

**Defense Health Program  
Fiscal Year (FY) 2018 Budget Estimates  
Operation and Maintenance  
Procurement Program**

Appropriation Procurement (\$ M)

Date: May 2017

Line No.	Item Nomenclature	FY 2016	FY 2017	FY 2017	FY 2017	FY 2018	FY 2018	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
					<u>Total Amended Request</u>			<u>Total Request</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>
		<u>Actual</u>	<u>Base</u>	<u>OCO</u>		<u>Base</u>	<u>OCO</u>					
1	<b>Items greater than \$250,000 each:</b>											
	Medical Equipment - Replacement/Modernization	280.950	360.727	0.000	360.727	360.831	0.000	360.831	437.132	475.633	441.198	453.819
	Medical Equipment - New Facility Outfitting	15.672	20.611	0.000	20.611	26.978	0.000	26.978	23.056	26.135	22.932	26.926
	Theater Medical Information Program - Joint	1.494	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	Joint Operational Medicine Information System	0.000	2.413	0.000	2.413	8.326	0.000	8.326	75.688	75.150	73.605	75.077
	Information Technology Development and Sustainment - DoD Healthcare Management System Modernization	0.000	29.468	0.000	29.468	499.193	0.000	499.193	547.160	532.476	474.888	266.526

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The Defense Health Program (DHP) procurement budget represents a critical element of the Department's capability to provide high quality, cost effective health care for active duty and other eligible beneficiaries. Funds identified in this submission support the acquisition of equipment for facilities in the Army, Navy, Air Force, and National Capital Region Medical Directorate (NCRMD). Those facilities range from sophisticated tertiary care medical centers to outpatient and dental clinics and physiological training units. This equipment is essential to provide high quality health care services that meet accepted standards of practice. The required safety standards, related laws and regulatory requirements from credentialing and health care standard setting organizations influence and affect the requirement for, cost of, and replacement and modernization of medical equipment. Without the identified resources, the DHP's capability to meet the Department's medical equipment requirements will be severely degraded.

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.

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.

Theater Medical Information Program - Joint (TMIP-J) is a suite of system applications that is currently deployed to all Services as the primary healthcare information technology (IT) system supporting the Warfighter. TMIP-J integrates components of the Service's sustaining base systems and the medical information systems to ensure timely interoperable medical support for mobilization, deployment and sustainment of Theater and deployed forces. 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 provides input to a service member's longitudinal health record. TMIP-J provides information at the point of injury and to the Theater tactical and strategic decision makers through data capture and transmission to a single Theater Management Data Store (TMDS). Using TMDS, TMIP-J provides the integration with external systems for medical logistics, patient movement and tracking, and medical command and control and medical situational awareness. TMIP-J system components integrate to specific tactical requirements, providing for availability in no- and low- communications environment through store and forward capture and transmission technology. TMIP-J is in sustainment; Full Deployment declared May 2016.

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The Joint Operational Medicine Information System (JOMIS) Program will modernize, deploy, and sustain the DoD's operational medicine information systems using MHS GENESIS, while developing and fielding new theater capabilities that enable comprehensive health services to meet Warfighter requirements for military medical operations. JOMIS - MHS GENESIS is intended to function in constrained, intermittent, and non-existent communications environments while providing access to authoritative sources of clinical data. The JOMIS Program is declared Joint Interest for capability requirements to be executed under the Joint Capabilities Integration and Development System (JCIDS), with oversight by the Joint Staff J8 (Force Structure, Resources and Assessments) and the Joint Requirements Oversight Council (JROC).

The JOMIS Increment 1 Program is planned to deliver the MHS GENESIS Electronic Health Record (EHR) to meet the healthcare and dental documentation requirements validated by the JCIDS approved Theater Medical Information Requirements (TMIR) Capabilities Development Document (CDD) signed February 28, 2017. JOMIS Increment 1 is planned to deliver MHS GENESIS to replace/retire the legacy AHLTA-T and TC2 systems (under TMIP-J). The JOMIS Increment 1 Program is pre-Milestone B.

- Healthcare Management System Modernization (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.