Defense Health Program
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I. Description of Operations Financed:

Service Medical Information Management/Information Technology (IM/IT) – Provides resources for local Military Treatment Facility IM/IT activities, infrastructure, Service Medical specific systems; and Functional Area Applications (Service-Unique); Communications and Computing Infrastructure to include Information Assurance (IA), long haul/wide area and deployable tactical/shipboard communications, office automation and video-teleconferencing; and related technical activities including information architecture, data standardization and data interoperability. Specifically excludes Base Communications and Voice Communications requirements which are funded in the Base Operations / Communications Budget Activity Group.

Military Health System (MHS) Information Management/Information Technology IM/IT Support Programs – Provides resources for services that are either contracted or provided by other DoD agencies. Provides for 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 to support the Managed Care Support Contracts in meeting compliance requirements; and funding to support centrally managed office automation, video-teleconferencing and related technical activities including information architecture, data standardization and data interoperability. Specifically excludes funding for centrally managed or Service Medical IM/IT systems including acquisition of centrally developed systems.

Military Health System (MHS) Tri-Service Information Management/Information Technology (IM/IT) – Provides resources for the Military Health System (MHS) centrally managed, Tri-Service IM/IT programs to include development of standardized information systems

I.   <u>**Description of Operations Financed (cont.)**</u>

designed to meet Tri-Service functional requirements at all echelons of command in the medical functional area. The Tri-Service IM/IT program defines, acquires/develops, maintains and oversees the design, enhancement, operation, acquisition, sustainment and management of information systems, related IT infrastructure and communications in support of MHS activities.

Information Technology Development – Integrated Electronic Health Record – Provides resources for the acquisition, maintenance, enhancement, operation, sustainment, and program management in support of the Integrated Electronic Health Record (iEHR) information program and associated capabilities for the CAPT James A. Lovell Federal Health Care Center (JAL FHCC) and the Interagency Program Office (IPO).

Department of Defense (DoD) Healthcare Management System Modernization Program (DHMSM) – Provides resources for the deployment and related technical sustainment of Information Technology (IT) software and hardware baseline in support of healthcare delivery and the DoD Healthcare Management System Modernization (DHMSM) Major Automated Information System within the Military Health System (MHS). This includes funding for investment IT equipment and recurring replacement, production software licenses and renewal/version upgrades, system deployment/implementation activities and initial system user training. This program also includes funding to support the program office operations (e.g., Government and Vendor) and commercial software maintenance, hardware maintenance, system administration, other operations costs, recurring training and education, and recurring telecommunications and data/system hosting and storage requirements in support of the DHMSM IT requirements. This program is established in accordance with the joint memo from USD(C) and USD(AT&L) titled "Joint Memorandum on

I.   <u>**Description of Operations Financed (cont.)**</u>

Major Defense Acquisition Program and Major Automated Information System Program Resource Transparency in Department of Defense Budget Systems" dated June 27, 2013.

DoD Medical Information Exchange (DMIX) – Provides resources for the Military Health System's procurement and sustainment of Information Technology software, hardware, interfaces, infrastructure and other related IT activities in support of healthcare interoperability and medical information exchange programs. Primarily associated with the Defense Medical Information Exchange (DMIX) Program; and can also include funding for any IT capability initiative supporting the seamless exchange of standardized health data among Department of Defense, Department of Veterans Affairs, other Federal agencies, private sector healthcare providers, and benefits administrators. Activities under this program element provide the capability for healthcare providers to access and view comprehensive and current patient health records from a variety of data sources which enable healthcare providers to responsively make more informed patient care decisions. Examples of funding include purchase of software licenses and renewal/version upgrades, system enhancements and implementation activities as well as testing and training activities. This program element also includes funding to support program office operations (e.g., Government and Vendor), commercial software maintenance, hardware maintenance, system administration, other operations costs, recurring training and education, and recurring telecommunications and data/system hosting and storage capability in support of requirements.

Theater Medical Information Program - Joint (TMIP - J) – Provides resources for the Theater Medical Information Program - Joint (TMIP-J) that integrates components of the Military Health System (MHS) sustaining base systems and the Services´ medical information systems to ensure continuous interoperable medical support for mobilization,

I.   Description of Operations Financed (cont.)

   deployment and sustainment of all Theater and deployed forces in support of any mission. TMIP-J enhances the clinical care and information capture at all levels of care in operational environments, transmits critical information to combatant commanders, supports the evacuation chain for combat and non-combat casualties, and forges the theater links of the longitudinal health record to the sustaining base and the Department of Veterans Affairs. TMIP-J is the medical component of the Global Combat Support System. TMIP-J provides information at the point of care and to the operational, tactical and strategic decision makers through efficient, reliable data capture, and data transmission to a centralized operational database. This delivers TMIP-J´s four pillars of information support through the electronic health record, (1) integrated medical logistics, (2) patient movement and tracking, (3) medical command and control through data aggregation and reporting; and (4) analysis tools for trend analysis and situational awareness. TMIP-J fulfills the premise of "Train as you fight" through the integration of components which are identical or analogous to systems from the sustaining base. TMIP-J adapts and integrates these systems to specific operational requirements and assures their availability in the no and low communications settings of the deployed environment through store and forward capture and transmission technology. TMIP-J supports sustainment for service and other modules to include but are not limited to: AHLTA-Theater, Mobile Computing Capability, Maritime Medical Modules, Medical Situational Awareness Theater (MSAT), TMIP Composite Health Care System Cache, Theater Medical Data Store, Medical Logistics and Special Projects. The purpose of this program element is to capture the continuing sustainment activities of TMIP-J products until replaced by the initial implementation of the modernized electronic health record solution acquired by the Defense Healthcare Management Systems Modernization Program and

I. Description of Operations Financed (cont.)

other follow-on Joint Operational Medicine Information Systems products that replace current capabilities.

