

**Defense Health Program
Fiscal Year (FY) 2021 President's Budget
Operation and Maintenance
Information Management**

I. Description of Operations Financed:

Service Medical Information Management/Information Technology (IM/IT) - Provides resources for 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' 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

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I. Description of Operations Financed (cont.)

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, North Chicago, IL 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 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 Major Defense

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I. Description of Operations Financed (cont.)

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. The Defense Medical Information Exchange (DMIX) Program includes 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. This program element also includes funding to support program office operations (e.g., Government and Vendor), 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 to integrate components of the Military Health System (MHS) sustaining base systems and the Services' medical information systems to ensure continuous interoperable medical support for mobilization, 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

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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 reduced 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 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

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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.

Cybersecurity - Provides resources for the design, build, fielding, development, refresh and sustainment of information technology (IT) supporting: the DoD's ability to maintain an appropriate level of confidentiality, integrity, authentication, non-repudiation and availability; the information and information assets; the documentation of threats and vulnerabilities; the trustworthiness of users and interconnecting systems; and the minimization of the impact of impairment or destruction to the DoD information

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system(s). The Military Health System cybersecurity is a form of defensive cybersecurity designed for the protection of information against unauthorized interception, modification, fabrication, and interruption of data in transit and at rest. Resources will encompass boundary protection and intrusion detection systems; assessment and authorization; developing and maintaining information assurance (IA) policy and governance; network continuity; continuous monitoring; training; Public Key Encryption (PKE) and Public Key Infrastructure (PKI) implementation; and computer network defense. Includes DHA Risk Management Framework that provides a process that integrates security and risk management activities into the system development life cycle. The risk-based approach to security control selection and specification considers effectiveness, efficiency, and constraints due to applicable laws, directives, Executive Orders, policies, standards, or regulations. These activities related to managing organizational risk are paramount to an effective information security program and can be applied to both new and legacy systems within the context of the system development life cycle and the Federal Enterprise Architecture. This program element will not be used to capture resources for investments that are embedded in another system or for IT security management, as described by DoD CIO as unclassified, non-weapon system resources needed for Certification & Accreditation, Public Key Infrastructure, virus protection, malware, and/or firewalls.

Military Health System (MHS) Desktop to Datacenter (D2D) - Provides 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

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systems in all managed health care regions worldwide. Resources will encompass: Circuits, Network Service Operations Center, MHS Enterprise Service Operations Centers (MESOC) Regional Services, Video Network Center, Lifecycle Management (Asset Management Support Services and Enterprise Software Management), Performance Planning Management, and Boundary Services and Server Sustainment. This includes the following: (1) Network Security Management Service (NSMS): Seamless integrated Wide, Local and Wireless Network allowing health care providers/staff to move from hospital to hospital and authenticate to all IT services without the need of separate accounts; (2) Desktop as a Service (DaaS): Desktop design standardization across the application, desktop and server environments allowing providers/staff ability to move from one exam room to another within the medical facility and have access to information; (3) Compute and Storage Management (CSMS): Centrally managed integrated, robust computing infrastructure that provides a standard method to host applications and the ability to use single applications to support health care encounters; (4) Directory Services Enterprise Management (DSEM): Centralized, secure access and authentication capability to network resources that allows providers and staff to all IT services without the need of multiple accounts; (5) Global Service Center (GSC): Consolidated MHS enterprise IT Service Desk allowing for a single point of contact for all customers regardless of physical location.

II. Force Structure Summary:

This program funds concept exploration, management and sustainment of automated information systems, communications and computing infrastructure, related technical

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II. Force Structure Summary (cont.)

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.

Workload Introduction:

The Information Management/Information Technology (IM/IT) workload data presented in the Performance Criteria and Evaluation Summary section is designed to give greater insight and a clearer depiction of the Defense Health Agency's IM/IT work for: (1) Military Treatment Facility IT Support; (2) MHS Enterprise Cyber Security Support; (3) Defense Health Agency Global Service Center; (4) Desktop to Datacenter and Medical Community of Interest (Med-COI) Deployments; (5) DoD Healthcare Management Systems Modernization (DHMSM) planned deployment schedule (6) DOD Medical Information Exchange and Interoperability (DMIX); and (7) Theater Medical Information - Joint (TMIP-J).

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	FY 2020						
	FY 2019	Budget	Congressional Action			Current	FY 2021
			<u>Actuals</u>	<u>Request</u>	<u>Amount</u>		
A. <u>BA Subactivities</u>							
1. Service Medical IM/IT	345,594	169,301	0	0.0	169,301	257,585	132,744
2. DHP IM/IT Support Programs	37,082	34,906	0	0.0	34,906	34,906	35,451
3. Tri-Service IM/IT	1,306,146	595,990	-5,650	-1.0	590,340	644,099	884,820
4. Integrated Electronic Health Record (iEHR)	21,839	17,931	0	0.0	17,931	18,000	10,191
5. DoD Healthcare Management System Modernization (DHMSM)	356,314	455,647	-21,000	-4.6	434,647	433,988	480,551
6. DoD Medical Information Exchange and Interoperability (DMIX)	47,423	47,503	0	0.0	47,503	47,503	53,590
7. Theater Medical Information Program - Joint (TMIP-J)	58,205	89,042	-17,800	-20.0	71,242	71,651	2,721
8. Joint Operational Medicine Information System (JOMIS)	11,533	17,206	-3,400	-19.8	13,806	13,987	4,213
9. Cybersecurity	0	150,929	0	0.0	150,929	151,398	138,574
10. Military Health System Desktop to Datacenter (D2D)	0	426,133	0	0.0	426,133	484,337	297,055
Total	2,184,136	2,004,588	-47,850	-2.4	1,956,738	2,157,454	2,039,910

1. FY 2019 actuals do not reflect Department of Defense (DoD) Medical Eligible Retiree Health Care Fund (MERHCF) of \$900K (O&M only).
2. FY 2019 actuals includes \$125,059K which supported the Desktop to Datacenter (D2D) Program Implementation at the Defense Health Agency, Desktop to Datacenter implementation at Army Medical Command and Air Force Medical Services, and Military Treatment Facilities (MTFs) local IT Support at Army Medical Command and National Capital Region-Medical Directorate.
3. FY 2019 actuals reflects \$44,221K of FY 2019/2021 procurement funds realigned to FY 2019 O&M.

