

**Defense Health Program
Operation and Maintenance
Fiscal Year (FY) 2010 Budget Estimates
Information Management**

I. Description of Operations Financed: This Budget Activity Group provides for the Information Management/Information Technology resources dedicated to the operation and maintenance of Defense Health Program (DHP) facilities. This program includes the following:

Tri-Service IM/IT: The O&M portion of the Centrally-managed IM/IT Program funds the costs of program management, system and infrastructure sustainment, annual software licensing fees, and software and hardware maintenance fees. The MHS centrally-managed IM/IT program includes the following major Acquisition Category IA (ACAT IA) IT initiatives: 1) AHLTA - (formerly CHCS II), included in the Military Computer-Based Patient Record (MCPR) initiative, which integrates patient data from different times, providers and sites of care and will contain a Service member's comprehensive medical record of illnesses and injuries, care and inoculations received and exposure to different hazards; 2) Theater Medical Information Program (TMIP), a seamless, interoperable medical system, designed to support theater health services across all echelons of care. The Central IM/IT Program also contains funding for ACAT III initiatives such as the following: Defense Medical Logistics Standard System (DMLSS) which is designed to support cataloging, customer logistics, hospital facility operations, property accounting, maintenance of biomedical devices, purchasing and contracting, and inventory management; Executive Information/Decision Support (EI/DS) which provides decision support information used by managers, clinicians, and analysts to manage the business of healthcare within the MHS; the Defense Medical Human Resources System (internet); the Patient Accounting System (PAS); Defense Blood Standard System (DBSS); TRICARE On Line (TOL); Enterprise Wide Scheduling and Registration (EWS-R); the Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH); and Patient Safety Reporting (PSR). In addition to these ACAT I and ACAT III initiatives, the Tri-Service Infrastructure Management Program Office (TIMPO) manages the associated implementation of three basic components: (1) a wide area network (WAN), deployed to all TRICARE regions, providing communication support for all medical information systems; (2) a local area network (LAN), which will provide unified backbone networks within military treatment facilities; and (3) centralized network management, to include capacity planning, configuration management and security integration. A joint DoD/VA sharing initiative, the Joint Electronic Health Record Interoperability (JEHRI), is also included in the Central IM/IT Program for the DoD portion of this effort.

**Defense Health Program
Operation and Maintenance
Fiscal Year (FY) 2010 Budget Estimates
Information Management**

Service Medical IM/IT: Resources required to support non-centrally managed, Service Medical Information Management/Information Technology Programs. This includes the following functional areas: 1) Service medical funded support for Functional Area Applications (service unique information systems); 2) Communications & 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 by ensuring their availability, integrity, authentication, confidentiality and non-repudiation.

DHP IM/IT Support Programs: This program element was newly established for use in FY 2008 and beyond. Includes funding for IM/IT services in support of the DHP. These services are either contracted or provided by other DoD agencies. Specifically excludes funding for centrally managed or Service Medical IM/IT systems including acquisition of centrally developed systems. 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.

II. Force Structure Summary: This program funds the costs of the development, deployment, and sustainment of automated information systems in support of military medical readiness and promoting quality healthcare services to members of the armed forces, their families, and others entitled to DoD healthcare.

Defense Health Program
Operation and Maintenance
Fiscal Year (FY) 2010 Budget Estimates
Information Management

III. Financial Summary (\$ in Thousands):

A. <u>Sub-activity</u> <u>Group</u>	FY 2009						
	<u>FY 2008</u> <u>Actual</u>	<u>Congressional Action</u>			<u>Current</u> <u>Appropriation</u>	<u>Current</u> <u>Estimate</u>	<u>FY 2010</u> <u>Estimate</u>
		<u>Budget</u> <u>Request</u>	<u>Amount</u>	<u>Percent</u>			
1. Service Medical IM/IT	523,936	420,638	32,000	8%	452,638	452,638	507,259
2. Tri-Service IM/IT	598,705	597,114	41,200	7%	638,314	638,314	692,148
3. DHP IM/IT Support Program	<u>87,798</u>	<u>99,337</u>	<u>0</u>	<u>0%</u>	<u>99,337</u>	<u>99,337</u>	<u>116,238</u>
Total	1,210,439	1,117,089	73,200	7%	1,190,289	1,190,289	1,315,645

Notes:

-FY 2008 actual includes \$ 3.709 million from the Global War on Terrorism (GWOT) Bridge Supplemental, Consolidated Appropriations Act, 2008 (P.L. 110-161), Division L, Title V, and \$ 13,677 million from the Defense Supplemental Appropriations for Fiscal Year 2008, Title IX (P.L. 110-252).