Joint Operational Medicine Information System (JOMIS) – Provides resources for the procurement, deployment and sustainment of the Joint Operational Medicine Information Systems (JOMIS) capabilities for DoD operational medicine locations. Funding will provide: procurement support for integrating medical capabilities under a joint concept of operations; support field medical operations with regard to oversight and evaluation of critical command, control, communications, computer and intelligence (C4I) health decision support systems; support for integrating medical capabilities under a joint concept of operations; sustainment support to JOMIS software baselines, comprised of the Military Health System GENESIS electronic health record (EHR) capability and legacy operational medicine modules not replaced by the new EHR capabilities; and support for the upgrading or replacement of legacy operational medicine modules. The delivered products will support all echelons of care through an aggregation of medical data and situational reports that serves the theater of operations as well as the Continental United States sustaining base medical missions. It establishes the means and a standard for tying existing, developing, and future medical information systems (software and equipment) into an interoperable system that supports Military Departments. Funding will provide integrated, automated medical information addressing the functional areas, command and control (including planning functions), medical logistics, patient regulation and evacuation, medical threat/intelligence, health care delivery, manpower/training, and medical capabilities assessment and sustainment analysis.

II. Force Structure Summary:

II. <u>Force Structure Summary (cont.)</u>

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 2017				
			Congressional Action				
A. BA Subactivities	FY 2016 Actuals	Budget Request	Amount	Percent	Appropriated	Current Estimate	FY 2018 Estimate
1. Service Medical IM/IT	385,492	355,198	0	0.0	355,198	355,198	340,308
2. DHP IM/IT Support Programs	36,152	33,364	0	0.0	33,364	33,364	33,454
3. Tri-Service IM/IT	1,052,844	1,089,774	0	0.0	1,089,774	1,089,774	1,093,347
4. Integrated Electronic Health Record (iEHR)	17,176	17,183	0	0.0	17,183	17,183	16,303
5. DoD Healthcare Management System Modernization (DHMSM)	63,130	129,969	0	0.0	129,969	129,969	203,961
6. DoD Medical Information Exchange and Interoperability (DMIX)	56,910	57,268	0	0.0	57,268	57,268	45,387
7. Theater Medical Information Program - Joint (TMIP-J)	0	49,857	0	0.0	49,857	49,857	57,378
8. Joint Operational Medicine Information System (JOMIS)	0	11,136	0	0.0	11,136	11,136	13,595
Total	**1,611,704**	**1,743,749**	**0**	**0.0**	**1,743,749**	**1,743,749**	**1,803,733**

1. FY 2016 actual includes $288K for Overseas Contingency Operations (OCO).
2. FY 2016 actual does not reflect Department of Defense (DoD) Medicare-Eligible Retiree Health Care Fund (MERHCF) of $900K (O&M only).
3. FY 2017 current estimate excludes $0K for OCO.
4. FY 2017 current estimate does not reflect DoD MERHCF of $910K (O&M only).
5. FY 2017 internal Information Management Budget Activity Group funding realignment to Theater Medical Information Program-Joint (TMIP-J) and Joint Operations Medicine Health Agency Information System (JOMIS) program elements from FY 2017 Tri-Service Information Management/Information Technology program element.
6. FY 2018 estimate excludes $0K for OCO.
7. FY 2018 estimate does not reflect DoD MERHCF of $944K (O&M only).

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III. <u>Financial Summary</u> ($ in thousands)

B. <u>Reconciliation Summary</u>	Change FY 2017/FY 2017	Change FY 2017/FY 2018
Baseline Funding	**1,743,749**	**1,743,749**
Congressional Adjustments (Distributed)		
Congressional Adjustments (Undistributed)		
Adjustments to Meet Congressional Intent		
Congressional Adjustments (General Provisions)		
Subtotal Appropriated Amount	**1,743,749**	
Fact-of-Life Changes (2017 to 2017 Only)		
Subtotal Baseline Funding	**1,743,749**	
Supplemental		
Reprogrammings		
Price Changes		34,835
Functional Transfers		4,437
Program Changes		20,712
Current Estimate	**1,743,749**	**1,803,733**
Less: Wartime Supplemental		
Normalized Current Estimate	**1,743,749**	

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C. **Reconciliation of Increases and Decreases**	Amount	Totals
FY 2017 President's Budget Request (Amended, if applicable)		**1,743,749**
1. Congressional Adjustments		
a. Distributed Adjustments		
b. Undistributed Adjustments		
c. Adjustments to Meet Congressional Intent		
d. General Provisions		
FY 2017 Appropriated Amount		**1,743,749**
2. OCO and Other Supplemental Enacted		
3. Fact-of-Life Changes		
FY 2017 Baseline Funding		**1,743,749**
4. Reprogrammings (Requiring 1415 Actions)		
Revised FY 2017 Estimate		**1,743,749**
5. Less: OCO and Other Supplemental Appropriations and Reprogrammings (Items 2 and 4)		
FY 2017 Normalized Current Estimate		**1,743,749**
6. Price Change		34,835
7. Functional Transfers		4,437
a. Transfers In		
1) Department of the Air Force Desktop to Database: Transfers ($6,488K) from Air Force Operation and Maintenance to the Defense Health Program (DHP) for the Desktop to Datacenter (D2D) initiative. In the past, the Department of the Air Force Service was responsible for centralized Network Operations for the Air Force Medical Service (AFMS) at AFMS Military Treatment Facilities. Upon D2D implemention the Defense Health Agency assumes this responsibility with associated funding.	6,488	
b. Transfers Out		