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4. FY 2020 estimate does not reflect DoD MERHCF of \$1,000K (O&M only).

5. FY 2020 estimate includes \$198,000K in anticipate IM/IT unfunded requirements which provide MTFs local IT Support at Army Medical Command, Navy Bureau of Medicine and Surgery, Air Force Medical Services, and National Capital Region-Medical Directorate, as well as Desktop to Datacenter and Functional Area Applications IM/IT operations at the Defense Health Agency.

6. FY 2021 estimate does not reflect DoD MERHCF of \$971K (O&M only).

7. The following are Information Management/Information Technology (IM/IT) Budget Activity Group internal program element realignments:

(a) Integrated Electronic Health Record (iEHR) program element funds realigned to DoD Medical Information Exchange (DMIX): Realigns \$6,739K from iEHR to DMIX to standardize accounting for budgeting and execution of the Increment 1, Single Sign-On/Context Management funds in the DMIX program element. All other functions previously reported under iEHR Increment 1 are now reported under the Defense Medical Information Exchange (DMIX) initiative.

(b) Desktop to Datacenter funds realigned to Tri-Service IM/IT: Realigns \$923K from Desktop to Datacenter to Tri-Service IM/IT to standardize accounting for budgeting and execution of the existing Deputy Assistant Director, Information Operations, Performance Resource Management Division staff within the Tri-Service IM/IT program element.

(c) Medical Operations Data Systems Program Management Office Realignment: Realigns funding for five (5) FTEs (\$599K) and support costs (\$282K) from the Defense Health Agency, Tri-Service IM/IT program element to the Army Medicine, Service Medical IM/IT program element to standardize accounting for budgeting and execution of the Medical Operations Data Systems (MODS) Program Management Office by the Army Medical Command. MODS is the current Enterprise System for Individual Medical Readiness and supports Global Medical Force Readiness. Army Medicine will transfer these funds to the Department of the Army in FY 2021.

(d) Establish Cybersecurity Baseline: The Defense Health Agency established the Cybersecurity program element and baseline funding, FTEs, and contract support in PB2020 through realignment of funds and associated FTE costs from the Tri-service IM/IT program element (\$132,960K and 36 FTEs) and the Service Medical IM/IT program element (\$17,969K and 163 FTEs) within the same OP32 lines.

Cybersecurity funds will resource the design, build, fielding, development, refresh and sustainment of information technology supporting the DoD's ability to maintain an appropriate level of confidentiality, integrity, authentication, non-repudiation and network availability. Includes the Defense Health Agency Risk Management Framework that provides a process that integrates security and risk management activities into the MHS IM/IT system infrastructure. The risk-based approach to security control selection and specification considers effectiveness, efficiency, and constraints due to applicable laws, directives, Executive Orders, policies, standards, or regulations.

(e) Establish Desktop to Datacenter Baseline: The Defense Health Agency established the Desktop to Datacenter baseline funding, FTEs, and contract support in PB 2020 through realignment of funds and associated FTE costs to the Desktop to Datacenter program element from the Tri-service IM/IT program element (\$426,133K and 240 FTEs) within the same OP32 lines. Desktop to Datacenter funds will resource 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. Funds the following infrastructure and enterprise support services:

(1) Network Security Management Service (NSMS): Seamless integrated Wide, Local and Wireless Networks; (2) Desktop as a Service (Daas): Desktop standardization across the application, desktop and server environments; (3) Compute and Storage Management (CSMS): Centrally managed integrated, robust computing and storage infrastructure; (4) Directory Services Enterprise Management (DSEM): Centralized, secure access and authentication capability to network resources; (5) Global Service Center (GSC): Consolidated MHS enterprise IT Service Desk allowing for a single point of contact for all customers regardless of physical location.

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B. <u>Reconciliation Summary</u>	Change	Change
	<u>FY 2020/FY 2020</u>	<u>FY 2020/FY 2021</u>
Baseline Funding	2,004,588	2,157,454
Congressional Adjustments (Distributed)	-47,850	
Congressional Adjustments (Undistributed)		
Adjustments to Meet Congressional Intent		
Congressional Adjustments (General Provisions)		
Subtotal Appropriated Amount	1,956,738	
Fact-of-Life Changes (2020 to 2020 Only)	2,716	
Subtotal Baseline Funding	1,959,454	
Supplemental		
Reprogrammings	198,000	
Price Changes		43,179
Functional Transfers		-52,078
Program Changes		-108,645
Current Estimate	2,157,454	2,039,910
Less: Wartime Supplemental		
Normalized Current Estimate	2,157,454	

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C. <u>Reconciliation of Increases and Decreases</u>	<u>Amount</u>	<u>Totals</u>
FY 2020 President's Budget Request (Amended, if applicable)		2,004,588
1. Congressional Adjustments		-47,850
a. Distributed Adjustments		
1) DoD Healthcare Management Systems Excess Growth:	-21,000	
2) Historical Underexecution:	-5,650	
3) Joint Operational Medicine Information Systems Excess Growth:	-3,400	
4) Theater Medical Information Program-Joint Excess Growth:	-17,800	
b. Undistributed Adjustments		
c. Adjustments to Meet Congressional Intent		
d. General Provisions		
FY 2020 Appropriated Amount		1,956,738
2. OCO and Other Supplemental Enacted		
3. Fact-of-Life Changes		2,716
a. Functional Transfers		
b. Technical Adjustments		
1) Increases		
a) FY 2020 Adjustments for Civilian pay raise and subsequent revisions impacting BAG 4:	2,716	
FY 2020 Baseline Funding		1,959,454
4. Reprogrammings (Requiring 1415 Actions)		198,000
a. Increases		
1) Desktop to Datacenter / Med-COI Deployment:	58,204	
Funds the Defense Health Agency continued Desktop to Datacenter (D2D)/Medical Community of Interest (Med-COI) network modernization requirements for full deployment in FY 2020. Funds will support the deployment for Desktop to Datacenter throughout		

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Military Health System for both Military Treatment Facilities and support activities. Funds also sustains the implementation of already procured circuits, routers, switches, servers and network storage at over 39 locations, where D2D is already deployed. The requirement also supports effective transfer of legacy data systems on to the Med-COI Infrastructure, which is also necessary to support Risk Management Framework (RMF), Cybersecurity accreditation, and will fund medical device reconfiguration necessary for interface with the Med-COI. Funding is required to mitigate unforeseen challenges associated with operationalizing the necessary infrastructure upgrades. Funds increase the Desktop to Datacenter program element. The Defense Health Agency is currently reviewing execution requirements and potential sources for internal realignments. Final resourcing decision will be completed during mid-year review.

