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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: Includes funding for Tri-Service centrally managed Information Management/Information Technology (IM/IT) programs for program management, system and infrastructure sustainment, annual software licensing fees, and software and hardware maintenance fees. Major Tri-Service initiatives include: 1) AHLTA which is DoD´s current Electronic Health Record (EHR)serves as one of the world's largest clinical information systems that provides secure, 24x7, worldwide online access to patients´ medical records, making it a key enabler of military medical readiness; 2) Electronic Health Record (EHR) Way Ahead is the proposed Major Automated Information System program designed to replace/sunset the current portfolio of systems providing initial EHR capability (AHLTA and CHCS). EHR Way Ahead will provide a comprehensive, longitudinal, electronic health record that is available anytime anywhere; 3) Theater Medical Information Program – Joint (TMIP-J): Integrates the military health information systems to ensure timely interoperable medical support for mobilization, deployment and sustainment of all missions. TMIP-J adapts these systems to Theater specific requirements; 4) Defense Medical Logistics Standard Support (DMLSS): Provides integrated supply chain and life cycle management for pharmaceuticals, medical supplies, equipment, health facilities, and services. DMLSS enables medical logistics support to the Force Health Protection mission for the MHS; and 5) Executive Information/Decision Support (EI/DS): Receives and stores data from MHS systems, processes those data through a variety of business rules, and makes the data available, in various data marts, to managers, clinicians, and analysts for the management of the business of health care. Funding for other significant Tri-Service initiatives include, but are not limited to: Defense Medical Human Resources System (internet); the Patient Accounting System (PAS); Defense Blood Standard System (DBSS); Enterprise Blood Management System (EBMS); TRICARE On Line (TOL); the Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH); Patient Safety Reporting (PSR), and the Joint Electronic Health Record Interoperability (JEHRI) for the DoD portion of the joint DoD/VA sharing initiative. Resources also support the Tri-Service Infrastructure Management Program Office (TIMPO) which manages the associated implementation of three basic components: (1) a wide area network (WAN) deployed to all TRICARE regions, to provide communication support for all medical information systems; (2) a local area network (LAN), to provide a unified backbone networks within military treatment facilities; and (3) centralized network management, to include capacity planning, configuration management and security integration.

Service Medical IM/IT: Includes funding for non-centrally managed, Service Medical Information Management/Information Technology Programs in 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 MHS. These services are in support of the Military Health System Chief Information Officer and can be contracted out or provided by other DoD agencies. Services deliver 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 that enable the Managed Care Support Contracts to meet compliance requirements; and funding to support centrally managed office automation, video-teleconferencing and related technical activities. Excludes funding for centrally managed or Service Medical IM/IT systems including acquisition of centrally developed systems.

II. Force Structure Summary: This program funds concept exploration, sustainment and the portfolio management of automated information systems 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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III. Financial Summary ($ in Thousands):

A. Subactivities	FY 2009 Actual	FY 2010					Current Estimate	FY 2011 Estimate
				Congressional Action				
		Budget Request	Amount	Percent	Current Appropriation		Current Estimate	FY 2011 Estimate
1. Service Medical IM/IT	528,377	507,259	0	0%	507,259		515,348	521,908
2. Tri-Service IM/IT	667,325	692,148	1,920	0%	694,068		688,185	814,798
3. DHP IM/IT Support Program	97,416	116,238	0	0%	116,238		107,768	115,624
Total	1,293,118	1,315,645	1,920	0%	1,317,565		1,311,301	1,452,330

Notes:

1. FY 2009 actuals includes $63.637M from the FY 2009 Overseas Contingency (OCO) Bridge Supplemental, Public Law 110-252, and $0.905M from the Supplemental Appropriations Act of 2009, Public Law 111-32.

2. FY 2010 current estimate excludes $3.032M appropriated for OCO from the Department of Defense Appropriations Act, FY 2010, Public Law 111-118.

3. Does not reflect Departmental DoD Medicare-Eligible Retiree Health Care Fund (MERHCF) for FY 2009 of $9.750M, FY 2010 of $9.700M, and FY 2011 $10.040M O&M only.

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B. Reconciliation Summary:	Change FY 2010/FY 2010	Change FY 2010/FY 2011
Baseline Funding	**1,315,645**	**1,311,301**
Congressional Adjustments (Distributed)	1,920	n/a
Congressional Adjustments (Undistributed)	0	n/a
Adjustments to Meet Congressional Intent	0	n/a
Congressional Adjustments (General Provisions)	0	n/a
Subtotal Appropriated Amount	**1,317,565**	**1,311,301**
OCO and Other Supplemental Appropriations	3,032	n/a
Fact-of-Life Changes	-6,264	n/a
Subtotal Baseline Funding	**1,314,333**	**1,311,301**
Anticipated Supplemental	0	n/a
Reprogrammings	0	n/a
Less: OCO and Other Supplemental Appropriations	-3,032	n/a
Revised Current Estimate	**1,311,301**	**1,311,301**
Price Changes	0	**20,921**
Functional Transfers	0	**0**
Program Changes	0	**120,108**
Current Estimate	**1,311,301**	**1,452,330**

