

**Defense Health Program  
Fiscal Year (FY) 2016 Budget Estimates  
Operation and Maintenance  
Information Management**

**I. Description of Operations Financed:**

This Budget Activity Group (BAG) provides for the Health Information Technology resources required to support the Military Health System; includes the DoD Healthcare Management System Modernization (DHMSM), and shows the restructuring of the integrated Electronic Health Record to the Defense Medical Information Exchange (DMIX) Program. This Budget Activity Group includes the following:

**Service Medical IM/IT** - Resources non-centrally managed, Service Medical Information Management/Information Technology (IM/IT) Programs in the following functional areas: 1) Service medical funded support for Functional Area Applications (service unique information systems); 2) Communications and 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** - Resources services in support of the Military Health System Health Information Technology Directorate 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 medical commercially regulated mandated changes; medical functional IM/IT support personnel; and funding to support centrally managed office automation.

**Tri-Service IM/IT** - Resources services and legacy Information Technology systems that are shared within all components of the Military Health System, excluding the Integrated Electronic Health Record and the DoD Healthcare Management System Modernization Program

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**I. Description of Operations Financed (cont.)**

(DHMSM) and the Defense Medical Information Exchange (DMIX), that are managed by the Health Information Technology (HIT) Directorate of the Defense Health Agency. Resourced HIT activities include: Innovation and Advanced Technology; Infrastructure and Operations; Solution Delivery; Information Delivery; Cyber Security; and Portfolio Management and Customer Relations. These resources are used for program management of DHA programs, system and infrastructure sustainment, annual software licensing fees, and software and hardware maintenance fees, including resources incrementally transferring from DHP Components to the HIT Shared Service.

**Integrated Electronic Health Record (iEHR)** - Resources iEHR information technology acquisition program to provide seamless integrated sharing of electronic health data between the Department of Defense (DoD) and the Department of Veterans Affairs. In March 2008, the DHP embarked upon Electronic Health Record (EHR) modernization planning, establishing the initial Electronic Health Records Way Ahead (EHRWA). In March 2011, the Program was expanded to include the VA in a joint initiative to implement a new, integrated electronic health record for both Departments, called the Integrated Electronic Health Record (iEHR) program. Secretary of Defense Memorandum titled "Integrated Electronic Health Records," dated May 2013, provided additional direction to the program:

- DoD shall continue near-term coordinated efforts with VA to develop data federation, presentation, and interoperability. This near-term goal shall be pursued as a first priority separately from the longer-term goal of health record information technology (IT) modernization.
  
- DoD shall pursue a full and open competition for a core set of capabilities for EHR modernization.

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**I. Description of Operations Financed (cont.)**

To fulfill Secretary of Defense directive, parallel programs have been defined, splitting the original iEHR program into two distinct areas. In the Under Secretary of Defense for Acquisition, Technology and Logistics (USD (AT&L)) Acquisition Decision Memoranda (ADM), dated June 21, 2013 and January 2, 2014, the former joint DoD and VA Integrated Electronic Health Record (iEHR) program was restructured to pursue two separate but related healthcare information technology efforts, the DoD Healthcare Management System Modernization (DHMSM) program and a newly defined iEHR focused on providing seamless integrated sharing of electronic health data between the DoD and VA to be called Defense Medical Information Exchange (DMIX). The remaining iEHR Increment 1 (iEHR Inc 1) was significantly de-scoped to only the Medical Single Sign-on/Context Management (MSSO/CM) implemented at James A. Lovell Federal Health Care Center (JAL FHCC).

**Department of Defense Healthcare Management System Modernization Program (DHMSM) -** Resources modernization of the legacy DoD health care electronic health record (EHR) information technology systems. DHMSM will acquire and support deployment, implementation, and sustainment of an electronic health record (EHR) system that replaces the DoD legacy DHP inpatient and outpatient EHR systems. 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 impact on health outcomes; increased patient participation in the healthcare process; improved patient-centered care coordination; and increased practice efficiencies in all settings, including operational environments.

