. The FY 2016 baseline contractor staffing is 4,291 FTEs.		
3) Program Executive Office (PEO) Defense Health Medical Systems (DHMS) Revised Estimates: Reduces funding based upon a Program Executive Office (PEO) Defense Healthcare Management System (DHMS) program review of the Defense Health Program modernization efforts that determined reduced requirements for DHMSM (-\$4.0M), DoD Medical Information Exchange Interoperability (-\$0.6M), and Integrated Electronic Health Record (-\$5.0M). The FY 2016 PEO DHMS baseline funding is \$167.2M. The FY 2016 civilian baseline staffing is 65 FTEs. The FY 2016 baseline contractor staffing is 496 FTEs.	-9,621	
4) Reduction in Military Health System (MHS) Civilian Personnel Requirements: Reduced civilian pay requirements associated with a decrease of 75 civilians FTEs as a result of Military Health System information technology modernization	-7,637	

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and efficiency efforts and the continuation of directed Department of Defense management headquarters reductions. The Information Management FY 2016 civilian pay funding baseline request is \$240.1M with a staffing of 1,982 FTEs.		
5) General Service Administration Facility Rental Payments: Realigns funding from the Information Management to the Base Operations/Communications to align funding with execution of General Service Administration facility rents throughout the Military Health System for proper execution. The Information Management FY 2016 General Service Administration rental contract baseline funding is \$7.6M.	-5,595	
6) Delay in Hiring Civilian Personnel: Reduces the Information Management civilian program by 33 FTEs due to the delay in hiring of personnel during the past two fiscal years. FY 2016 Information Management civilian baseline funding is \$240.1.7M. FY 2016 baseline civilian staffing is 1,982 FTEs.	-3,518	
7) Armed Forces Health Longitudinal Technology Application (AHLTA) and Composite Health Care System (CHCS): Reduced requirements for the Armed Forces Health Longitudinal Technology Application (AHLTA) and Composite Health Care System (CHCS) due to completion of the deployment of the AHLTA web print and migration to AHLTA virtual servers. The FY 2016 baseline funding for Health Information Technology	-1,264	

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III. Financial Summary (\$ in thousands)

C. <u>Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>
Directorate is \$1,129.4M. The FY 2016 baseline civilian staffing is 601 FTEs. The FY 2016 baseline contractor staffing is 3,100 FTEs.		
8) Reduced Information Technology Requirements for Air Force Medical Service: Reduced Air Force requirements for Theater Medical Information Program and overseas medical IT support contracts. The FY 2016 Air Force Information Management funding baseline is \$60.4M. The FY 2016 baseline civilian FTE staffing is 183 FTEs. The FY 2016 baseline contractor staffing is 438 FTEs.	-1,143	
9) Enterprise Licensing Agreements: Reduces Defense Health Program information technology funding due to the adaption of Department of Defense Microsoft, Oracle, VM Ware, IBM, and Cisco enterprise-wide licensing agreements. The FY 2016 baseline funding for the Information Management is \$1,649.6M. The FY 2016 civilian FTE baseline staffing is 1,982 FTEs. The FY 2016 baseline contractor staffing request is 4,291 FTEs.	-1,134	
10) Two Fewer Civilian Paid Days: In accordance with OMB Circular A-11, Section 85.5 c, reduction in civilian pay to account for two fewer paid days in FY 2017 (260 paid days) than in FY 2016 (262 paid days). The Information Management FY 2016 baseline funding for civilian staffing is \$240.1M. The FY 2016 civilian baseline staffing baseline is 1,982 FTEs.	-828	
11) Reprogramming Army Civilian Indirect Hire to Direct Hire:	-254	

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III. Financial Summary (\$ in thousands)

C. Reconciliation of Increases and Decreases

Realigns Army funding and civilian indirect hire full time equivalents (FTEs) from Information Management to Consolidated Health Support, civilian US direct hire, in support of Army's Health Care Acquisition activity. Realignment is necessary to alleviate a long standing disparity between programmed FTEs, actual FTEs, and increased workload requirements resulting from Army's Grow the Acquisition Workforce program. The FY 2016 Army baseline funding is \$139.7M. The FY 2016 baseline civilian staffing is 749 FTEs. The FY 2016 baseline contractor staffing is 57 FTEs.