III. <u>**Financial Summary**</u> **($ in thousands)**

C. <u>**Reconciliation of Increases and Decreases**</u>	<u>**Amount**</u>	<u>**Totals**</u>
1) Army Medical Command Wounded Warrior Program: Transfers (-$2,051K) for IM/IT support to the Army Medical Command Wounded Warrior Program from Defense Health Program, Information Management to Army Operation and Maintenance. The Wounded Warrior Program assists and advocates for severely wounded, ill and injured soldiers and their families throughout their recovery or transition to the Department of Veterans Administration for rehabilitation. Action aligns funding, authority, and responsibilities with the Army's Operation and Maintenance mission to maintain the readiness of its force.	-2,051	
8. Program Increases		162,690
a. Annualization of New FY 2017 Program		
b. One-Time FY 2018 Increases		
c. Program Growth in FY 2018		
1) Department of Defense Healthcare Management System Modernization (DHMSM):	71,419	
Increases Department of Defense Healthcare Management System Modernization (DHMSM) funding in accordance with current Department of Defense acquisition guidance to achieve a common infrastructure that supports the sharing of service members' health records with the Department of Veterans Affairs and private sector medical facilities and acquire and deploy the Military Health System GENESIS electronic health record. Funds increased requirements associated with the transition of the integrated		

III. <u>Financial Summary</u> ($ in thousands)

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

Electronic Health Record Program to the MHS GENESIS
program. Funds are allocated to the OP-32 Line 990,
IT Contract Support Services. The FY 2017 DHMSM
baseline funding request is $129,969K. The FY 2017
DHMSM civilian staffing request is 40 FTEs, and the
DHMSM baseline contractor staffing request is 284
CMEs.

2) Desktop to Datacenter (D2D) Operation and Maintenance   34,795
- Tri-Service IM/IT Infrastructure:
Realigns funding from the Budget Activity Groups
itemized below and from Research, Development, Test
and Evaluation (RDT&E) to the Information Management
(IM) Budget Activity Group (BAG), Tri-Service IM/IT
program element to implement and manage the Desktop
to Datacenter (D2D). The In-House Care realignment
totaled (-$21,564K): (-$9,800K)from Navy Bureau of
Medicine and Surgery and (-$11,764K) from Army
Medical Command. The Consolidated Health Support
realignment totaled (-$4,237K): (-$1,072K) from Army
Medical Command and (-3,165K) from Air Force Medical
Service. The Management Activities realignment
included (-$156K) from the Army Medical Command.
RDT&E (-$7,000K) was realigned from the Products
Support Advanced Concept Development program element.
Funding includes internal IM BAG realignments from
the Service Medical IM/IT Programs program element
totaling $29,969K, shown by Component in section
III.c.9.2. The FY 2017 Tri-Service IM/IT baseline
funding request is $1,089,774K. The FY 2017 Tri-

III. <u>Financial Summary</u> ($ in thousands)

C. <u>Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>
Service IM/IT baseline civilian staffing request is 538 FTEs, and the Tri-Service IM/IT baseline contractor request is 2,768 CMEs.		
3) Tri-Service IM/IT and IM/IT Support Sustainment: Funds increased sustainment costs for the Defense Blood System, the Centralized Credentials and Quality Assurance System, the Defense Medical Human Resource System-internet, secure messaging, the Armed Forces Health Longitudinal Technology Application (AHLTA), the Composite Healthcare System (CHCS), the Defense Occupational and Environmental Health Readiness System - Industrial Health, Tricare On Line, the Clinical Information System, the Defense Medical Logistics Standard Support System, the Defense Enterprise Email System, and the Clinical Enterprise Intelligence Program due to a growth of training, security, and software license requirements. The FY 2017 Tri-Service IM/IT baseline funding request is $1,089,774K. The FY 2017 Tri-Service baseline civilian staffing request is 538 FTEs, and the Tri-Service baseline contractor request is 2,768 CMEs.	22,661	
4) Military Health System Telehealth: Funds support the FY 2017 National Defense Authorization Act, Section 718 provision to enhance the use of telehealth services in the Military Health System (MHS). Expands the Information Management/Information Technology (IM/IT) Infrastructure, sustainment, software licenses, equipment, and IM/IT contract staff to support	11,115	

III. <u>**Financial Summary**</u> ($ in thousands)

C. <u>**Reconciliation of Increases and Decreases**</u>	<u>**Amount**</u>	<u>**Totals**</u>
telehealth capabilities to create a global portal for secure asynchronous provider consultations, patient monitoring, and healthcare delivery. Telemedicine funding is allocated to the Army Medical Command (MEDCOM) ($2,488K), Navy Bureau of Medicine and Surgery (BUMED) ($7,985K), and the Defense Health Agency National Capital Region - Medical Directorate (NCR-MD) ($642K). The FY 2017 MEDCOM baseline funding request is $138,809K. The FY 2017 MEDCOM civilian staffing request is 683 FTEs, and the MEDCOM baseline contractor staffing request is 144 CMEs. The FY 2017 BUMED baseline funding request is $74,461K. The FY 2017 BUMED civilian staffing request is 302 FTEs, and the BUMED baseline contractor staffing request is 17 CMEs. The FY 2017 NCR-MD baseline funding request is $73,429K. The FY 2017 NCR-MD civilian staffing request is 0 FTEs, and the DHA-NCR baseline contractor staffing request is 213 CMEs.		
5) Service Medical IM/IT Requirements: Funds increased sustainment requirements for the FY 2017 Special Performance Management System, Enterprise Messaging, Air Force Operational Medical Information System, University of Health Sciences (USUHS) Information network, Analytics Business Intelligence System, Bureau of Navy Medicine and Surgery Chief Information Officer Operations, Expeditionary Clinical Proficiency System and the Clinical Information Systems Workflow Integration Program. The FY 2017 Information Management (IM)	9,250	

III. <u>Financial Summary</u> ($ in thousands)

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

baseline funding request is $1,743,749K. The FY 2017
IM baseline civilian staffing request is 1,904 FTEs,
and the IM baseline contractor request is 4,164 CMEs.