**DoD Medical Information Exchange and Interoperability (DMIX) -** Resources the acquisition of the capabilities necessary to securely and reliably exchange standardized, normalized,

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**I. Description of Operations Financed (cont.)**

and correlated health data with all partners through standard data / information exchange mechanisms. DMIX program will acquire the capabilities necessary to securely and reliably exchange standardized, normalized, and correlated health data with all partners through standard data/information exchange mechanisms. This allows users in different places and different organizations to access, use, and supplement health data (technical interoperability) that has a shared meaning so users (assisted by computers) are able to make care decisions (Semantic Interoperability - Level 4). DMIX manages the data exchange capability from legacy data stores in order to prepare for the transition to the modernized Electronic Health Record platform being acquired by DoD Healthcare Management System Modernization (DHMSM). DMIX consists of a family of capability initiatives supporting the seamless exchange of standardized health data among DoD, VA, other Federal agencies, and private providers as well as benefits administrators. The DMIX program provides the capability for health care providers to access and view complete and accurate patient health records from a variety of data sources thereby allowing healthcare providers to make faster and higher quality care decisions. DMIX was established in accordance with the joint memo from USD(C) and USD(AT&L) titled "Joint Memorandum on Major Defense Acquisition Program and Major Automated Information System Program Resource Transparency in Department of Defense Budget Systems" dated June 27, 2013.

**II. Force Structure Summary:**

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 2014 <u>Actual</u>	Budget <u>Request</u>	FY 2015 <u>Congressional Action</u>			Current <u>Estimate</u>	FY 2016 <u>Estimate</u>
			<u>Amount</u>	<u>Percent</u>	<u>Appropriated</u>		
<b>A. BA Subactivities</b>							
1. Service Medical IM/IT	641,078	630,195	-3,965	-0.6	626,230	626,230	363,095
2. DHP IM/IT Support Programs	91,459	99,189	0	0.0	99,189	99,189	38,417
3. Tri-Service IM/IT	682,258	723,411	-15,686	-2.2	707,725	707,725	1,107,884
4. Integrated Electronic Health Record (iEHR)	110,124	46,998	0	0.0	46,998	46,998	19,500
5. DoD Healthcare Management System Modernization (DHMSM)	0	57,554	0	0.0	57,554	57,554	89,188
6. DoD Medical Information Exchange and Interoperability (DMIX)	0	0	0	n/a	0	0	59,743
<b>Total</b>	<b>1,524,919</b>	<b>1,557,347</b>	<b>-19,651</b>	<b>-1.3</b>	<b>1,537,696</b>	<b>1,537,696</b>	<b>1,677,827</b>

1. FY 2014 actuals include \$2.2M for Overseas Contingency Operations (OCO).
2. FY 2014 does not reflect Departmental DoD Medicare-Eligible Retiree Health Care Fund (MERHCF) of \$10.4M (O&M only).
3. FY 2015 estimate does not reflect DoD Medicare-Eligible Retiree Health Care Fund (MERHCF) of \$5.4M (O&M only).
4. FY 2015 estimate and FY 2016 request exclude OCO.
5. FY 2016 does not reflect DoD Medicare-Eligible Retiree Health Care Fund (MERHCF) of \$5.6M (O&M only).

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<b>B. <u>Reconciliation Summary</u></b>	<b>Change</b>	<b>Change</b>
	<b><u>FY 2015/FY 2015</u></b>	<b><u>FY 2015/FY 2016</u></b>
<b>Baseline Funding</b>	<b>1,557,347</b>	<b>1,537,696</b>
Congressional Adjustments (Distributed)	-19,651	
Congressional Adjustments (Undistributed)		
Adjustments to Meet Congressional Intent		
Congressional Adjustments (General Provisions)		
<b>Subtotal Appropriated Amount</b>	<b>1,537,696</b>	
Fact-of-Life Changes (2015 to 2015 Only)		
<b>Subtotal Baseline Funding</b>	<b>1,537,696</b>	
Supplemental		
Reprogrammings		
Price Changes		15,965
Functional Transfers		
Program Changes		124,166
<b>Current Estimate</b>	<b>1,537,696</b>	<b>1,677,827</b>
Less: Wartime Supplemental		
<b>Normalized Current Estimate</b>	<b>1,537,696</b>	

