

**Defense Health Program
Fiscal Year (FY) 2020 President's Budget
Operation and Maintenance
Procurement Program**

Appropriation Procurement (\$ M)

Date: March 2019

Line No.	Item Nomenclature	FY 2018 Actual	FY 2019 Base	FY 2019 OCO	FY 2019 Total Request	FY 2020 Base	FY 2020 OCO	FY 2020 Total Request	FY 2021 Estimate	FY 2022 Estimate	FY 2023 Estimate	FY 2024 Estimate
1	Items greater than \$250,000 each:											
	Medical Equipment - Replacement/Modernization	360.831	343.424	0.000	343.424	225.774	0.000	225.774	238.618	247.366	257.175	266.593
	Medical Equipment - New Facility Outfitting	26.978	33.056	0.000	33.056	26.135	0.000	26.135	22.932	26.926	27.625	28.344
	Joint Operational Medicine Information System	0.000	0.000	0.000	0.000	0.314	0.000	0.314	2.620	2.749	1.515	96.384
	Military Health System - Desktop to Datacenter	0.000	0.000	0.000	0.000	73.010	0.000	73.010	70.872	72.302	0.000	0.000
	Information Technology Development and Sustainment - DoD Healthcare Management System Modernization	264.193	496.680	0.000	496.680	129.091	0.000	129.091	308.504	435.414	327.732	31.033

The Defense Health Program (DHP) procurement budget represents a critical element of the Department's capability to provide high quality, cost effective health care for active duty and other eligible beneficiaries. Funds identified in this submission support the acquisition of equipment for facilities in the Army, Navy, Air Force, and National Capital Region Medical Directorate (NCRMD). Those facilities range from sophisticated tertiary care medical centers to outpatient and dental clinics and physiological training units. This equipment is essential to provide high quality health care services that meet accepted standards of practice. The required safety standards, related laws and regulatory requirements from credentialing and health care standard setting organizations influence and affect the requirement for, cost of, and replacement and modernization of medical equipment. Without the identified resources, the DHP's capability to meet the Department's medical equipment requirements will be severely degraded.

The most significant medical equipment investments will be in the radiographic, surgical, and information systems functional areas. The driving factors are rapid technological advancements in these areas and the need for DoD's health care delivery system to maintain the standards of care set by the civilian health care sector. Procurement investments for information systems will cover software license acquisitions, infrastructure, and hardware replacement supporting the Department of Defense's Military Health System (MHS) Information Technology.

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

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The MHS Desktop to Datacenter includes resources for the design, build, testing, installation, fielding, upgrades and sustainment of information technology (IT) supporting the DoD's ability to provide and maintain infrastructure and enterprise support services for Military Health System (MHS) centrally managed IT systems in all managed health care regions worldwide.

The DHMSM program acquired an integrated inpatient/outpatient Best of Suite (BoS) electronic health record (EHR) solution, augmented by the Best of Breed (BoB) product(s). The overarching goal of the program is to enable healthcare teams to deliver high-quality, safe care and preventive services to patients through the use of easily accessible standards-based computerized patient records. The anticipated benefits include: improved accuracy of diagnoses and medication; improved impact on health outcomes; increased patient participation in the healthcare process; improved patient-centered care coordination; and increased practice efficiencies in all settings, including all DoD operational environments.