6) Theater Medical Information Program - Joint (TMIP-J) and Joint Operational Medicine Information System (JOMIS):	8,776	

Increases Theater Medical Information Program - Joint
(TMIP-J) funding ($6,539K) to sustain operational
capabilities until replaced by Joint Operational
Medicine Information System (JOMIS). The transition
to JOMIS is contingent upon the Military Health
System GENESIS deployment that was delayed as it
failed to meet technical specifications during
Initial Operating Capability testing at Pacific
Northwest Military Treatment Facilities. The funding
growth includes an additional JOMIS increase
($2,237K) resulting from a revised program cost
update. The FY 2017 TMIP-J baseline funding request
is $49,857K. The FY 2017 TMIP-J civilian staffing
request is 13 FTEs, and the TMIP-J baseline
contractor staffing request is 144 CMEs. The FY 2017
JOMIS baseline funding request is $11,136K. The FY
2017 JOMIS civilian staffing request is 18 FTEs, and
the JOMIS baseline contractor staffing request is 30
CMEs.

7) Health Artifact and Image Management Solution (HAIMS) Service Treatment Record (STR):	3,593	

Realigns funding to the Tri-Service program element
from the Procurement Replacement and Modernization

III. <u>Financial Summary</u> ($ in thousands)

C. <u>Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>
program element for the increased utilization and support requirements for Service Treatment Record (STR) module portion of HAIMS. The STR module of HAIMS improves the process for annual certification in accordance with DoD Instruction 6040.45 and enhances more timely transfers of STRs between the DoD and the Department of Veterans Affairs. The HAIMS procurement decreases are achieved through technological enhancements that include removing the Microsoft SharePoint product, migrating archived data to a cheaper tiered storage, and refocusing the HAIMS storage refresh on a smaller footprint using a best value approach. The FY 2017 Information Management (IM) baseline funding request is $1,743,749K. The FY 2017 IM baseline civilian staffing request is 1,904 FTEs, and the IM baseline contractor staffing request is 4,193 CMEs.		
8) Medical Education and Training Campus (METC) Library Resources:	1,081	
Provides funding for the acquisition and sustainment of the electronic library resources for the undergraduate degree program jointly established by the Uniformed Services University of Health Sciences (USUHS) College of Allied Health Sciences (CAHS) and the Medical Education and Training Campus (METC) for enlisted military medical personnel pursuing Medical Laboratory, Neurodiagnostic, Surgical, and Nuclear Medicine technologist careers. The FY 2017 baseline funding request for USUHS is $6,857K. The FY 2017		

III. <u>**Financial Summary**</u> **($ in thousands)**

C. <u>**Reconciliation of Increases and Decreases**</u>	<u>**Amount**</u>	<u>**Totals**</u>
USUHS baseline civilian staffing request is 31 FTEs, and the USUHS baseline contractor staffing request is 0 CMEs.		
9. Program Decreases		-141,978
a. Annualization of FY 2017 Program Decreases		
b. One-Time FY 2017 Increases		
c. Program Decreases in FY 2018		
1) Military Health IT Optimization Efficiency (Tri-Service IM/IT Program):	-70,586	

Reduction of Tri-Service Information Management / Information Technology requirements achieved through consolidation of the Military Health System's (MHS) IT support activities at the Defense Health Agency (DHA), Health Information Technology (HIT) Directorate. Examples include: enterprise (Global) helpdesk support; networks, network support and security operations; data computation and storage; directory management; infrastructure support; management of end user devices; and related technical support activities for IT operations at the MHS Components' headquarters, and Military Treatment Facilities. IT efficiencies also include reductions of the MHS technical infrastructure and hosting platforms, the elimination of of redundant MHS networks and functional area applications and the Pacific Joint Information Technology Center (Pacific JITC) Program Management Office. The Tri-Service Program baseline funding request is $1,089,774K. The FY 2017 Tri-Service IM/IT civilian staffing request

III. <u>Financial Summary</u> ($ in thousands)

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

       is 538 FTEs, and the Tri-Service IM/IT baseline contractor staffing request is 2,768 CMEs.

2) Desktop to Data Center (D2D) - Service Medical IM/IT   -29,969
Programs:
       Realigns Service Medical IM/IT Programs funding (-$29,969K) to the Tri-Service IM/IT Programs (see Section III.C.8.2) for the Desktop to Datacenter (D2D) Initiative: (-$12,127K) Army Medical Command, (-$5,410K) Navy Bureau of Medicine and Surgery, (-$6,161K) Air Force Medical Service, and (-$6,271K) National Capital Region Medical Directorate. D2D centralizes helpdesk support (Global Service Center), network security, data computation and data storage, global directory services and centers, and network management services that were formerly provided by the individual MHS components or a Military Service. D2D employing remotely hosted virtual desktops and servers, is critical to the consolidation and standardization of multiple MHS information technology infrastructures. The FY 2017 Service Medical IM/IT Programs baseline funding request is $355,198K. The FY 2017 Service Medical IM/IT civilian staffing request is 1,258 FTEs, and the Service Medical IM/IT baseline contractor staffing request is 1,580 CMEs.