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C. Reconciliation of Increases and Decreases:	Amount	Totals
FY 2010 President's Budget Request		**1,315,645**
1. Congressional Adjustments	1,920	**1,920**
a. Distributed Adjustments	1,920	
1) Provides funding for Enhanced Medical Situational Awareness in Theater.		
b. Undistributed Adjustments	0	
c. Adjustments to meet Congressional Intent	0	
d. General Provisions	0	
FY 2010 Appropriated Amount		**1,317,565**
2. OCO and Other Supplemental Appropriations		3,032
3. Fact of Life Changes		-6,264
a. Functional Transfers		0
1) Transfers In	0	
2) Transfers Out	0	
b. Technical Adjustments		-6,264
1) Increases	0	
2) Decreases	-6,264	0
a) Realigns funding to support non-information management contracts and rent from information management to Consolidated Health Support and Base Operations/Communications.	-5,920	
b) Realigns baselined Overseas Contingency Operations funding to Consolidated Health Support to reflect proper execution.	-344	
c. Emergent Requirements		0
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	

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C. Reconciliation of Increases and Decreases:	Amount	Totals
FY 2010 Baseline Funding		**1,314,333**
4. Reprogrammings/Supplemental		**0**
a. Anticipated Supplemental	0	
b. Reprogrammings (Requiring 1415 Actions)	0	
1) Increases		
2) Decreases		
5. Less: OCO and Other Supplemental Appropriations		**-3,032**
Revised FY 2010 Estimate		**1,311,301**
6. Price Change		**20,921**
7. Functional Transfers		**0**
a. Transfers In	0	
b. Transfers Out	0	
8. Program Increases		**147,092**
a. Annualization of New FY 2010 Program	0	
b. One-Time FY 2011 Costs	0	
c. Program Growth in FY 2011	147,092	
1) Electronic Health Record	120,300	

Funds DoD/VA pilot projects that start to implement a Service Oriented
Architecture with Nationwide Health Information Network protocols to
meet requirements being established by the Healthcare Information
Technology Standards Panel. Enhances core infrastructure to improve
routing, performance and enable regionalization. Expands the common
development and test facility for future EHR modernization.

   2) Service and Central IM/IT Medical Information Systems and Services
Increases funding for sustainment of information systems enhancements
supporting Wounded, Ill and Injured case management and reporting;   26,792

	Amount	**Totals**
C. Reconciliation of Increases and Decreases:		

improved Psychological Health and Traumatic Brain Injury information sharing with the Department of Veterans Affairs; enhanced data storage and data mining for Theater Enterprise-Wide Logistics capabilities; and realigns funding for sustainment of information systems supporting IM/IT DHP mission requirements from DHP Research, Development, Test and Evaluation and Procurement investment funding; and for Civilian Full Time Equivalent manpower increases.

	Amount	**Totals**
9. Program Decreases		**-26,984**
a. One-Time FY 2010 Costs	-24,267	
1) Service IM/IT Systems and Services	-24,267	

Reflects programmatic adjustments to Service IM/IT information systems, acceleration of the Ground Forces Augmentation Initiative and start-up requirements for the AHLTA Provider Satisfaction Project.

	Amount	**Totals**
b. Annualization of FY 2010 Decreases	0	
c. Program Decreases in FY 2011	-2,717	
1) Civilian to Military Conversions	-2,717	

Transfers funding to Service MILPERS accounts to restore military authorizations previously programmed as military to civilian conversions, as required by Section 721 of the Fiscal Year 2008 National Defense Authorization Act.

	Amount	**Totals**
FY 2011 Budget Request		**1,452,330**

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IV. Performance Criteria and Evaluation Summary: N/A

V. Personnel Summary:

	FY 2009	FY 2010	FY 2011	Change FY 2009/ FY 2010	Change FY 2010/ FY 2011
Active Military End Strength (E/S)					
Officer	152	158	153	6	-5
Enlisted	323	343	354	20	11
Total	**475**	**501**	**507**	**26**	**6**
Active Military Average Strength (A/S)					
Officer	156	155	156	-1	1
Enlisted	338	333	349	-5	16
Total	**494**	**488**	**505**	**-6**	**17**
Civilian FTEs					
U.S. Direct Hire	1,521	1,446	1,628	-75	182
Foreign National Direct Hire	11	11	11	0	0
Total Direct Hire	**1,532**	**1,457**	**1,639**	**-75**	**182**
Foreign National Indirect Hire	34	54	54	20	0
Total	**1,566**	**1,511**	**1,693**	**-55**	**182**
Average Civilian Salary (000's)	90.363	94.348	95.818		

VI. Outyear Summary: N/A

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