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<b><u>C. Reconciliation of Increases and Decreases</u></b>	<b><u>Amount</u></b>	<b><u>Totals</u></b>
<b>FY 2015 President's Budget Request (Amended, if applicable)</b>		<b>1,557,347</b>
1. Congressional Adjustments		-19,651
a. Distributed Adjustments		
1) FY 2015 one-time Congressional addition for Health Artifact and Image Management Solution (HAIMS).	3,600	
2) FY 2015 one-time Congressional decrease for other Intra-governmental purchases - unjustified growth.	-22,300	
3) FY 2015 one-time Congressional decrease for Travel Reduction -- not properly accounted.	-951	
b. Undistributed Adjustments		
c. Adjustments to Meet Congressional Intent		
d. General Provisions		
<b>FY 2015 Appropriated Amount</b>		<b>1,537,696</b>
2. OCO and Other Supplemental Enacted		
3. Fact-of-Life Changes		
<b>FY 2015 Baseline Funding</b>		<b>1,537,696</b>
4. Reprogrammings (Requiring 1415 Actions)		
<b>Revised FY 2015 Estimate</b>		<b>1,537,696</b>
5. Less: OCO and Other Supplemental Appropriations and Reprogrammings (Items 2 and 4)		
<b>FY 2015 Normalized Current Estimate</b>		<b>1,537,696</b>
6. Price Change		15,965
7. Functional Transfers		
8. Program Increases		214,063
a. Annualization of New FY 2015 Program		
b. One-Time FY 2016 Increases		
1) Reverses FY 2015 Congressional distributed adjustments intra-governmental purchases - unjustified growth.	22,052	
2) Reverses FY 2015 Congressional distributed	961	

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<b>C. <u>Reconciliation of Increases and Decreases</u></b>	<b><u>Amount</u></b>	<b><u>Totals</u></b>
adjustments travel reduction not properly accounted for.		
c. Program Growth in FY 2016		
1) DoD Medical Information Exchange and Interoperability (DMIX): Realigns funding to the DMIX from Research, Development, Test and Evaluation (\$14.3M) and the integrated Electronic Health Record (iEHR), (\$45.4M) for the Joint Electronic Health Record Interoperability (JEHRI) to support initiatives developed with the data federation accelerator project and data sharing/interoperability efforts between the Department of Defense and the Department of Veterans Affairs. The DMIX program does not have a FY 2015 baseline. Note: JEHRI realigns funding within the IM/IT BAG and shown as a negative in 9.c.(1) together with iEHR funding adjustments.	59,743	
2) Medical Community of Interest (Med-COI) and Virtualization: Increases funding for Military Health System Virtualization and Med-COI programs including sustainment and improvements necessary to technically refresh the infrastructure of the two programs to support the integration of Enterprise-wide Tri-Service information technology. The programs increase hosting capacity and standardize services to enable the Initial Operating Capability of the next generation Individual Electronic Health Record. The FY 2015 IM/IT baseline funding is \$1,537.7M. The FY 2015 IM/IT baseline staffing is 2,032 civilians FTEs	37,011	



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<b><u>C. Reconciliation of Increases and Decreases</u></b>	<b><u>Amount</u></b>	<b><u>Totals</u></b>
and 4,034 contractors.		
3) Support Operations of Defense Health Agency (DHA) Shared Service - Health Information Technology (HIT): Realigns funding from the In-House Care (-\$17.6M), Consolidated Health Support (-\$2.8M), Education and Training (-\$0.1), and Base Operations/Communications (-\$5.6M) to the Information Management BAG to support the operations of the HIT Shared Service. The FY 2015 IM/IT baseline funding is \$1,537.7M. The FY 2015 DHP IM/IT baseline staffing is 2,032 civilians FTEs and 4,034 contractors.	26,093	
4) Department of Defense Healthcare Management System Modernization (DHMSM): Increases funding to support the integration of enterprise-wide IT to include DoD Healthcare Management System Modernization (DHMSM) funding for necessary common infrastructure and local testing requirements conducted in the Pacific Northwest Region to meet the Initial Operating Capability deployment schedule set by the Secretary of Defense for the DoD Medical Information Exchange and Interoperability Program. The FY 2015 DHMSM baseline funding is \$15.6M.	13,770	
5) Armed Forces Health Longitudinal Technology Application (AHLTA) and Composite Health Care System (CHCS): Increases funding for the sustainment of the AHLTA and CHCS systems until the next generation electronic health record is fully deployed. The FY 2015 IM/IT baseline funding is \$1,537.7M. The FY 2015 IM/IT	13,432	