3) Department of Defense Medical Information Exchange   -13,025
and Interoperability (DMIX):
       Realigns funding to the Department of Defense (DoD) and Department of Veterans Affairs Interagency

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Program Office to support the DoD Healthcare Management System Modernization Program (DHMSM) in accordance with revised Military Health System GENESIS program cost estimates. The FY 2017 DMIX baseline funding request is $57,268K. The FY 2017 DMIX civilian staffing request is 17 FTEs, and the DMIX baseline contractor staffing request is 188 CMEs.		
4) Health Information Technology Enterprise Support Activity Staff Realigned to Management Activities: Realigns funding for 72 civilian FTEs from Information Management to Management Activities to standardize accounting for Defense Health Agency Health Information Technology Enterprise Support Activity operations. The IM baseline civilian pay funding request is $216,173K and the FY 2017 IM civilian staffing request is 1,904 FTEs.	-11,621	
5) Defense Information Systems Agency (DISA) Defense Information Systems Network (DISN) Subscription Services (DSS) Reduction: Reduces OP32 Line 671 Defense Information Systems Agency (DISA) Defense Information Systems Network (DISN) Subscription Services (DSS) funding associated with a new DISN cost recovery model beginning in FY 2017. The FY 2017 baseline funding request for OP-32 Line 671, DISA DISN Subscription Services (DSS) is $46,566K.	-5,270	
6) Health Information Technology (HIT) Realignment to In-House Care and Base Operations / Communications:	-4,953	

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C. <u>Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>
Realigns funding from the Information Management (IM) to the In-House Care (IHC) supporting health care operations (-$4,294K) and (-$659K) to the Base Operations / Communications (BOS) supporting facilities requirements. A review of Defense Health Agency Health Information Technology (HIT) Memorandum of Agreement (MOA) funding transfers made during the Fiscal Year (FY) 2016 budget cycle determined this funding was not IT-related and should be returned to the appropriate Budget Activity Groups BAGs for proper execution. In House Care health care operations funding includes subscription costs, clinical references, and support of lab mapping for the Center for Clinical Laboratory Medicine. Base Operations and Communications requirements include the growth of base telecommunications requirement costs. The FY 2017 Information Management (IM) baseline funding request is $1,743,749K. The FY 2017 IM baseline civilian staffing request is 1,904 FTEs, and the IM baseline contractor staffing request is 4,193 CMEs.		
7) Post Deployment Health Reassessment (PDHRA): Realigns Army Medical Command (MEDCOM) funding from the Information Management (IM) to the In-House Care (IHC) to support Army's Post Deployment Health Reassessments (PDHRA) Program and patient care enduring missions. A reduction in the Army's mission requirements reduces the need for electronic accommodations capabilities, including computer	-1,471	

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screen magnification, adjustments to print size, and computer screen background lighting, in the IM BAG. The FY 2017 MEDCOM Information Management (IM) baseline funding request is $138,809K. The FY 2017 Army MEDCOM IM baseline civilian staffing request is 683 FTEs, and the Army MEDCOM IM baseline contractor staffing request is 144 CMEs.

8) Realignment of Purchased Communications Realignments: -1,291
Realigns funding from the Information Management (IM) to Base Operations / Communications to standardize accounting of communications contracts. The FY 2017 Information Management (IM) baseline funding request is $1,743,749K. The FY 2017 IM baseline civilian staffing request is 1,904 FTEs, and the IM baseline contractor staffing request is 4,193 CMEs.

9) Wounded, Ill and Injured: -1,184
Reduced Wounded, Ill and Injured baseline contract requirements based on best practices utilized by the Navy Bureau of Medicine and Surgery (BUMED). The FY 2017 Navy BUMED IM baseline funding request is $74,461K. The FY 2017 Navy BUMED IM baseline civilian staffing request is 302 FTEs, and the BUMED IM BAG baseline contractor staffing request is 17 CMEs.

10) Integrated Electronic Health Record (iEHR):   -1,091
Reduces funding for the Integrated Electronic Health Record (iEHR) Program sustainment at the CAPT James A. Lovell Federal Healthcare Center in accordance with revised program estimated for the Department of Defense Healthcare Management System Modernization

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

Program as the iEHR Program transitioned from
modernization to sustainment. The FY 2017 iEHR
baseline funding request is $17,183K. The FY 2017
iEHR civilian staffing request is 8 FTEs, and the
iEHR baseline contractor staffing request is 9 CMEs.

11) Enterprise Licensing Agreements: -1,084
    Reduced costs continuing the FY 2017 software license
    efficiency achieved throughout the Military Health
    System Enterprise by using Department of Defense
    centralized purchasing of Microsoft, IBM, VMware, and
    Oracle software licenses. The FY 2017 IM funding
    request is $1,743,749K. The FY 2017 civilian staffing
    request is 1,904 FTEs, and the IM contractor staffing
    request is 4,193 CMEs.

12) Circuit Optimization Efficiency: -236
    Reduced costs by continuing the Military Health
    System's participation in the Department of Defense
    initiative to aggregate circuits into bundles and
    negotiate and implement bulk circuit purchase by the
    Defense Information Technology Contracting Office.
    The FY 2017 Information Management (IM) baseline
    funding request is $1,743,749K. The FY 2017 IM
    baseline civilian staffing request is 1,904 FTEs, and
    the IM baseline contractor request is 4,193 CMEs.