2) Functional Area Application Restoral:

53,759

Funds the Queuing, Medical Logistics, Data Reuse/Registries, and computational performance management applications within the Tri-Service IM/IT program element that were reduced during the Information Management/Information Technology reform reductions. Reductions were aimed at eliminating duplicative services with the implementation of MHS GENESIS. Due to the MHS GENESIS updated deployment schedule, it is vital to sustain these applications

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in FY 2020 to ensure no loss of critical capability of the existing systems. Additionally, includes a small restoral to associated cybersecurity activities and DISA-provided hosting support of clinical applications. The Defense Health Agency is currently reviewing execution requirements and potential sources for internal realignments. Final resourcing decision will be completed during mid-year review.

3) Service Medical Information Management / Information Technology Operations:

86,037

Technology (IM/IT) operations within the Service Medical IM/IT program element that were reduced during the IM/IT reform reductions. Reductions were incorporated into the budget profile based on unrealistic IT manpower assumptions and meeting the MHS GENESIS scheduled deployment. Funds sustain current levels of IT operations at the Services Medical Treatment Facilities and support activities to include IT contract support, Medical IT clinical, readiness and business systems, and IT infrastructure until replaced by Desktop to Datacenter/Med-COI. Funding is required to mitigate unforeseen challenges associated with operationalizing the necessary infrastructure upgrades. By Service, funds are increased at Army Medical Command (+\$32,159K), Navy Bureau of Medicine and Surgery (+\$22,040K), Air Force Medical Services (+\$20,972K), the National Capital Region (+\$10,743K), and the Defense Health Agency (\$123K). The Defense Health Agency is currently

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reviewing execution requirements and potential sources for internal realignments. Final resourcing decision will be completed during mid-year review.		
Revised FY 2020 Estimate		2,157,454
5. Less: OCO and Other Supplemental Appropriations and Reprogrammings (Items 2 and 4)		
FY 2020 Normalized Current Estimate		2,157,454
6. Price Change		43,179
7. Functional Transfers		-52,078
a. Transfers In		
1) Defense Information Systems Network Capital Investment:		
Transfers funding to the Defense Health Agency (DHA) from the Defense Information Systems Agency (DISA) to fund the Defense Information Systems Network (DISN) and cybersecurity investments in accordance with the agreement between DISA and the Military Departments to use DISA's Defense Working Capital Fund, Capital Investment Program. The funding DISA transferred to DHA for DISN Infrastructure and cybersecurity capital investments will be recovered by DISA through the DISN-Infrastructure Services rate. Funds increase DHA's Desktop to Data Center program element, OP32 line 671, DISA, DISN subscription services.	1,347	
b. Transfers Out		
1) Army Medical Civilian Personnel Transfer to the Department of the Army:		
Transfers two (2) FTEs and associated funding from the Army Medical Command's Service Medical IM/IT	-211	

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<p>program element to the Department of the Army to accurately reflect the transfer of assets to the Department of the Army, in compliance with Military Health System reform initiatives.</p> <p>2) Defense Wide Review (DWR) - Medical Readiness Transfer to the Military Departments:</p> <p>In accordance with the FY 2021 Secretary of Defense Memo, Department of Defense Reform Focus in 2020, the Defense Health Program transfers the Service's Medical Readiness activities which occur outside of the Military Treatment Facilities to the Military Departments. This transfer allows the medical force structure to meet the operational requirements in support of the National Defense Strategy and support the Congressionally-mandated reforms to the Military Health System. The following Information Management/Information Technology Medical Readiness programs have been identified as functions that would be more effectively and efficiently run by the Military Departments:</p> <p>(a) Army Medicine (-\$34,119K; -24 Civilian Fulltime Equivalent): Transfers funding to the Department of the Army for Information Assurance (IA) missions at the Medical Research and Development Command (MRDC), Medical Center of Excellence and Army Public Health Center. Includes funding transferred for IT medical readiness supporting:</p> <p>(1) The Medical Operations Data Systems Program</p>	-53,214	

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Management Office - Army Medicine's authoritative data source for Individual Medical Readiness and Global Medical Force Readiness.

(2) The Holistic Health and Fitness program - a comprehensive, integrated and immersive readiness system that generates lethal Soldiers who are physically, mentally, and spiritually ready to engage with and defeat the enemy in multi-domain operations.

(3) Medical Simulation - allows providers to train on unique and specialized procedures with increased sets and repetitions that are not available at their assigned Medical Treatment Facility.

(4) Virtual Health Operational Reach - designed to connect soldiers to health care globally in order to increase readiness, access, quality, and patient safety.

(5) General Officer Readiness-Executive Health - designed to enhance General Officer readiness and resilience.

(6) Army Medical Department Medical Skills Sustainment - designed to improve critical wartime trauma care and deliver vital medical training capabilities through leveraging civilian partnership agreements.

(7) US Army Medical Department Center and School - tasked to envision and design responsive Army Medicine capabilities and structure that support the fielded force and the future force.

(8) Health Readiness Center of Excellence - tasked

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with maintaining a focus on combat casualty care.

(9) The HIV Testing and Pre-Exposure Program located at Walter Reed Army Institute of Research HIV Diagnostics Reference Laboratory - focus on efforts to control HIV transmission.

(b) Air Force Medical Services (-\$17,596K):
Transfers funding to the Department of the Air Force for:

(1) The Aeromedical Consultation Service
Electrocardiographic Library - provides the capability to evaluate, share, and manage ECGs and other cardiac-related measurements and studies from a central, verified (flying status) database for the purposes of aeromedical consultation.

(2) Aeromedical Evacuation Physiological Monitoring system - which the Air Force uses to monitor patient's physiological state and during Aeromedical Evacuation missions.

(3) Aeromedical Evacuation Electronic Health Record - required for Aeromedical Evacuation documentation of patient care for Aeromedical Evacuation missions.