-FY 2009 current estimate excludes supplemental funds.

-From the DoD Medicare Eligible Retiree Health Care Fund, the IM/IT BAG received \$ 9.550 million in FY 2008. Projections for the IM/IT BAG in FY 2009 are approximately \$ 9.750 million, FY 2010 \$ 10.096 million. These amounts are not included in the tables above.

Defense Health Program
Operation and Maintenance
Fiscal Year (FY) 2010 Budget Estimates
Information Management

B. <u>Reconciliation Summary:</u>	<u>Change</u> <u>FY 2009/FY 2009</u>	<u>Change</u> <u>FY 2009/FY 2010</u>
Baseline Funding	1,117,089	1,190,289
Congressional Adjustments (Distributed)	73,200	0
Congressional Adjustments (Undistributed)	0	0
Adjustments to Meet Congressional Intent	0	0
Congressional Adjustments (General Provisions)	0	0
Subtotal Appropriated Amount	1,190,289	0
War-Related & Disaster Supplemental Appropriation	78,219	0
Fact-of-Life Changes	0	0
Subtotal Baseline Funding	1,268,508	0
Anticipated Supplemental	0	0
Reprogrammings	0	0
Less: War-Related and Disaster Supplemental Appropriations	-78,219	0
Price Changes	0	15,873
Functional Transfers	0	211
Program Changes	0	109,272
Normalized Current Estimate	1,190,289	0
Current Estimate	1,190,289	1,315,645

**Defense Health Program
Operation and Maintenance
Fiscal Year (FY) 2010 Budget Estimates
Information Management**

<u>C. Reconciliation of Increases and Decreases:</u>	<u>Amount</u>	<u>Totals</u>
FY 2009 President's Budget Request		1,117,089
1. Congressional Adjustments		73,200
a. Distributed Adjustments	73,200	
1) Traumatic Brain Injury and Psychological Health.	36,000	
2) Integrated Patient Electronic Records System for Application to Defense Information Technology.	1,200	
3) Pediatric Health Information System for Medical Charting and Research Related to Military Health Care.	400	
4) Health Technology Integration for Clinical, Patient Records and Financial Management Related to the Military.	400	
5) Realignment of Navy funds for proper execution.	10,000	
6) Realignment of Air Force funds for proper execution.	20,000	
7) Digital Accessible Personal Health Electronic Record.	800	
8) Enhanced Medical Situational Awareness.	2,400	
9) Theater Enterprise Wide Logistics (TEWLS).	2,000	
b. Undistributed Adjustments	0	
c. Adjustments to meet Congressional Intent	0	
d. General Provisions	0	
FY 2009 Appropriated Amount		1,190,289
2. War-Related and Disaster Supplemental Appropriations		78,219
3. Fact of Life Changes		
a. Functional Transfers		0
1) Transfers In	0	
2) Transfers Out	0	
b. Technical Adjustments		0
1) Increases	0	
2) Decreases	0	0
c. Emergent Requirements		0

**Defense Health Program
Operation and Maintenance
Fiscal Year (FY) 2010 Budget Estimates
Information Management**

<u>C. Reconciliation of Increases and Decreases:</u>	<u>Amount</u>	<u>Totals</u>
1) Program Increases	0	
a) One-Time Costs	0	
b) Program Growth	0	
2) Program Reductions	0	
a) One-Time Costs	0	
b) Program Decreases	0	
FY 2009 Baseline Funding		1,268,508
4. Reprogrammings/Supplemental		0
a. Anticipated Supplemental	0	
b. Reprogrammings	0	
5. Less: Item 2, War-Related and Disaster Supplemental Appropriations and Item 4, Reprogrammings		-78,219
Normalized FY 2009 Estimate		1,190,289
FY 2009 Current Estimate		1,190,289
6. Price Change		15,873
7. Functional Transfers		211
a. Transfers In	211	
1) Transfers manpower and funding from Network Enterprise Technology Command (US Army).	211	
b. Transfers Out	0	
8. Program Increases		245,317
a. Annualization of New FY 2009 Program	0	
b. One-Time FY 2010 Costs	0	
c. Program Growth in FY 2010	184,835	
1) Ground Force Augmentation Acceleration.	24,000	
2) Realigns civilian pay funding from Consolidated Health Support and	1,496	