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baseline staffing is 2,032 civilian FTEs, and 4,034 contractors.		
6) National Capital Region Medical Directorate (NCR-MD) Information Technology: Realigns funding from the Base Operations and Communications Budget Activity Group (BAG) to the IM/IT BAG to support increased requirements for information assurance activities, Computer Network Defense Service Provider, enterprise software licenses, the joint medical network, help desk and equipment refresh. The FY 2015 DHA NCR-MD IM/IT baseline funding is \$68.1M. The FY 2015 DHA NCR-MD IM/IT baseline staffing is 50 civilian FTEs, and 225 contractors.	10,223	
7) Manpower Analysis (Army and Defense Health Agency): Increases funding for the Army (\$7.3M) for the sustainment of Information Management activities and systems (e.g., Medical Operational Data System) not transitioning to the Health Information Technology (HIT) in the FY 2016 phase. Also, increases funding to the Defense Health Agency \$2.8M to support the HIT. The FY 2015 Army IM/IT baseline funding is \$223.2M. The FY 2015 Army IM/IT baseline staffing is 1,012 civilian FTEs, and 44 contractors. The FY 2015 Defense Health Agency baseline funding is \$900.2M. The FY 2015 Defense Health Agency IM/IT baseline staffing is 231 civilian FTEs, and 3,220 contractors.	10,118	
8) Pacific-Based Joint Information Technology Center (PJITC): Realigns initial Research, Development, Test and	5,174	

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	<u>Amount</u>	<u>Totals</u>
Evaluation (RDT&E) Pacific-Based Joint Information Technology Center (PJITC) funding to Operation and Maintenance (O&M) funding for proper budget execution. Beginning in FY 2016, funds staff and associated program activities. The FY 2015 PJITC RDT&E baseline funding is \$8.1M. The FY 2015 PJITC IM/IT baseline staffing is 3 civilian FTEs, funded by the Health Information Technology Directorate, and 17 contractors.		
9) Equipment: Provides additional funding for Military Treatment Facility IT equipment including wireless, mobile and other personal computing devices to meet the average life cycle replacement rate of five years. The FY 2015 IM/IT equipment baseline funding request is \$39.9M.	5,019	
10) Tri-Service Workflow (TSWF) and Content Advisory Group (CAG): Funds expansion of ongoing TSWF and CAG efforts to standardize the provision of quality health care services and the associated electronic clinical documentation through standardized electronic patient documentation templates. These standardized templates simultaneously enhance provider efficiency and patient safety by influencing provider workflow, while standardizing the clinical notes to facilitate continuity of care. By directing patient care through evidence based guidelines, the templates advocate for appropriate patient care and result in a cost avoidance to the Military Health System. Clinical	4,044	

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**C. Reconciliation of Increases and Decreases**

	<u>Amount</u>	<u>Totals</u>
teams in the outpatient setting utilizing these templates have shown better clinical results in mental health, heart attack and stroke, reducing unnecessary hospitalization, procedures and improving patient compliance resulting in significant cost avoidance. The FY 2015 IM/IT baseline funding is \$1,537.7M. The FY 2015 IM/IT baseline staffing is 2,032 civilian FTEs, and 4,034 contractors.		
11) IM/IT Appropriation Realignment: Realigns funding from the Procurement Budget Activity to the IM/IT Operation and Maintenance (O&M) to sustain requirements for Secure Messaging to comply with the Federal Risk and Authorization Program. The FY 2015 IM/IT baseline funding is \$1,537.7M. The FY 2015 IM/IT baseline staffing is 2,032 civilian FTEs, and 4,034 contractors.	3,285	
12) Travel: Funds travel for emerging world-wide healthcare support requirements, including Health Information Technology transition from an initial operating capability to a full operational capability, Defense Healthcare Management System Modernization Program requirements, and to ensure the Defense Medical Information Exchange Program meets the FY 2016 initial deployment schedule. Includes funding for Defense Health Agency-National Capital Region Medical Directorate increased travel requirements. The IM/IT BAG travel baseline funding is \$3.4M.	2,190	
13) One More Civilian Paid Day: Adjusts civilian payroll for one additional pay day	807	