(4) Air Force Medical Omnibus Web Applications Pool - Air Force Medical community uses to this tool to manage information in direct support of active duty Air Force, Air National Guard, and Air Force Reserve staff members at state side and deployed bases during peace and wartime operations.

(5) Critical Care Air Transport Team Equipment -

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necessary to continuously monitor and maintain stabilization of critically ill/injured patients during enroute care in either an inter- or intra-theater mission support role.

(6) Expeditionary Clinical Proficiency System - standardizes theater medicine system training for the entire Air Force.

(7) Air Force Medical Information System - the Air Force uses this system to process Medical Deployment Waivers and as a Database Repository and Management for Quality Assurance and Workload analyses.

(8) Medical Readiness Decision Support System - provides enhanced global visibility of medical materiel, personnel, and their training to allow for the efficient management and deployment of those assets.

(9) Dolphin Ortho Modeling Software - a centrally executed dental ortho-modeling software in support of dental services Air Force-wide.

(10) Air Force Medical Modeling & Simulation Portal - provides medical modeling and simulation training, standardized processes to systematically identify and address training requirements, and advance technologies and methodologies improving health care outcomes.

(11) Air Force Training Record medical readiness IT programs - captures career field training and deployment status related to training for Air Force personnel.

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(c) Navy Bureau of Medicine and Surgery (-\$1,499K; -12 Civilian Fulltime Equivalents): Transfers funding to the Department of the Navy to support existing and emerging computer technologies for two major Readiness Mission functions at the Naval Medicine Operational Training Center (NMOTC):

(1) Navy Medicine Operational Information Technology/Management - provides development of testing and training applications for human performance.

(2) Aviation Survival training missions - hosts web services and servers, provides business support, and other technical services in support of the Readiness Mission under the Navy Medical Training Management Operations Office (NMTMO).

8. Program Increases

213,263

a. Annualization of New FY 2020 Program

b. One-Time FY 2021 Increases

c. Program Growth in FY 2021

1) a. MHS IMIT Legacy System Sustainment:

124,506

Funds the Military Treatment Facilities (MTFs) Information Management/Information Technology (IM/IT) and Defense Health Agency IT Infrastructure ongoing operating costs. Funds ensure continued operations of 23 critical clinical, readiness, and business IM/IT systems, and provides for needed hardware/software enhancements necessary for ongoing patient care and IM/IT infrastructure sustainment.

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Without continued funding, the Defense Health Agency will have to shut down these systems, against the advice of the functional community, resulting in failing infrastructure and mounting IM/IT hardware/software issues. In addition, funds provide for sustainment of MTF local IT support. Without continued funding, small MTFs will see most of their contract support end, leaving these facilities in an unsustainable manning situation. Funds will better prepare the Military Treatment Facilities for the Desktop to Datacenter/Medical Community of Interest (Med-COI) implementation and a successful MHS GENESIS deployment. Funds will be executed at the Defense Health Agency for MTF Medical IM/IT operations, local IT support and management of the MHS IT infrastructure operations, and at the Medical Services for sustainment of the Services Medical IM/IT Readiness systems. The FY 2020 Information Management/Information Technology baseline funding is \$1,956,738K. The FY 2020 Information Management/Information Technology baseline contractor staffing is 4,914 CMEs.		
2) b. Department of Defense Healthcare Management System Modernization Increase: Increased funding to DHMSM program element supports the following items: (a) MHS GENESIS Deployment (\$30,070K): Continues funding the initial operating capabilities deployment of the MHS GENESIS Electronic Health Record (EHR)	37,928	

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based on the DoD Healthcare Management System (DHMS) Program Executive Office's (PEO) updated deployment schedule and estimates developed for the Full Decision Deployment (FDD). In addition, provides sustainment funds for sites already operating the MHS GENESIS EHR.

(b) Cerner Patient Accounting Module (CPAM) (\$4,642K): Funds the CPAM and 3M 360 Encompass coding application necessary to provide integrated patient level accounting and billing functionality in the MHS GENESIS Electronic Health Record system at industry's current standard.

(c) Unified Electronic Health Record HealtheIntent (\$2,666K): Continues funding the requirements to add the Department of Veterans' Affairs (VA) HealtheIntent capability to the DoD electronic health record system, MHS GENESIS. HealtheIntent is a clinical application platform for population health and analytic tools, and offers a seamless longitudinal record between the DoD and VA that will grant Providers and beneficiaries access to the detailed history associated with an injury, which will facilitate better decision making along the continuum of care, whether the patient be an active duty Service Member or a Veteran.

(d) Cerner Clinical Application Services (\$550K): Continues funding the requirements for the Cerner Clinical Application Services (CAS) and associated information technology infrastructure within MHS

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GENESIS. The CAS provides the capabilities to utilize analytics and data modeling; decision-support and advanced prognostic competencies; direct monitoring of detailed internal timings and workflow metrics; and analytical data that enables the Defense Health Agency to identify areas for improvement and benchmark Military Treatment Facilities against other leading health facilities.

The FY 2020 DHMSM baseline funding is \$434,647K and the DHMSM baseline contractor staffing is 1,433 CMEs.

3) c. Theater Medical Information Systems-Joint:

17,091

Funds increased Theater Medical Information Program-Joint (TMIP-J) requirements for additional functional capabilities necessary for TMIP-J systems to seamlessly interface with the new Electronic Health Record, MHS GENESIS. Specifically, funds buy IT Contract Support to build and sustain the data interface between TMIP-J systems and the MHS GENESIS to share patient data, and for the contractor to provide instructor and end user training for all TMIP-J users. In addition, funds maintain TMIP-J operations that integrate components of the Military Health System existing IT capabilities and the Services' medical information systems to ensure continuous interoperable medical support for mobilization, deployment and sustainment of all theater and deployed forces in support of any mission. TMIP-J is the only theater system with healthcare delivery, medical logistics, patient