Amount

Totals

FY 2017 Budget Request

1,743,749

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IV. Performance Criteria and Evaluation Summary:

As of 30 September 2015, the below listed DHP IM/IT systems met or exceeded the following performance metrics:

Operational Availability [operational of at least 98.5%]: AHLTA, AHLTA CDR, CCE, CHCS, CIS, DEE, Defense Health Network, DHA Health.mil, DMLSS, MMM Online, DoD/VA Gateway, ESSENCE, HAIMS, JMAR, Local Area Networks, MDR, MHS Area Networks, NMIS, SRTS, SNPMIS, DOEHRS-HC, TEWLS, TRAC2ES, CCE, MDR, Operations Center Wide Area Network, SRTS, TED, TPOCS, TRICARE.mil, VSSM, and Wide Area Network.

User Satisfaction Survey [minimum user satisfaction survey score of at least 75%:

> Training: AHLTA, CHCS, DMLSS, DOEHRS-IH, and EIDS.

> Service: Defense Health Agency Global Service Center, the MHS Network Support Services, Army Tier II Help Desk Support Services, and Army Network Management Service Helpdesk.

> Priority I tickets closed in 90 days: All Defense Health Program centrally managed systems listed in the acronym list.

> Priority II tickets closed within 180 days: All Defense Health Program centrally managed systems listed in the acronym list except AHLTA.

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IV. Performance Criteria and Evaluation Summary:

Data Processing Completeness/Timeliness (DMLSS):

> 94.0% of data from external sources processes with 24-hours for use by Joint Medical Asset Repository users facilitating just-in-time supply requisitioning to reduce medical logistics storage and inventory requirements.

Data Processing Completeness/Timeliness (EIDS):

> 100.0% of the time weekly National Drug Code (NDC) updates are loaded into the TRICARE Encounter Data Systems within 3 working days of receipt to enhance patient safety and increase the accuracy of medical health analyses.

Acronym List:

AHLTA	Armed Forces Health Longitudinal Technology Application (AHLTA Clinical Data Repository)
CCE	Coding and Compliance Editor
CCQAS	Centralized Credentials and Quality Assurance System
CHCS	Composite Health Care System
CIS	Clinical Information System (Essentris)
DEE	Defense Enterprise Email
DHMSRi	Defense Integrated Military Human Resources System - Internet
DMLSS	Defense Medical Logistics Standard Support
DMM Online	Online Portal Medical Materiel Directorate

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IV. Performance Criteria and Evaluation Summary:

DOEHRS-HC	Defense Occupational and Environmental Health Readiness System - Hearing Conservation
DOEHRS-IH	Defense Occupational and Environmental Health Readiness System - Industrial Hygiene
EAS IV	Expense Assignment System IV
ESSENCE	Electronic Surveillance System for Early Notification of Community-based Epidemics
HAIMS	Health Artifact and Image Management Solution
JMAR	Joint Medical Asset Repository
MDR	Military Health System Data Repository
NMIS	Nutrition Management Information System
PEPR	Patient Encounter Processing and Reporting
PSR	Patient Safety Reporting
S3	Surgical Scheduling System
SNPMIS	Special Needs Program Management Information System
SRTS	Spectacle Request and Transmission System
TED	TRICARE Encounter Data
TRAC2ES	Transportation Command (TRANSCOM) Regulating and Command and Control Evacuation System
TEWLS	Theater Enterprise Wide Medical Logistics System
TMIP-J	Theater Medical Information System - Joint
TPOCS	Third Party Outpatient Collection System
VSSM	Veterinary Services Systems Management

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V. <u>Personnel Summary</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>Change FY 2015/ FY 2016</u>	<u>Change FY 2016/ FY 2017</u>
<u>Active Military End Strength (E/S) (Total)</u>	432	459	427	27	-32
Officer	137	153	138	16	-15
Enlisted	295	306	289	11	-17
<u>Active Military Average Strength (A/S) (Total)</u>	455	446	444	-9	-2
Officer	144	145	146	1	1
Enlisted	311	301	298	-10	-3
<u>Civilian FTEs (Total)</u>	1,724	1,982	1,904	258	-78
U.S. Direct Hire	1,681	1,927	1,852	246	-75
Foreign National Direct Hire	17	13	13	-4	0
Total Direct Hire	1,698	1,940	1,865	242	-75
Foreign National Indirect Hire	26	42	39	16	-3
Average Annual Civilian Salary (\$ in thousands)	110.1	122.6	124.7	12.5	2.1
<u>Contractor FTEs (Total)</u>	3,830	4,291	4,164	461	-127

Explanation of changes in Active Military End Strength: The FY 2015 to FY 2016 increase (27) includes Navy (+2) for DOD Integrated Electronic Health Record; Air Force (+27) to support executive agent requirements for the Tri-Service Workflow and Clinical Enterprise Intelligence Programs as well as providing increased staff support to the Health Information Technology Directorate; and Army (-2) for a required Army Service end strength reduction. The FY 2016 to FY 2017 decrease (-32) includes required Services end strength reductions: Air Force (-17), Navy (-14), and Army (-1).