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<b>C. <u>Reconciliation of Increases and Decreases</u></b>	<b><u>Amount</u></b>	<b><u>Totals</u></b>
for FY 2016. The FY 2015 IM/IT Budget Activity Group (BAG) baseline civilian funding is \$216.1M. The IM/IT baseline staffing is 2,032 civilian FTEs.		
14) Realigned Wounded, Ill and Injured (WII) Requirements:	141	
Realigns funds from the Base Operations and Communications Budget Activity Group to the IM/IT Budget Activity Group for proper execution of Army Medical Action Plan (AMAP) requirements. The FY 2015 Army IM/IT baseline funding is \$223.2M. The FY 2015 Army IM/IT baseline staffing is 1,012 civilian FTEs, and 44 contractors.		
9. Program Decreases		-89,897
a. Annualization of FY 2015 Program Decreases		
b. One-Time FY 2015 Increases		
1) Reverses FY 2015 one-time Congressional addition for Health Artifact and Image Management Solution (HAIMS).	-3,629	
c. Program Decreases in FY 2016		
1) Integrated Electronic Health Record (iEHR) Realignment:	-45,399	
Realigns funding from Joint Electronic Health Record Interoperability (JEHRI) and from Research, Development, Test and Evaluation to DoD Medical Information Exchange (DMIX) to support initiatives developed with the data federation accelerator project and data sharing/interoperability efforts between the Department of Defense and the Department of Veterans Affairs. The FY 2015 iEHR baseline funding is \$57.6M. The FY 2015 iEHR baseline		

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<b>C. <u>Reconciliation of Increases and Decreases</u></b>	<b><u>Amount</u></b>	<b><u>Totals</u></b>
staffing is 76 civilian FTEs, and 350 contractors.		
2) Savings from the Defense Health Agency Shared Service - Health Information Technology (HIT): Reduces funding through a phased consolidation of Health Information Technology functions and activities from the Components to the Defense Health Agency including the consolidation of like services across the Military Health System to reduce redundancies. Implements re-engineering of IM/IT business management and analysis, infrastructure consolidation, and portfolio rationalization. The FY 2015 IM/IT baseline funding is \$1,537.7M. The FY 2015 DHP IM/IT baseline staffing is 2,032 civilians FTEs and 4,034 contractors.	-21,774	
3) Healthcare Services - Air Force Medical Service (AFMS): Realigns funding from the IM/IT and Education and Training Budget Activity Groups (BAGs) to the In-House Care BAG to fund approximately 180 contract providers and support staff to backfill positions vacated due to the military end strength reductions. This will allow the AFMS to maintain healthcare services at Military Treatment Facilities, thereby preventing patients from being referred for care in the private sector. The FY 2015 Air Force IM/IT baseline funding is \$167.8M. The FY 2015 Air Force IM/IT baseline staffing is 199 civilian FTEs, and 444 contractors.	-12,846	
4) Enterprise-Wide Information Technology Sustainment and Investments:	-5,019	

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**C. Reconciliation of Increases and Decreases**

**Amount**

**Totals**

Realigns funding from operations and maintenance, sustainment to procurement for additional Defense Systems Network node support and an enhancement for the coding and compliance editor as a result of the termination of and/or consolidations of IM/IT initiatives including: eForms and Data Domain licenses, reduction in funding since Java Exchange Platform (JXP), Disability Evaluation System-Information Technology Initiative, and a reduction in associated management and infrastructure support. The FY 2015 IM/IT baseline funding is \$1,537.7M. The FY 2015 IM/IT baseline staffing is 2,032 civilians FTEs and 4,034 contractors.

5) 20% HQ Reduction:

-1,230

Continuation of incremental 20% reduction to Defense Health Program (DHP) headquarters in compliance with the Department of Defense July 31, 2013 memorandum, "20% Headquarters Reduction," signed by the Deputy Secretary of Defense. The reduction applies to the total headquarters budget and IM/IT support contracts. The FY 2015 IM/IT baseline funding is \$1,537.7M. The FY 2015 IM/IT baseline staffing is 2,032 civilians FTEs and 4,034 contractors.