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<p>movement and tracking, medical command and control, tele-radiology, medical situational awareness, first responder, reporting, and maritime medicine capabilities. These funds will be realigned to the Software and Digital Technology Budget Activity, BA08 in FY 2021. The FY 2020 TMIP-J baseline funding is \$ 71,242K and the TMIP-J baseline contractor staffing is 283 CMEs.</p>		
<p>4) d. Joint Operational Medicine Information System (JOMIS):</p> <p>Incremental funding to develop and sustain field operations medical capabilities for DoD medicine operational locations. Funds buy IT contract support services to develop and sustain field operational capabilities to replace the Electronic Health Record (EHR) functionality within TMIP-J. Funds 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. These funds will be realigned to the Software and Digital Technology Budget Activity, BA08 in FY 2021. The FY 2020 JOMIS baseline funding is \$13,806K and the JOMIS baseline contractor staffing is 47 CMEs.</p>	11,032	
<p>5) e. Legacy Data Repository Increase:</p> <p>Continues funding IT contracts services to implement a flexible, scalable, and cost effective Legacy Data Repository platform to assume data management and governance for legacy Clinical and Business data</p>	3,599	

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<p>systems decommissioned during the MHS GENESIS deployment. Funds increase the Tri-service IM/IT program element. The FY 2020 Tri-Service IM/IT baseline funding is \$590,340K and the Tri-Service IM/IT baseline contractor staffing is 987 CMEs.</p>		
<p>6) f. Purchased Care Information Technology Funding Realignment:</p> <p>Realigns information technology funding to Information Management/Information Technology, Tri-Service IM/IT program element from Private Sector Care to account for the budgeting and execution of the IT operating costs for the TRICARE Encounter Data (TED) and Patient Encounter Processing and Reporting (PEPR) applications within the Tri-Service IM/IT program element. Realignment allows for managerial oversight and execution of all IT funding within the Health Information Technology Directorate. The FY 2020 Tri-Service IM/IT program element baseline funding is \$590,340K. The FY 2020 Tri-Service IM/IT program element baseline contractor is 987 CMEs.</p>	17,883	
<p>7) g. Veterinary Services Information Management Systems Realignment:</p> <p>Realigns three (3) civilian FTEs and information technology funding (\$1,224K) to Information Management/Information Technology, Tri-Service IM/IT program element from Research, Development, Test and Evaluation (-\$792K) and Consolidated Health Support, (3FTEs;-\$432K) to account for the budgeting and execution of the IT capability for the Veterinary</p>	1,224	

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Service Information Management System (VSIMS). This realignment allows for oversight of the VSIMS IT capability, which supports DoD food protection (food safety plus food defense), veterinary public health, and operational missions at over 700 locations around the world. In addition, this realignment supports the Defense Health Agency's effort to finalize the standardization of information technology at DHA under the Enterprise Support Activity construct. The FY 2020 Tri-Service IM/IT baseline funding is \$590,340K. The FY 2020 Tri-Service IM/IT civilian baseline staffing is 165 FTEs and the baseline contractor staffing is 987 CMEs.		
9. Program Decreases		-321,908
a. Annualization of FY 2020 Program Decreases		
b. One-Time FY 2020 Increases		
c. Program Decreases in FY 2021		
1) a. Realignment to Software and Digital Technology Budget Activity 08:		
Realigns Theater Medical Information Program-Joint (TMIP-J) funds (-\$87,479K) and Joint Operational Medicine Information Systems (JOIMS) funds (-\$21,051K) from Information Management/Information Technology to establish the Software & Digital Technology Budget Activity in the Research, Development, Test & Evaluation (RDT&E) appropriation. The creation of the new Software & Digital Technology Budget Activity allows software capability delivery to be funded as a single budget line item, with no	-108,458	

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separation between RDT&E, production and sustainment. The FY 2020 TMIP-J baseline funding is \$71,242K and the FY 2020 baseline contractor staffing is 283 CMEs. The FY 2020 JOMIS baseline funding is \$13,806K and the FY 2020 baseline contractor staffing is 47 CMEs.		
2) b. Desktop to Data Center (D2D): Adjusts the Desktop to Datacenter (D2D) funding required to resource 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 worldwide. Desktop to Datacenter reduced funding is achieved through the conclusion of Desktop to Datacenter/ Medical Community of Interest (Med-COI) deployment in FY 2020 and the consolidation/standardization of helpdesk support (Global Service Center), network security, data computation and data storage, global directory services, and network management services at the enterprise-level. Funds are reduced at DHA in the Desktop to Datacenter program element. The FY 2020 Desktop to Datacenter program element baseline funding request is \$426,133K. The FY 2020 Desktop to Datacenter program element baseline contractor staffing request is 1,181 CMEs.	-196,892	
3) c. Cybersecurity Baseline Adjustment: Adjusts the Cybersecurity program element funding required to resource the design, build, fielding,	-12,683	

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development, refresh and sustainment of information technology supporting the DoD's ability to maintain an appropriate level of confidentiality, integrity, authentication, non-repudiation and network availability. Adjustment directly reduces contractor support as the Defense Health Agency (DHA) cybersecurity program matures beyond initial actions to establish the program and baseline. The FY 2020 Cybersecurity program element baseline funding is \$150,929K. The FY 2020 Cybersecurity program element baseline contractor staffing is 456 CMEs.		
4) d. DoD Medical Information Exchange Interoperability: Adjusts the DoD Medical Information Exchange Interoperability (DMIX) program element funding required for IT contracts support services following efficiencies achieved through consolidation of integrated Electronic Health Records (iHER) functions under DMIX. Adjustment directly reduces contractor support as the Defense Health Agency iEHR and DMIX functions mature. The FY 2020 DMIX program element baseline funding is \$47,503K. The FY 2020 DMIX program element baseline contractor staffing is 159 CMEs.	-1,573	
5) e. CAPT James A. Lovell Federal Health Care Center Decreased Contracts Requirements (FHCC): Adjusts the Integrated Electronic Health Record (iEHR) program element funding required for maintenance and sustainment contracts and DISA contracts support services at the CAPT. James A.	-1,324	

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<p>Lovell FHCC and the Interagency Program Office (IPO). Adjustment reduces contract support as the iEHR program matures, and from consolidation of iEHR programs with the DoD Medical Information Exchange Interoperability (DMIX) program. The FY 2020 iEHR baseline funding is \$17,931K and the iEHR baseline contractor staffing is 10 CMES.</p>		
<p>6) f. One Less Compensable Day: In accordance with OMB Circular A-11, Section 85.5C, reduces civilian pay to account for one fewer paid day in FY 2021 (261 paid days) than in FY 2020 (262 paid days). The FY 2020 Information Management/Information Technology civilian compensation baseline funding is \$203,058K. The FY 2020 baseline civilian staffing is 1,608 FTEs.</p>	-775	
<p>7) g. Eliminate Redundant Point to Point Circuits: The Defense Health Agency reduced funds in the Information Management/Information Technology, DHP IM/IT Support Programs following coordinated action with the Defense Information Systems Agency (DISA) for migration of eligible circuits to enterprise infrastructure and to re-compete leases with opportunity for optimization. The FY 2020 DHP IM/IT Support Programs baseline funding is \$34,906K and the DHP IM/IT Support Programs baseline contractor staffing is 123 CMES.</p>	-203	
FY 2021 Budget Request		2,039,910