**Defense Health Program
Operation and Maintenance
Fiscal Year (FY) 2010 Budget Estimates
Information Management**

C. <u>Reconciliation of Increases and Decreases:</u>	<u>Amount</u>	<u>Totals</u>
Management Activities to reflect proper program execution.		
3) Increases funding to support enduring Global War on Terror requirements.	1,941	
4) Increases funding to support enduring Wounded Ill and Injured (WII) requirements including Clinical Systems Enhancements and Information Management support to the Center of Excellence.	76,115	
5) Increases funding to support enduring Traumatic Brain Injury (TBI)/Psychological Health (PH) requirements including Tele Mental Health Care Delivery, Rehabilitation, and Web Portal support.	7,789	
6) Provides funding for National Interagency Bio-Defense Campus.	830	
7) Realigns Pharmacy funding from In House Care to support historical execution.	34,835	
8) Realigns funding from In House Care and Consolidated Health Support to support proper execution.	22,318	
9) Rate adjustment for Defense Information Systems Network customer funding.	3,778	
10) Provides an Information Management baseline restoral from inflation savings assumptions.	3,942	
11) Increased Defense Health Program O&M funding to support United States Army Medical Research Institute for Infectious Disease facility.	3,000	
12) Realigns RDT&E funding to O&M for normal life cycle shift to sustaining funding for centrally managed program systems.	4,791	
9. Program Decreases		-75,563
a. One-Time FY 2009 Costs		-74,174
1) Traumatic Brain Injury and Psychological Health.	-36,479	
2) Integrated Patient Electronic Records System for Application to Defense Information Technology.	-1,216	
3) Pediatric Health Information System for Medical Charting and Research Related to Military Health Care.	-405	
4) Health Technology Integration for Clinical, Patient Records and Financial Management Related to the Military.	-405	

Defense Health Program
Operation and Maintenance
Fiscal Year (FY) 2010 Budget Estimates
Information Management

C. <u>Reconciliation of Increases and Decreases:</u>	<u>Amount</u>	<u>Totals</u>
5) Realignment of Navy funds for proper execution.	-10,133	
6) Realignment of Air Force funds for proper execution.	-20,266	
7) Digital Accessible Personal Health Electronic Record.	-811	
8) Enhanced Medical Situational Awareness.	-2,432	
9) Theater Enterprise Wide Logistics (TEWLS).	-2,027	
b. Annualization of FY 2009 Decreases		0
c. Program Decreases in FY 2010		-1,389
1) Reduces funding to support Military to Civilian restoral.	-1,389	
FY 2010 Budget Request		1,315,645

Defense Health Program
 Operation and Maintenance
 Fiscal Year (FY) 2010 Budget Estimates
 Information Management

IV. Performance Criteria and Evaluation Summary:

V. Personnel Summary:

	<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>Change FY 2009/ FY 2010</u>
<u>Active Military End Strength (E/S) (Total)</u>	512	475	501	26
Officer	159	152	158	6
Enlisted	353	323	343	20
 <u>Active Military Average Strength (A/S) (Total)</u>	 526	 494	 488	 -6
Officer	163	156	155	-1
Enlisted	363	338	333	-5
 <u>Civilian FTEs (Total)</u>	 1,427	 1,514	 1,506	 -6
U.S. Direct Hire	1,383	1,460	1,446	-14
Foreign National Direct Hire	11	11	11	0
Total Direct Hire	1,394	1,471	1,455	
Foreign National Indirect Hire	33	43	51	
(Reimbursable included above memo)	0	0	0	0
 Average Civilian Salary (000's)	 86.526	 81.939	 84.083	

VII. OP 32 Line Items as Applicable (Dollars in thousands - see next page):