**FY 2016 Budget Request**

**1,677,827**

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**IV. Performance Criteria and Evaluation Summary:**

As of 30 September 2014, the below listed DHP IM/IT systems met or exceeded the following performance metrics:

**Operational Availability** [operational of at least 98.5%]: AHLTA, CHCS, DMLSS, DOEHRS-IH, Essentris, HAIMS, NMIS, PHIMT, PSR, SRTS, TOL, SNPMIS, DOEHRS-HC, JMAR, TEWLS, TRAC2ES, CCE, EAS IV, MDR, PEPR, TED, MHSLearn, TPOCS, Operations Center Wide Area Network, Army Military Treatment Facility Network, Online Medical Material Network, Defense Health Network, DoD/VA Gateway, DHA Health.mil and Identity Authentication Services.

**User Satisfaction Survey** [minimum user satisfaction survey score of at least 75% for training and 4 of 5 for service]:

> Training: AHLTA, CHCS, DMLSS, DOEHRS-IH, EIDS and TMIP-J.

> Service: Military Health System Enterprise-wide Service Desk, the MHS Network Support Services, and Army Network Management Service Helpdesk.

Timeliness in resolving trouble tickets or incident reports (minimum closure rate of 90%):

> Severity I tickets closed in 90 days: CHCS, CCQAS, HAIMS, PSR, S3, SRTS, DOEHRS-IH, DMLSS, TRAC2ES, DHMSri, PEPR, TED and M2.

> Severity II tickets closed within 180 days: CHCS, CCQAS, HAIMS, PSR, S3, SRTS, DOEHRS-IH, DMLSS, TRAC2ES, DHMSRI, PEPR, TED, M2 and TMIP-J.



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**IV. Performance Criteria and Evaluation Summary:**

Data Processing Completeness/Timeliness:

> 98.3% of theater encounters appropriately accessible to MHS and the Department of Veterans Affairs users: TMIP-J

> 99.9% of theater inpatient and outpatient records successfully processed in the Theater Medical Data Store: TMIP-J

> 97.0% of 24-hour daily processing rate of data processed from external data stores: DMLSS

Acronym List:

CCE	Coding and Compliance Editor
CCQAS	Centralized Credentials and Quality Assurance System
CHCS	Composite Health Care System
CIS	Clinical Information System (Essentris)
DHMSRi	Defense Integrated Military Human Resources System - Internet
DMLSS	Defense Medical Logistics Standard Support
DOEHRS	Defense Occupational and Environmental Health

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**IV. Performance Criteria and Evaluation Summary:**

-HC	Readiness System - Hearing Conservation
DOEHRS	Defense Occupational and Environmental Health
-IH	Readiness System - Industrial Hygiene
EAS IV	Expense Assignment System IV
HAIMS	Health Artifact and Image Management Solution
JMAR	Joint Medical Asset Repository
MHS	Military Health System Learning Management
LEARN	System
MDR	Military Health System Data Repository
NMIS	Nutrition Management Information System
PEPR	Patient Encounter processing and Reporting
PHIMT	Patient Movement Item Tracking system
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
TRAC2- ES	Transportation Command (TRANSCOM) Regulating and Command and Control Evacuation System - Increment 2
TEWLS	Theater Enterprise Wide Medical Logistics System
TMIP-J	Theater Medical Information System - Joint
TOL	TRICARE On Line

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IV. Performance Criteria and Evaluation Summary:

TPOCS            Third Party Outpatient Collection System

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<b>V. <u>Personnel Summary</u></b>	<b><u>FY 2014</u></b>	<b><u>FY 2015</u></b>	<b><u>FY 2016</u></b>	<b><u>Change FY 2014/ FY 2015</u></b>	<b><u>Change FY 2015/ FY 2016</u></b>
<u>Active Military End Strength (E/S) (Total)</u>	<u>477</u>	<u>472</u>	<u>458</u>	<u>-5</u>	<u>-14</u>
Officer	150	147	152	-3	5
Enlisted	327	325	306	-2	-19
<u>Active Military Average Strength (A/S) (Total)</u>	<u>468</u>	<u>475</u>	<u>466</u>	<u>7</u>	<u>-9</u>
Officer	148	149	150	1	1
Enlisted	320	326	316	6	-10
<u>Civilian FTEs (Total)</u>	<u>1,763</u>	<u>2,032</u>	<u>1,982</u>	<u>269</u>	<u>-50</u>
U.S. Direct Hire	1,722	1,976	1,927	254	-49
Foreign National Direct Hire	10	13	13	3	0
Total Direct Hire	1,732	1,989	1,940	257	-49
Foreign National Indirect Hire	31	43	42	12	-1
Average Annual Civilian Salary (\$ in thousands)	106.5	106.4	119.0	-0.1	12.6
<u>Contractor FTEs (Total)</u>	<u>4,754</u>	<u>4,034</u>	<u>5,228</u>	<u>-720</u>	<u>1,194</u>

**Military:**

The decrease from FY 2014 to FY 2015 of (-5) includes Air Force reduction (-5) to meet requirements of the Budget Control Act. The decrease from FY 2015 to FY 2016 of (-14) includes Navy (+4) for DOD Integrated Electronic Health Record and Air Force (-18) to meet requirements of the Budget Control Act.

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**Civilian:**

The increase of civilian personnel from FY 2014 - FY 2015 reflects Navy and Defense Health Agency insourcing initiatives and increases due to end of year adjustments for all DHP components as FY 2014 actuals were less than programmed due hiring lag impacted by Sequestration in FY 2013. The decrease from FY 2015 - FY 2016 reflects 20% Headquarters and Component civilian workload analysis.

**Contractor:**

The decrease in contractor personnel from FY 2014 - FY 2015 reflects Air Force IM/IT contract reduction and the Defense Health Agency's 20% reduction in headquarters. The increase from FY 2015 - FY 2016 reflects increases in sustainment funding for the Armed Forces Health Longitudinal Technology Application and Composite Health Care Systems, Medical Community of Interest, and Virtualization enhancement and changes for the Integrated Electronic Health Record restructuring to the Defense Medical Information Exchange.

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

<u>OP 32 Line</u>	<u>FY 2014 Actual</u>	<u>Change FY 2014/FY 2015</u>		<u>FY 2015 Estimate</u>	<u>Change FY 2015/FY 2016</u>		<u>FY 2016 Estimate</u>
		<u>Price</u>	<u>Program</u>		<u>Price</u>	<u>Program</u>	
101 Exec, Gen'l & Spec Scheds	185,759	1,858	25,658	213,275	2,613	17,042	232,930
<b>199 TOTAL CIV COMPENSATION</b>	<b>185,759</b>	<b>1,858</b>	<b>25,658</b>	<b>213,275</b>	<b>2,613</b>	<b>17,042</b>	<b>232,930</b>
308 Travel of Persons	2,287	41	1,050	3,378	57	2,190	5,625
<b>399 TOTAL TRAVEL</b>	<b>2,287</b>	<b>41</b>	<b>1,050</b>	<b>3,378</b>	<b>57</b>	<b>2,190</b>	<b>5,625</b>
412 Navy Managed Supply, Matl	47	1	-48	0	0	0	0
416 GSA Supplies & Materials	466	8	186	660	11	2	673
417 Local Purch Supplies & Mat	37	1	403	441	7	1	449
422 DLA Mat Supply Chain (Medical)	12	0	52	64	0	1	65
<b>499 TOTAL SUPPLIES &amp; MATERIALS</b>	<b>562</b>	<b>10</b>	<b>593</b>	<b>1,165</b>	<b>18</b>	<b>4</b>	<b>1,187</b>
503 Navy Fund Equipment	0	0	141	141	0	3	144
506 DLA Mat Supply Chain (Const & Equip)	14	0	-12	2	0	1	3
507 GSA Managed Equipment	1,267	23	-379	911	15	3	929
<b>599 TOTAL EQUIPMENT PURCHASES</b>	<b>1,281</b>	<b>23</b>	<b>-250</b>	<b>1,054</b>	<b>15</b>	<b>7</b>	<b>1,076</b>
601 Army Industrial Operations	18,454	576	-8,378	10,652	844	2,857	14,353
614 Space & Naval Warfare Center	53,731	688	-45,646	8,773	142	-102	8,813
633 DLA Document Services	318	18	-315	21	0	0	21
635 Navy Base Support (NAVFECC Other Support Services)	186	2	-188	0	0	341	341
647 DISA Enterprise Computing Centers	80,165	-593	2,498	82,070	-8,215	9,660	83,515
671 DISA DISN Subscription Services (DSS)	12,939	246	-5,985	7,200	-669	1,328	7,859
677 DISA Telecomm Svcs - Reimbursable	79	6	-67	18	0	1	19
679 Cost Reimbursable Purchase	0	0	9	9	0	2	11
<b>699 TOTAL DWCF PURCHASES</b>	<b>165,872</b>	<b>943</b>	<b>-58,072</b>	<b>108,743</b>	<b>-7,898</b>	<b>14,087</b>	<b>114,932</b>
771 Commercial Transport	331	6	-96	241	4	0	245
<b>799 TOTAL TRANSPORTATION</b>	<b>331</b>	<b>6</b>	<b>-96</b>	<b>241</b>	<b>4</b>	<b>0</b>	<b>245</b>
901 Foreign National Indirect Hire (FNIH)	1,887	19	927	2,833	35	-74	2,794
902 Separation Liab (FNIH)	53	1	-1	53	1	-1	53