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IV. Performance Criteria and Evaluation Summary:

The Information Management/Information Technology (IM/IT) workload data presented in the Performance Criteria and Evaluation Summary section is designed to give greater insight and a clearer depiction of the Defense Health Agency's IM/IT work for: (1) Military Treatment Facility IT Support; (2) MHS Enterprise Cyber Security Support; (3) Defense Health Agency Global Service Center; (4) Desktop to Datacenter and Medical Community of Interest (Med-COI) Deployments; (5) DoD Healthcare Management Systems Modernization (DHMSM) planned deployment schedule (6) DOD Medical Information Exchange and Interoperability (DMIX); and (7) Theater Medical Information - Joint (TMIP-J).

Workload Description by Program	FY 2019 Actuals	FY 2020 Estimate	FY 2021 Estimate
Military Treatment Facility IT Support			
1. Provide software, hardware, and network IT support for enterprise systems at DoD medical headquarters, hospitals and medical clinics worldwide, as appropriate, to achieve operational benefits. Systems support is provided for outpatient encounters, inpatient stays, prescription issuance and management, laboratory orders and results, medical records management, claims processing, patient appointing and scheduling, medical logistics services, patient safety reporting, medical workload management, clinical data analysis, nutrition care services, blood management, staff credentialing, medical coding, medical surveillance, surgical scheduling, and more.	52 systems	46 systems	46 systems
2. Desktop to Datacenter migration of end user devices	38, 201	98,265	0
3. Shutdown/Decommission (end operational use) legacy systems that will be replaced by MHS GENESIS (site instances of systems)	13 site instances of systems	39 site instances of systems	100 site instances of systems
MHS Enterprise Services Cyber Security Support			
1. Manage cybersecurity status of systems (including networks and medical devices) enrolled in Risk Management Framework throughout the MHS)	871	871	871
2. Implement required cyber security patches (number of patches to be required cannot be determined in advance)	70%	80%	90%

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IV. Performance Criteria and Evaluation Summary:

Workload Description by Program	FY 2019 Actuals	FY 2020 Estimate	FY 2021 Estimate
Defense Health Agency (DHA) Global Service Center (GSC)			
1. Provide enterprise help desk services in support of the MHS systems and network. Manage and resolve 95% of Critical (Priority 1) incidents within 90 minutes. [Equation: {Number of "Priority 1" incidents resolved or escalated within the 90 minute time constraint in the period of interest/Total number of "Priority 1" incidents in the period of interest} x 100. Priority categories based on type of problem and number of users affected]	243 Priority 1 Incidents 100%	300 Priority 1 Incidents ≥95%	340 Priority 1 Incidents ≥95%
2. Survey DHA Global Service Center Users, gaining a Satisfaction Survey Score of at least 4.0 of 5.0 on survey responses	26,172 survey responses (94%)	28,000 survey responses	30,000 survey responses
Desktop to Datacenter (D2D) and Medical Community of Interest (Med-COI) Deployments			
1. Deploy D2D and Med-COI so sites are GENESIS ready (Sites that are GENESIS ready have had all infrastructure work completed that is necessary for installation of MHS GENESIS and all GENESIS required systems have been migrated)	16	121	0
2. Complete updates so that sites are Totally Cutover (Sites that are Totally Cutover have had all infrastructure work completed that is required to consider all aspects of Desktop to Datacenter (D2D) and Medical Community of Interest (Med-COI) implementation fully completed and implemented)	15	122	0

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IV. Performance Criteria and Evaluation Summary:

Workload Description by Program	FY 2019 Actuals	FY 2020 Estimate	FY 2021 Estimate
DoD Healthcare Management Systems Modernization (DHMSM) (Planned Deployment Schedule)			
1. Measure and determine maximum number of users to maintain efficiency of service. MHS GENESIS' ability to scale the number of users up without deterioration to average log in response time and average transaction response time. (# of users)	4205.00	3000.00	3000.00
2. System Operational Availability assesses the total time the system is capable of being used to perform clinical functions during a given interval - excluding scheduled downtimes. (Percentage)	90.67	99.99	99.99
DoD Medical Information Exchange and Interoperability (DMIX)			
1. Percentage of Joint Legacy Viewers (JLV) users who answer 'yes' to the question "Were you satisfied with your overall experience?" in the interactive customer evaluation (ICE) tool. (Percentage)	68.00	75.00	75.00
2. Retrieve patient-centric information pulled from disparate healthcare systems in real time for presentation in a browser in less than two (2) minutes. (Percentage) Reason: helps check the performance of related healthcare systems. This information helps to assess improvements/changes or updates to the system being evaluated. For example, a new patch could improve response times and having these measurements will help to see the improvement.	99.78	90.00	90.00
3. Software availability from an end user perspective - not counting scheduled downtime - as well as platform and network availability. (Percentage)	99.68	93.00	93.00

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IV. Performance Criteria and Evaluation Summary:

Workload Description by Program	FY 2019 Actuals	FY 2020 Estimate	FY 2021 Estimate
Theater Medical Information - Joint (TMIP-J)			
1. Availability: Percentage of time the system is available not counting unscheduled downtime (Percentage)	99.99%	99.99%	99.99%
2. Reliability: Number of Tier III trouble tickets received monthly - tickets are related to software code updates only	<100	<100	<100
3. Maintainability: The TMIP-J software shall require no more than 3 man-hours to update a workstation. (Percentage)	90%	90%	90%