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Explanation of changes in Civilian FTEs: The FY 2015 to FY 2016 increase (258) includes actual execution corrections for FY 2015 Defense Health Program Components' hiring goals that never materialized due to hiring lags, furloughs, and hiring freezes that began in FY 2013 and Program Executive Office Defense Healthcare Management System increases to support the FY 2015 contract award to Cerner, Leidos, and Accenture. The FY 2016 to FY 2017 decrease (-78) - includes Army Medical Action Plan requirement reductions (-6); Headquarters reductions (-4); and IT Modernization Study Requirement reductions (-68).

Explanation of changes in Contractor FTEs: The FY 2015 to FY 2016 increase (461) - includes Defense Health Agency and Army centrally managed contract increases to sustain the Armed Forces Health Longitudinal Technology Application and Composite Health Care Systems, deploy Medical Community of Interest and Virtualization enhancements, and restructure of the Department of Defense Healthcare Management System Modernization and Defense Medical Information Exchange Program Offices. The FY 2016 to FY 2017 decrease (-127) - includes reductions from centrally managed Health Information Technology Directorate requirements due to efficiencies achieved from infrastructure and portfolio consolidation and reduced requirements for the Air Force that acted as the prior executive agent for the Clinical Enterprise Intelligence Program.

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VI. OP 32 Line Items as Applicable (Dollars in thousands):

<u>OP 32 Line</u>	<u>FY 2015</u>	<u>Foreign</u> <u>Currency</u>	<u>Change</u>		<u>FY 2016</u>	<u>Foreign</u> <u>Currency</u>	<u>Change</u>		<u>FY 2017</u>
			<u>FY 2015/FY 2016</u>				<u>FY 2016/FY 2017</u>		
	<u>Actual</u>	<u>Rate Diff</u>	<u>Price</u>	<u>Program</u>	<u>Estimate</u>	<u>Rate Diff</u>	<u>Price</u>	<u>Program</u>	<u>Estimate</u>
101 Exec, Gen'l & Spec Scheds	185,928	0	2,278	50,474	238,680	0	3,626	-8,974	233,332
103 Wage Board	535	0	7	95	637	0	10	-58	589
104 FN Direct Hire (FNDH)	1,578	0	19	-878	719	0	11	2	732
105 Separation Liability (FNDH)	67	0	0	0	67	0	0	0	67
107 Voluntary Sep Incentives	28	0	0	0	28	0	0	0	28
121 PCS Benefits	15	0	0	1	16	0	0	-1	15
199 TOTAL CIV COMPENSATION	188,151	0	2,304	49,692	240,147	0	3,647	-9,031	234,763
308 Travel of Persons	4,103	0	70	1,452	5,625	0	101	474	6,200
399 TOTAL TRAVEL	4,103	0	70	1,452	5,625	0	101	474	6,200
416 GSA Supplies & Materials	660	0	11	2	673	0	12	1	686
417 Local Purch Supplies & Mat	441	0	7	1	449	0	8	1	458
422 DLA Mat Supply Chain (Medical)	64	0	0	1	65	0	0	1	66
499 TOTAL SUPPLIES & MATERIALS	1,165	0	18	4	1,187	0	20	3	1,210
503 Navy Fund Equipment	141	0	0	3	144	0	6	-3	147
505 Air Force Fund Equip	391	0	0	-391	0	0	0	0	0
506 DLA Mat Supply Chain (Const & Equip)	2	0	0	1	3	0	0	1	4
507 GSA Managed Equipment	911	0	15	3	929	0	17	1	947
599 TOTAL EQUIPMENT PURCHASES	1,445	0	15	-384	1,076	0	23	-1	1,098
601 Army	12,838	0	1,017	498	14,353	0	-16	845	15,182