13) Mission Travel: -197
    Realignment of travel funds from the Defense Health
    Agency's Information Management to Management
    Activities to account for travel requirements for
    Major Headquarters Health Information Technology

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C. <u>**Reconciliation of Increases and Decreases**</u>	<u>**Amount**</u>	<u>**Totals**</u>
Enterprise Support Activity operations. The Information Management FY 2017 OP-32 Line 308 Travel of Persons baseline funding request is $6,200K.		
FY 2018 Budget Request		**1,803,733**

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IV. <u>**Performance Criteria and Evaluation Summary**</u>:

As of 31 December 2016, the below listed DHP IM/IT systems met or exceeded the following performance metrics:

Operational Availability [operational score of <u>at least 98.5%</u>]: AHLTA CDR, CCE, CHCS, CIS, CCQAS, COAG Clinic, DEE, DENCAS, DHA Network, DHA VTC, DMLSS, DMM Online, DoD/VA Gateway, DOEHRS-HC, DOEHRS-IH,DQ Navy, EAS IV, EBM/T, ESSENCE, EWA, Health.mil, ITS, JMAR, M2, MDR,MEDBOLTS, MESOC Operations Center, MESOC WAN, MHS JAD, Local Area Networks, NMIS, NMO, PEPR, PHIMT, Secure Messaging, SNPMIS, SRTS, TED, TEWLS, TOL, TRAC2ES, TRICARE.mil, VSSM, and WMSNi.

User Satisfaction Surveys [minimum user satisfaction survey score of <u>at least</u> <u>75%</u>]:
➤ <u>**End User Training**</u>: DOEHRS-IH, and EI/DS.
➤ <u>**Health Information Technology Health Enterprise Service Activity Support**</u>: DHA Global Service Center, the MHS Network Support Services, Army Tier II Help Desk Support Services, and Enterprise Management Services Navy Medicine.

<u>***Tier III Severity I Tickets**</u> closed within <u>90 days</u>: AHLTA, CHCS, HAIMS, and SRTS had priority I tickets and all were closed within the required timeframe.

<u>***Tier III Severity II Tickets**</u> closed within <u>180 days</u>: AHLTA, CHCS, DHMRSi, EBMS-D, HAIMS, and VSSM had priority II tickets and all were closed within the required timeframe.

* Tier III tickets require action by the software developer. Severity levels are determined by a combination of Impact and Urgency. Impact is the "business critical"

IV. <u>**Performance Criteria and Evaluation Summary**</u>:

measurement, directly proportional to the number of systems, Configurable Items (CI), services or users. Urgency is the speed required to resolve the Incident. For Change, Urgency reflects how quickly a Change must be implemented, or the time available to reduce the impact of the change on the business.

Data Processing Completeness/Timeliness (DMLSS):
➢ Met - <u>99.0%</u> of data from external sources <u>processed within 24-hours</u> for use by Joint Medical Asset Repository users.

Data Processing Completeness/Timeliness (EI/DS):
➢ Met - <u>100.0%</u> of the time <u>weekly National Drug Code (NDC) updates were loaded</u> into the TRICARE Encounter Data systems <u>within 3 working days of receipt</u>.
➢ Met – <u>100.0%</u> of the time <u>TED transmission files</u> that were received prior to daily cutoff time <u>initiated production processing prior to the next business day</u>.

<u>**Acronym List**</u>:

Acronym	System Name
AHLTA AHLTA CDR	Armed Forces Health Longitudinal Technology Application (AHLTA-CDR: Clinical Data Repository)
BUMIS II	Navy Bureau of Medicine Manpower Information System II
CCE	Coding and Compliance Editor

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IV. <u>Performance Criteria and Evaluation Summary</u>:

Acronym	System Name
CCQAS	Centralized Credentials and Quality Assurance System
CHCS	Composite Health Care System
CIS	Clinical Information System (Essentris)
COAG Clinic	Coagulation Clinic
DEE	Defense Enterprise Email
DENCAS	Dental Common Access System
DHA Network	Defense Health Agency Network
DHA VTC	Defense Health Agency Video Teleconference
DMHRSi	Defense Medical Human Resources System - Internet
DMLSS	Defense Medical Logistics Standard Support
DMM online	Online Portal Medical Materiel Directorate
DOEHRS-HC	Defense Occupational and Environmental Health Readiness System – Hearing Conservation
DOEHRS-IH	Defense Occupational and Environmental Health Readiness System - Industrial Hygiene
DQ Navy	Data Quality Navy
EAS IV	Expense Assignment System IV
EBM/D	Enterprise Blood Management System - Donor
EBM/T	Enterprise Blood Management System - Transfusion
EI/DS	Executive Information / Decision Support
ESSENCE	Electronic Surveillance System for Early Notification of Community-based Epidemics

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IV. <u>**Performance Criteria and Evaluation Summary**</u>:

Acronym	System Name
EWA	Enterprise Web Army Medical Department (AMEDD) Electronic Forms Support System (AEFSS)
HAIMS	Health Artifact and Image Management Solution
iAS	Identity Authentication Service
ITS	Immunization Tracking System
JMAR	Joint Medical Asset Repository
JMED-NCR-MD	Joint Medical Network National Capital Region Medical Directorate
LAN	Local Area Networks
M2	Military Health System (MHS) Management Analysis and Reporting Tool
MDR	Military Health System (MHS)Data Repository
MEDBOLTS	Medical Boards Online Tracking System
MESOC Ops	Military Health System (MHS) Enterprise Operations Center Operations
MESOC WAN	Military Health System (MHS) Enterprise Operations Center Wide Area Network
MHS JAD	Military Health System (MHS)Joint Active Directory
MSIR	Medical System Inventory Repository
NMED	Navy Medicine
NMIS	Nutrition Management Information System
NMO	Navy Medicine Online

IV. <u>**Performance Criteria and Evaluation Summary**</u>:

Acronym	System Name
PEPR	Patient Encounter Processing and Reporting
PHIMT	Protected Health Information Management Tool
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
TEWLS	Theater Enterprise Wide Medical Logistics System
TOL	TRICARE On-Line
TRAC2ES	Transportation Command (TRANSCOM) Regulating and Command and Control Evacuation System
VSSM	Veterinary Services Systems Management
WMSNi	Workload Management System for Nursing internet