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V. <u>Personnel Summary</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Change FY 2019/ FY 2020</u>	<u>Change FY 2020/ FY 2021</u>
<u>Active Military End Strength (E/S) (Total)</u>	356	461	448	105	-13
Officer	109	96	88	-13	-8
Enlisted	247	365	360	118	-5
<u>Active Military Average Strength (A/S) (Total)</u>	349	409	455	60	46
Officer	111	103	92	-8	-11
Enlisted	238	306	363	68	57
<u>Civilian FTEs (Total)</u>	1,850	1,608	1,537	-242	-71
U.S. Direct Hire	1,814	1,561	1,490	-253	-71
Foreign National Direct Hire	17	16	16	-1	0
Total Direct Hire	1,831	1,577	1,506	-254	-71
Foreign National Indirect Hire	18	30	30	12	0
Reimbursable Civilians	1	1	1	0	0
Average Annual Civilian Salary (\$ in thousands)	123.3	126.4	129.7	3.1	3.3
<u>Contractor FTEs (Total)</u>	6,905	4,914	4,437	-1,991	-477

Explanation of changes in Active Military End Strength: The increase in military end strength from FY 2019 to FY 2020 (+105) includes internal reprogramming to Information Management/Information technology from Base Operations to meet emerging requirements (Navy: +104), FY 2019 End Strength Execution adjustments (+21), mission transfers to the military departments for medical readiness programs: (Army: -13), and transfers to the Defense Health Agency program element for Major Headquarters Activities (-7). The decrease in military end strength from FY 2020 to FY 2021 (-13) transfers to the military

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departments for Medical Headquarters Activities (Army: -7) and transfers to the military departments for medical readiness programs (Navy: -6).

Explanation of changes in Civilian FTEs: The decrease from FY 2019 to FY 2020 (-242) reflects adjustments based on the Air Force Medical Service's manpower analysis (+4); increase for the Individual Longitudinal Exposure Record (ILER) program (+1); Medical Headquarters realignment to Management Activities at the Defense Health Agency (-40); transfer to the Military Departments from Army Medical Command (-16) and Navy Bureau of Medicine and Surgery (-8); transfer of FTE only to the Defense Information System Agency (-31); decreases due to Desktop to Data Center reductions within the Military Health System IM/IT Infrastructure at the Army Medical Command (-24), the Air Force Medical Service (-10), the Navy Bureau of Medicine and Surgery (-7), and the National Capital Region (-1); and execution adjustments based on FY 2019 actuals (-110: DHA: +25; Navy: +20; USUHS: +3; Army:-43; Air Force -15, NCR-MD:-100). In addition, there is net zero IM/IT internal FTE realignments within Army Medical Command, the Defense Health Agency, and the National Capital Region to establish the Cybersecurity and Desktop to Datacenter program elements FTE baselines. The decrease from FY 2020 to FY 2021 (-71) reflects adjustments based on Air Force Medical Service's manpower analysis (+4); decreases due to Desktop to Data Center reductions within the Military Health System IM/IT Infrastructure at the Army Medical Command (-36) and the Navy Bureau of Medicine and Surgery (-4); FTE realignments from Army Medical Command (-10) to the DHA National Capital Region Directorate (+10) for Phase One (1) of the implementation of Section 702 of the FY 2017 NDAA; Army Medical Command Medical Headquarters transfer to the Department of the Army (-2); realignment of the Veterinary Services Information Management Systems from Army Consolidated Health Support to the Defense Health Agency (+3); realignment of the Medical Operational Data System program management office from the Defense Health Agency (-5) to Army Medical Command (+5); and the transfer of Information Management/Information technology FTEs, following the Defense Wide Review, to the Department of the Army (-24) and the Department of the Navy (-12).

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Explanation of changes in Contractor FTEs: The net decrease from FY 2019 to FY 2020 (-1,991) reflects increased contract support for the Theater Medical Information Program Joint (TMIP-J) (+85), increased contract support for the Joint Operational Medicine Information Systems (JOMIS) (+17), execution adjustment to account for actual FY 2019 contractor execution at the Defense Health Agency (-1,451), at DHMS PEO (-132), and the Medical Services (-201), and efficiencies achieved through the Military Health IT management reform and consolidation of infrastructure and legacy systems (-309). The decrease from FY 2020 to FY 2021 (-477) reflects increases for the DHMS PEO to deploy the Military Health System GENESIS (+101), increased contract support for JOMIS (+28), increased contract support for TMIP-J (2), and efficiencies achieved through consolidation of infrastructure and legacy systems (-608).

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

OP 32 Line	FY 2019 Actuals	Change FY 2019/FY 2020		FY 2020 Estimate	Change FY 2020/FY 2021		FY 2021 Estimate
		Price	Program		Price	Program	
101 Exec, Gen'l & Spec Scheds	224,345	6,237	-31,666	198,916	3,063	-7,013	194,966
103 Wage Board	1,332	37	-216	1,153	18	-12	1,159
104 FN Direct Hire (FNDH)	949	26	-67	908	14	6	928
105 Separation Liability (FNDH)	12	0	0	12	0	0	12
107 Voluntary Sep Incentives	40	1	-1	40	1	-1	40
121 PCS Benefits	56	2	-58	0	0	0	0
199 TOTAL CIV COMPENSATION	226,734	6,303	-32,008	201,029	3,096	-7,020	197,105
308 Travel of Persons	4,939	99	-2,412	2,626	53	823	3,502
399 TOTAL TRAVEL	4,939	99	-2,412	2,626	53	823	3,502
416 GSA Supplies & Materials	1,064	21	-1,085	0	0	0	0
417 Local Purch Supplies & Mat	307	6	-313	0	0	0	0
422 DLA Mat Supply Chain (Medical)	45	0	-45	0	0	0	0
499 TOTAL SUPPLIES & MATERIALS	1,416	27	-1,443	0	0	0	0
503 Navy Fund Equipment	81	2	-83	0	0	0	0
506 DLA Mat Supply Chain (Const & Equip)	2	0	-2	0	0	0	0
507 GSA Managed Equipment	981	20	-1,001	0	0	0	0
599 TOTAL EQUIPMENT PURCHASES	1,064	22	-1,086	0	0	0	0
614 Space & Naval Warfare Center	797	14	6,250	7,061	441	-1,898	5,604
633 DLA Document Services	7	0	-7	0	0	0	0
635 Navy Base Support (NAVFEC Other Support Services)	0	0	362	362	7	0	369
647 DISA Enterprise Computing Centers	0	0	96,490	96,490	1,254	-8,311	89,433
671 DISA DISN Subscription Services (DSS)	130	-11	34,907	35,026	1,681	-3,209	33,498
677 DISA Telecomm Svcs - Reimbursable	171	3	-174	0	0	0	0
679 Cost Reimbursable Purchase	4	0	-4	0	0	0	0
680 Building Maint Fund Purch	0	0	2,170	2,170	0	-2,079	91
699 TOTAL DWCF PURCHASES	1,109	6	139,994	141,109	3,383	-15,497	128,995