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<u>OP 32 Line</u>	<u>FY 2015</u> <u>Actual</u>	<u>Foreign</u> <u>Currency</u> <u>Rate Diff</u>	<u>Change</u> <u>FY 2015/FY 2016</u>		<u>FY 2016</u> <u>Estimate</u>	<u>Foreign</u> <u>Currency</u> <u>Rate Diff</u>	<u>Change</u> <u>FY 2016/FY 2017</u>		<u>FY 2017</u> <u>Estimate</u>
			<u>Price</u>	<u>Program</u>			<u>Price</u>	<u>Program</u>	
Industrial Operations									
614 Space & Naval Warfare Center	13,873	0	225	-5,285	8,813	0	92	3	8,908
633 DLA Document Services	1	0	0	20	21	0	0	0	21
635 Navy Base Support (NAVFEC Other Support Services)	0	0	0	341	341	0	8	-1	348
647 DISA Enterprise Computing Centers	68,830	0	-6,890	21,575	83,515	0	-8,352	4,978	80,141
671 DISA DISN Subscription Services (DSS)	13,020	0	-1,210	-3,951	7,859	0	-550	39,257	46,566
677 DISA Telecomm Svcs - Reimbursable	18	0	0	1	19	0	0	1	20
679 Cost Reimbursable Purchase	9	0	0	2	11	0	0	1	12
680 Building Maint Fund Purch	2,499	0	57	-2,556	0	0	0	2,125	2,125
699 TOTAL DWCF PURCHASES	111,088	0	-6,801	10,645	114,932	0	-8,818	47,209	153,323
771 Commercial Transport	368	0	6	-129	245	0	4	1	250
799 TOTAL TRANSPORTATION	368	0	6	-129	245	0	4	1	250
901 Foreign National Indirect Hire (FNIH)	1,691	0	21	1,123	2,835	0	43	-230	2,648
912 Rental Payments to GSA (SLUC)	1,766	0	30	5,756	7,552	0	136	-7,627	61
913 Purchased Utilities (Non-Fund)	0	0	0	221	221	0	4	-221	4
914 Purchased	2,303	0	39	13,739	16,081	0	289	22	16,392

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<u>OP 32 Line</u>	<u>FY 2015 Actual</u>	<u>Foreign Currency Rate Diff</u>	<u>Change FY 2015/FY 2016</u>		<u>FY 2016 Estimate</u>	<u>Foreign Currency Rate Diff</u>	<u>Change FY 2016/FY 2017</u>		<u>FY 2017 Estimate</u>
			<u>Price</u>	<u>Program</u>			<u>Price</u>	<u>Program</u>	
Communications (Non-Fund)									
915 Rents (Non-GSA)	283	0	5	649	937	0	17	155	1,109
917 Postal Services (U.S.P.S)	166	0	3	-49	120	0	2	0	122
920 Supplies & Materials (Non-Fund)	7,011	0	119	11,861	18,991	0	342	886	20,219
921 Printing & Reproduction	2,252	0	38	-1,243	1,047	0	19	-10	1,056
922 Equipment Maintenance By Contract	2,651	0	45	674	3,370	0	61	-10	3,421
923 Facilities Sust, Rest, & Mod by Contract	1,685	0	29	-1,314	400	0	7	-369	38
925 Equipment Purchases (Non-Fund)	48,657	0	827	-4,980	44,504	0	801	5,413	50,718
926 Other Overseas Purchases	0	0	0	2	2	0	0	0	2
932 Mgt Prof Support Svcs	71,071	0	1,208	6,305	78,584	0	1,415	-9,262	70,737
933 Studies, Analysis & Eval	968	0	16	2,650	3,634	0	65	2	3,701
934 Engineering & Tech Svcs	21,375	0	363	-18,409	3,329	0	60	4	3,393
955 Other Costs (Medical Care)	19,871	0	735	-12,038	8,568	0	326	-3,351	5,543
957 Other Costs (Land and Structures)	155	0	3	-158	0	0	0	0	0
960 Other Costs (Interest and Dividends)	0	0	0	145	145	0	3	0	148
986 Medical Care Contracts	278	0	10	15,343	15,631	0	594	3,389	19,614

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<u>OP 32 Line</u>	<u>FY 2015</u>	<u>Foreign</u>	<u>Change</u>		<u>FY 2016</u>	<u>Foreign</u>	<u>Change</u>		<u>FY 2017</u>
	<u>Actual</u>	<u>Currency</u>	<u>FY 2015/FY 2016</u>		<u>Estimate</u>	<u>Currency</u>	<u>FY 2016/FY 2017</u>		<u>Estimate</u>
		<u>Rate Diff</u>	<u>Price</u>	<u>Program</u>		<u>Rate Diff</u>	<u>Price</u>	<u>Program</u>	
987 Other Intra-Govt Purch	153,964	0	2,617	-70,471	86,110	0	1,550	27,469	115,129
989 Other Services	30,420	0	517	27,574	58,511	0	1,053	1,178	60,742
990 IT Contract Support Services	802,243	0	13,638	119,949	935,830	-254	16,840	19,692	972,108
999 TOTAL OTHER PURCHASES	1,168,810	0	20,263	97,329	1,286,402	-254	23,627	37,130	1,346,905
Total	1,475,130	0	15,875	158,609	1,649,614	-254	18,604	75,785	1,743,749