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V. **Personnel Summary**	**FY 2016**	**FY 2017**	**FY 2018**	**Change FY 2016/ FY 2017**	**Change FY 2017/ FY 2018**
Active Military End Strength (E/S) (Total)	437	427	380	-10	-47
Officer	150	138	110	-12	-28
Enlisted	287	289	270	2	-19
Civilian End Strength (Total)	1,734	1,904	1,739	170	-165
U.S. Direct Hire	1,694	1,852	1,687	158	-165
Foreign National Direct Hire	17	13	13	-4	0
Total Direct Hire	1,711	1,865	1,700	154	-165
Foreign National Indirect Hire	23	39	39	16	0
Active Military Average Strength (A/S) (Total)	438	432	404	-6	-28
Officer	147	144	124	-3	-20
Enlisted	291	288	280	-3	-8
Civilian FTEs (Total)	1,734	1,904	1,739	170	-165
U.S. Direct Hire	1,694	1,852	1,687	158	-165
Foreign National Direct Hire	17	13	13	-4	0
Total Direct Hire	1,711	1,865	1,700	154	-165
Foreign National Indirect Hire	23	39	39	16	0
Average Annual Civilian Salary ($ in thousands)	112.7	124.7	117.8	12.0	-6.9
Contractor FTEs (Total)	3,929	4,193	4,260	264	67

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Explanation of changes in Active Military End Strength: The decrease of (-10) from FY 2016 to FY 2017 accounts for an over-execution of the FY 2016 Military End Strength (+22) plus realignment to other Budget Activity Groups (-32). The decrease of (-47) from FY 2017 to FY 2018 includes a net zero internal Defense Health Program realignments to the Defense Health Agency that support Defense Health Agency Enterprise Service Activities.

Explanation of changes in Civilian FTEs: The net increase (+170) from FY 2016 to FY 2017 includes the following adjustments based upon Military Health System Component manpower analyses: Army Medical Command (MEDCOM) (+74), Navy Bureau of Medicine and Surgery (BUMED) (-7), Air Force Medical Service (AFMS) (-25), Defense Health Agency-National Capital Region (+23), Uniformed Services University of Health Sciences (USUHS)(-6), Defense Healthcare Management System (DHMSM) Program Executive Office (PEO) (+39) and Defense Health Agency (DHA), Health Information Technology (HIT) Directorate (+72). The decrease (-165) from FY 2017 to FY 2018 includes requirements reductions from the MHS Modernization Study achieved through the consolidation of shared information technology services, infrastructure, and reduction of portfolio applications: (-76) FTEs from Army MEDCOM and (-101) FTEs from DHA HIT that includes the (-72) FTEs realigned to Management Headquarters Activity Group. Additional realignments included (+11) for AFMS, (+2) for DHMSM PEO, and (-1) for USUHS.

Explanation of changes in Contractor FTEs: The increase (+264) from FY 2016 to FY 2017 includes requirement reductions (-251) from reduced infrastructure and portfolio consolidation and requirement increases (+515) for the Department of Defense Healthcare Management System (DHMS) Program Management Office (PMO) to deploy the

Military Health System GENESIS. The increase (+67) from FY 2017 to FY 2018 supports continuing increases in GENESIS and Joint Operational Medicine Information Systems requirements (+201) while achieving additional efficiencies (-134) from infrastructure and legacy system consolidation.

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

OP 32 Line	FY 2016 Actuals	Foreign Currency Rate Diff	Change FY 2016/FY 2017 Price	Change FY 2016/FY 2017 Program	FY 2017 Estimate	Foreign Currency Rate Diff	Change FY 2017/FY 2018 Price	Change FY 2017/FY 2018 Program	FY 2018 Estimate
101 Exec, Gen'l & Spec Scheds	192,654	0	3,632	37,046	233,332	0	4,559	-37,903	199,988
103 Wage Board	395	0	7	187	589	0	12	1,142	1,743
104 FN Direct Hire (FNDH)	911	0	17	-196	732	0	14	-25	721
105 Separation Liability (FNDH)	22	0	0	45	67	0	0	-45	22
107 Voluntary Sep Incentives	100	0	0	-72	28	0	0	72	100
121 PCS Benefits	16	0	0	-1	15	0	0	-15	0
199 TOTAL CIV COMPENSATION	**194,098**	**0**	**3,656**	**37,009**	**234,763**	**0**	**4,585**	**-36,774**	**202,574**
308 Travel of Persons	4,280	0	81	1,839	6,200	0	124	-103	6,221
399 TOTAL TRAVEL	**4,280**	**0**	**81**	**1,839**	**6,200**	**0**	**124**	**-103**	**6,221**
401 DLA Energy (Fuel Products)	1	0	0	-1	0	0	0	0	0
416 GSA Supplies & Materials	678	0	13	-5	686	0	14	-2	698
417 Local Purch Supplies & Mat	449	0	9	0	458	0	9	0	467
422 DLA Mat Supply Chain (Medical)	65	0	0	1	66	0	0	1	67
499 TOTAL SUPPLIES & MATERIALS	**1,193**	**0**	**22**	**-5**	**1,210**	**0**	**23**	**-1**	**1,232**
503 Navy Fund Equipment	144	0	6	-3	147	0	0	3	150
506 DLA Mat Supply Chain (Const & Equip)	3	0	0	1	4	0	0	-1	3
507 GSA Managed Equipment	929	0	18	0	947	0	19	0	966
599 TOTAL EQUIPMENT PURCHASES	**1,076**	**0**	**24**	**-2**	**1,098**	**0**	**19**	**2**	**1,119**

