BUDGET ITEM JUSTIFICATION SHEET								DATE: May 2017		
APPROPRIATION / BUDGET ACTIVITY : 97*0130	P-1 ITEM NOMENCLATURE: Replacement/Modernization									
	FY 2016	FY 2017	FY 2018	FY 2018	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	
		Amended			Total					
	Actual	Request	Base	oco	Request	Estimate	Estimate	Estimate	Estimate	
Quantity										
Total Cost (\$ M)	280.950	360.727	360.831	0.000	360.831	437.132	475.633	441.198	453.819	
Dental Equipment	0.000	0.323	0.335	0.000	0.335	0.348	0.362	0.376	0.391	
Food Ser, Preventive Med, Pharmacy Equip	3.206	2.971	2.597	0.000	2.597	3.269	3.585	3.724	3.869	
Medical Information System Equipment	117.343	180.347	206.919	0.000	206.919	225.967	253.434	210.246	214.288	
Medical Patient Care Administrative Equip	1.614	6.170	5.551	0.000	5.551	6.496	6.898	7.036	7.177	
Medical/Surgical Equipment	13.762	22.425	18.601	0.000	18.601	28.256	26.944	23.098	23.999	
Other Equipment	30.139	8.654	11.830	0.000	11.830	14.459	15.130	15.556	15.867	
Pathology/Lab Equipment	2.528	17.749	17.777	0.000	17.777	19.838	21.063	21.883	22.736	
Radiographic Equipment	112.358	122.088	97.221	0.000	97.221	138.499	148.217	159.279	165.492	

REMARKS

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

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

BUDGET		DATE: May 2017									
APPROPRIATION / BUDGET ACTIVITY : 97*0130				P-1 ITEM NOMENCLATURE: New Facility Outfitting							
	Actual	Amended Request	Base	000	Total Request	Estimate	Estimate	Estimate	Estimate		
Quantity											
Total Cost (\$ M)	15.672	20.611	26.978	0.000	26.978	23.056	26.135	22.932	26.926		
Dental Equipment	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		
Food Ser, Preventive Med, Pharmacy Equip	0.543	0.261	0.252	0.000	0.252	0.298	0.344	0.305	0.363		
Medical Information System Equipment	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		
Medical Patient Care Administrative Equip	0.694	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		
Medical/Surgical Equipment	0.862	1.302	1.251	0.000	1.251	1.492	1.715	1.524	1.813		
Other Equipment	6.994	14.491	21.109	0.000	21.109	16.083	18.140	15.830	18.479		
Pathology/Lab Equipment	0.933	0.320	0.309	0.000	0.309	0.365	0.421	0.373	0.444		
Radiographic Equipment	5.646	4.237	4.057	0.000	4.057	4.818	5.515	4.900	5.827		

REMARKS

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

BUDGE	BUDGET ITEM JUSTIFICATION SHEET						DATE: May 2017					
APPROPRIATION / BUDGET ACTIVITY : 97*0130 P-1 ITEM NOMENCLATURE: Theater Medical Information Program - Join J)								int (TMIP-				
	FY 2016	FY 2017	FY 2018	FY 2018	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022			
		Amended			Total							
	Actual	Request	Base	oco	Request	Estimate	Estimate	Estimate	Estimate			
Quantity												
Total Cost (\$ M)	1.494	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000			
TMIP-J	1.494	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000			

REMARKS

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. The Theater Medical Information Program - Joint (TMIP-J) is in sustainment; Full Deployment declared May 2016.

BUDG	HEET DATE: May 2017								
APPROPRIATION / BUDGET ACTIVITY : 97*0130 P-1 ITEM NOMENCLATURE: Joint Operational Medicine Information (JOMIS)								Formation S	ystem
	FY 2016	FY 2017	FY 2018	FY 2018	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
		Amended			Total				
	Actual	Request	Base	oco	Request	Estimate	Estimate	Estimate	Estimate
Quantity									
Total Cost (\$ M)	0.000	2.413	8.326	0.000	8.326	75.688	75.150	73.605	75.077
JOMIS	0.000	2.413	8.326	0.000	8.326	75.688	75.150	73.605	75.077

REMARKS

The Department of Defense (DoD) Joint Operational Medicine Information Systems (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.

BUDGET ITEM JUSTIFICATION SHEET					DATE: May 2017					
APPROPRIATION / BUDGET ACTIVITY : 97*013	P-1 ITEM NOMENCLATURE: Information Technology Development and Sustainm - DoD Healthcare Management System Modernization (DHMSM)							ustainment		
	FY 2016	FY 2017	FY 2018	FY 2018	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	
		Amended			Total					
	Actual	Request	Base	oco	Request	Estimate	Estimate	Estimate	Estimate	
Quantity										
Total Cost (\$ M)	0.000	29.468	499.193	0.000	499.193	547.160	532.476	474.888	266.526	
DHMSM	0.000	29.468	499.193	0.000	499.193	547.160	532.476	474.888	266.526	

REMARKS

- DoD 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. Once fielded, the EHR will support the following healthcare activities for DoD's practitioners and beneficiaries:
- o Clinical workflow and provider clinical decision support;
- o Capture, maintain, use, protect, preserve and share health data and information;
- o Retrieval and presentation of health data and information that is meaningful for EHR users regardless of where the patient's records are physically maintained; and
- o Analysis and management of health information from multiple perspectives to include population health, military medical readiness, clinical quality, disease management, and medical research.