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<u>OP 32 Line</u>	<u>FY 2019</u> <u>Actuals</u>	<u>Change</u> <u>FY 2019/FY 2020</u>		<u>FY 2020</u> <u>Estimate</u>	<u>Change</u> <u>FY 2020/FY 2021</u>		<u>FY 2021</u> <u>Estimate</u>
		<u>Price</u>	<u>Program</u>		<u>Price</u>	<u>Program</u>	
707 AMC Training	224	43	-267	0	0	0	0
771 Commercial Transport	2	0	35	37	1	0	38
799 TOTAL TRANSPORTATION	226	43	-232	37	1	0	38
901 Foreign National Indirect Hire (FNIH)	1,223	0	806	2,029	41	5	2,075
912 Rental Payments to GSA (SLUC)	435	9	-444	0	0	0	0
913 Purchased Utilities (Non-Fund)	987	20	-1,007	0	0	0	0
914 Purchased Communications (Non-Fund)	2,167	43	11,755	13,965	279	-637	13,607
915 Rents (Non-GSA)	7,976	160	-7,766	370	7	0	377
917 Postal Services (U.S.P.S)	620	12	-632	0	0	0	0
920 Supplies & Materials (Non-Fund)	6,393	128	2,577	9,098	182	3,877	13,157
921 Printing & Reproduction	448	9	-45	412	8	-420	0
922 Equipment Maintenance By Contract	11,777	236	-10,623	1,390	28	-905	513
923 Facilities Sust, Rest, & Mod by Contract	726	15	-702	39	1	0	40
925 Equipment Purchases (Non-Fund)	15,280	306	144,718	160,304	3,206	-50,432	113,078
926 Other Overseas Purchases	96	2	-98	0	0	0	0
932 Mgt Prof Support Svcs	154,413	3,088	-85,241	72,260	1,445	-1,330	72,375
933 Studies, Analysis & Eval	13,322	266	-10,429	3,159	63	0	3,222
934 Engineering & Tech Svcs	203,842	4,077	-204,457	3,462	69	-1	3,530
936 Training and Leadership Development (Other Contracts)	1	0	-1	0	0	0	0
955 Other Costs (Medical Care)	8,881	346	-9,227	0	0	0	0
959 Other Costs (Insurance Claims/Indmnties)	10	0	-10	0	0	0	0
960 Other Costs (Interest and Dividends)	0	0	155	155	3	0	158
984 Equipment Contracts	121,778	2,436	-124,214	0	0	0	0
986 Medical Care Contracts	443,719	17,305	-440,342	20,682	807	-2	21,487
987 Other Intra-Govt Purch	130,198	2,604	-17,472	115,330	2,307	-7,036	110,601

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<u>OP 32 Line</u>	<u>FY 2019 Actuals</u>	<u>Change FY 2019/FY 2020</u>		<u>FY 2020 Estimate</u>	<u>Change FY 2020/FY 2021</u>		<u>FY 2021 Estimate</u>
		<u>Price</u>	<u>Program</u>		<u>Price</u>	<u>Program</u>	
989 Other Services	13,520	270	-9,288	4,502	90	-3,698	894
990 IT Contract Support Services	810,836	16,217	578,443	1,405,496	28,110	-78,450	1,355,156
999 TOTAL OTHER PURCHASES	1,948,648	47,549	-183,544	1,812,653	36,646	-139,029	1,710,270
Total	2,184,136	54,049	-80,731	2,157,454	43,179	-160,723	2,039,910

The following are Information Management/Information Technology (IM/IT) Budget Activity Group internal OP32 realignments:

(a) Integrated Electronic Health Record (iEHR) program element funds realigned to DoD Medical Information Exchange (DMIX): Realigns \$6,739K from iEHR to DMIX to standardize accounting for budgeting and execution of the Increment 1, Single Sign-On/Context Management funds in the DMIX program element. Funds are realigned from iEHR, OP32 lines 987.1, Other Intra Government Purchases (-\$2,667K), OP32 Line 680, Purchases from Revolving Funds (-\$2,123K) and from OMP2 line 990, IT Contracts Support Services to DMIX, OP32 line 990, IT Contracts Support Services (+\$6,739K).

(b) Desktop to Datacenter funds realigned to Tri-Service IM/IT: Realigns \$923K from Desktop to Datacenter to Tri-Service IM/IT to standardize accounting for budgeting and execution of existing Deputy Assistant Director, Information Operations, Performance Resource Management Division staff within the Tri-Service IM/IT program element.

(c) Medical Operations Data Systems Program Management Office Realignment: Realigns five (5) FTEs, associated funding (\$599K) and support costs (\$282K) from the Defense Health Agency, Tri-Service IM/IT program element to the Army Medical Command, Service Medical IM/IT program element to standardize accounting for budgeting and execution of the Medical Operations Data Systems (MODS) Program Management Office by the Army Medical Command. MODS is the current Enterprise System for Individual Medical Readiness and supports Global Medical Force Readiness. Army Medicine will transfer these funds to the Department of the Army in FY 2021.

(d) Due to an error in selecting the correct Information Management/Information Technology (IM/IT) contracts Object Class Code, DHP under executed the IM/IT OP32 Line 614 Space and Naval Warfare Center (purchases from revolving funds), OP32 Line 671 DISA DISN Subscription Services, and OP32 Line 990, IT contracts support services. Correspondingly, DHP IM/IT over executed OP32 Line 932, Management and Professional Services, OP32 Line 933 Studies Analysis and Evaluations, OP32 Line 934, Engineering and Technical Services, and OP32 line 986, Medical Care Contracts in amounts similar to the OP32 Lines showing under execution. This error has been resolved and FY 2020 execution for OP32 Lines 614, 671, 932, 933, 934, 986, and 990 are expected to be more in line with the budgeted amounts.