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OP 32 Line	FY 2016 Actuals	Foreign Currency Rate Diff	Change FY 2016/FY 2017 Price	Change FY 2016/FY 2017 Program	FY 2017 Estimate	Foreign Currency Rate Diff	Change FY 2017/FY 2018 Price	Change FY 2017/FY 2018 Program	FY 2018 Estimate
601 Army Industrial Operations	0	0	0	15,182	15,182	0	0	-15,182	0
614 Space & Naval Warfare Center	65,757	0	684	-57,533	8,908	0	337	-301	8,944
633 DLA Document Services	0	0	0	21	21	0	0	0	21
635 Navy Base Support (NAVFEC Other Support Services)	0	0	0	348	348	0	8	-1	355
647 DISA Enterprise Computing Centers	83,089	0	-8,309	5,361	80,141	0	1,523	-730	80,934
671 DISA DISN Subscription Services (DSS)	18,282	0	-1,280	29,564	46,566	0	885	-5,498	41,953
677 DISA Telecomm Svcs - Reimbursable	19	0	0	1	20	0	0	1	21
679 Cost Reimbursable Purchase	11	0	0	1	12	0	0	1	13
680 Building Maint Fund Purch	5,434	0	-224	-3,085	2,125	0	-88	89	2,126
699 TOTAL DWCF PURCHASES	**172,592**	**0**	**-9,129**	**-10,140**	**153,323**	**0**	**2,665**	**-21,621**	**134,367**
771 Commercial Transport	323	0	6	-79	250	0	5	-4	251
799 TOTAL TRANSPORTATION	**323**	**0**	**6**	**-79**	**250**	**0**	**5**	**-4**	**251**
901 Foreign National Indirect Hire (FNIH)	1,237	0	23	1,388	2,648	0	52	-400	2,300
902 Separation Liab (FNIH)	11	0	0	-11	0	0	0	11	11
912 Rental Payments to GSA (SLUC)	5,167	0	98	-5,204	61	0	1	-5	57

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OP 32 Line	FY 2016 Actuals	Foreign Currency Rate Diff	Change FY 2016/FY 2017 Price	Change FY 2016/FY 2017 Program	FY 2017 Estimate	Foreign Currency Rate Diff	Change FY 2017/FY 2018 Price	Change FY 2017/FY 2018 Program	FY 2018 Estimate
913 Purchased Utilities (Non-Fund)	1	0	0	3	4	0	0	-4	0
914 Purchased Communications (Non-Fund)	3,130	0	59	13,203	16,392	0	328	-1,913	14,807
915 Rents (Non-GSA)	2,214	0	42	-1,147	1,109	0	22	-5	1,126
917 Postal Services (U.S.P.S)	156	0	3	-37	122	0	2	0	124
920 Supplies & Materials (Non-Fund)	7,774	0	148	12,297	20,219	0	404	-1,091	19,532
921 Printing & Reproduction	741	0	14	301	1,056	0	21	-41	1,036
922 Equipment Maintenance By Contract	4,712	0	90	-1,381	3,421	0	68	347	3,836
923 Facilities Sust, Rest, & Mod by Contract	0	0	0	38	38	0	1	0	39
925 Equipment Purchases (Non-Fund)	51,247	0	974	-1,503	50,718	0	1,014	-7,450	44,282
926 Other Overseas Purchases	2	0	0	0	2	0	0	-1	1
932 Mgt Prof Support Svcs	81,596	0	1,550	-12,409	70,737	0	1,415	22	72,174
933 Studies, Analysis & Eval	1,115	0	21	2,565	3,701	0	74	-6	3,769
934 Engineering & Tech Svcs	30,240	0	575	-27,422	3,393	0	68	-4	3,457
955 Other Costs (Medical Care)	2,147	0	86	3,310	5,543	0	216	-5,759	0
960 Other Costs (Interest and Dividends)	0	0	0	148	148	0	3	-1	150

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OP 32 Line	FY 2016 Actuals	Foreign Currency Rate Diff	Change FY 2016/FY 2017 Price	Program	FY 2017 Estimate	Foreign Currency Rate Diff	Change FY 2017/FY 2018 Price	Program	FY 2018 Estimate
986 Medical Care Contracts	0	0	0	19,614	19,614	0	765	-212	20,167
987 Other Intra-Govt Purch	122,595	0	2,329	-9,795	115,129	0	2,303	30,192	147,624
989 Other Services	40,470	0	769	19,503	60,742	0	1,215	-44,655	17,302
990 IT Contract Support Services	883,587	-254	16,783	71,992	972,108	0	19,442	114,625	1,106,175
999 TOTAL OTHER PURCHASES	**1,238,142**	**-254**	**23,564**	**85,453**	**1,346,905**	**0**	**27,414**	**83,650**	**1,457,969**
Total	**1,611,704**	**-254**	**18,224**	**114,075**	**1,743,749**	**0**	**34,835**	**25,149**	**1,803,733**

The following internal Information Management Budget Activity Group Internal OP-32 Realignments were driven by the continuation of the Military Health system's Common Cost Accounting Structure initiative:

- OP32 Line 955 Other Costs (Medical Care) funding (-$4,284K of -$5,759K), OP32 Line 989 Other Services (-$38,879K of -$44,655K), and OP32 Line 986 Medical Care Contracts(-$179K of -$212K) are realigned to OP32 Line 990 Information Technology (IT) Contracts Support Services ($43,342 of $115,108K) to standardize budget reporting throughout the Military Health System (MHS).

- OP32 Line 601 Army Industrial Operations (-$15,182K) funding is realigned to OP32 Line 987 Other Intra-Governmental Purchases ($15,182K) for proper execution of the DHA Health Information Technology Enterprise Support Activity functions.