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<u>OP 32 Line</u>	<u>FY 2014 Actual</u>	<u>Change FY 2014/FY 2015</u>		<u>FY 2015 Estimate</u>	<u>Change FY 2015/FY 2016</u>		<u>FY 2016 Estimate</u>
		<u>Price</u>	<u>Program</u>		<u>Price</u>	<u>Program</u>	
912 Rental Payments to GSA (SLUC)	4,564	82	2,208	6,854	117	581	7,552
913 Purchased Utilities (Non-Fund)	3	0	201	204	3	14	221
914 Purchased Communications (Non-Fund)	6,006	108	9,410	15,524	264	293	16,081
915 Rents (Non-GSA)	1,828	33	-1,048	813	14	110	937
917 Postal Services (U.S.P.S)	172	3	-57	118	2	0	120
920 Supplies & Materials (Non-Fund)	6,713	121	13,072	19,906	338	939	21,183
921 Printing & Reproduction	939	17	594	1,550	26	-529	1,047
922 Equipment Maintenance By Contract	3,344	60	81	3,485	59	-174	3,370
923 Facilities Sust, Rest, & Mod by Contract	5	0	295	300	5	95	400
925 Equipment Purchases (Non-Fund)	47,776	860	-9,804	38,832	660	5,012	44,504
926 Other Overseas Purchases	0	0	1	1	0	1	2
932 Mgt Prof Support Svcs	48,032	865	-4,059	44,838	762	32,984	78,584
933 Studies, Analysis & Eval	1,257	23	2,155	3,435	58	141	3,634
934 Engineering & Tech Svcs	8,378	151	-8,225	304	5	3,020	3,329
937 Locally Purchased Fuel (Non-Fund)	9	0	-9	0	0	0	0
955 Other Costs (Medical Care)	81,530	3,017	-54,378	30,169	1,116	-22,717	8,568
960 Other Costs (Interest and Dividends)	0	0	142	142	2	1	145
964 Other Costs (Subsistence and Support of Persons)	1	0	-1	0	0	0	0
986 Medical Care Contracts	7,746	287	-8,033	0	0	15,631	15,631
987 Other Intra-Govt Purch	58,128	1,046	35,327	94,501	1,607	-8,543	87,565
988 Grants	2	0	-2	0	0	0	0
989 Other Services	23,527	423	30,871	54,821	932	2,721	58,474
990 IT Contract Support Services	866,927	15,605	8,625	891,157	15,150	61,331	967,638
<b>999 TOTAL OTHER PURCHASES</b>	<b>1,168,827</b>	<b>22,721</b>	<b>18,292</b>	<b>1,209,840</b>	<b>21,156</b>	<b>90,836</b>	<b>1,321,832</b>
<b>Total</b>	<b>1,524,919</b>	<b>25,602</b>	<b>-12,825</b>	<b>1,537,696</b>	<b>15,965</b>	<b>124,166</b>	<b>1,677,827</b>