Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2022 Budget Estimates
Procurement Budget Item Justification

BUDGET ITEM JUSTIFICATION SHEET

DATE: May 2021

APPROPRIATION / BUDGET ACTIVITY : 97*0130   P-1 ITEM NOMENCLATURE: Replacement/Modernization

	FY 2020 Actual	FY 2021 Enacted	FY 2022 Total Request
Quantity			
Total Cost ($ M)	255.774	215.618	250.366
Dental Equipment	0.362	0.376	0.000
Food Ser, Preventive Med, Pharmacy Equip	3.585	3.724	12.907
Medical Information System Equipment	14.527	8.401	8.570
Medical Patient Care Administrative Equip	6.898	7.036	3.020
Medical/Surgical Equipment	22.237	23.098	39.771
Other Equipment	15.130	15.556	18.043
Pathology/Lab Equipment	51.063	21.883	9.848
Radiographic Equipment	141.972	135.544	158.207

REMARKS

The most significant medical equipment investments will be in the radiographic, lab, 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.

Financing an adequate equipment acquisition budget is critical in retaining the Department's medical workload in-house and controlling escalating purchased healthcare O&M costs in the private sector. The items supported by this budget are the result of an extensive investment equipment justification process and are necessary to provide properly trained medical department personnel and high quality, cost effective health care services for the eligible beneficiary population.

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DHP

BUDGET ITEM JUSTIFICATION SHEET   DATE: May 2021

APPROPRIATION / BUDGET ACTIVITY :   97*0130   P-1 ITEM NOMENCLATURE: New Facility Outfitting

	FY 2020 Actual	FY 2021 Enacted	FY 2022 Total Request
Quantity			
Total Cost ($ M)	18.484	22.932	20.926
Dental Equipment	0.000	0.000	0.000
Food Ser, Preventive Med, Pharmacy Equip	0.344	0.305	0.363
Medical Information System Equipment	0.000	0.000	0.000
Medical Patient Care Administrative Equip	0.000	0.000	0.000
Medical/Surgical Equipment	1.715	1.524	1.813
Other Equipment	10.489	15.830	12.479
Pathology/Lab Equipment	0.421	0.373	0.444
Radiographic Equipment	5.515	4.900	5.827

REMARKS

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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DHP

BUDGET ITEM JUSTIFICATION SHEET   DATE: May 2021

APPROPRIATION / BUDGET ACTIVITY : 97*0130

P-1 ITEM NOMENCLATURE: Joint Operational
Medicine Information System (JOMIS)

	FY 2020 Actual	FY 2021 Enacted	FY 2022 Total Request
Quantity			
Total Cost ($ M)	0.000	2.620	0.000
JOMIS	0.000	2.620	0.000

REMARKS

The purpose of the Department of Defense (DoD) Joint Operational Medicine Information Systems (JOMIS) Program is to modernize, deploy, and sustain the DoD's operational medicine information systems using MHS GENESIS Electronic Health Record (EHR), while developing and fielding new theater capabilities that enable comprehensive health services to meet Warfighter requirements for military medical operations. While dependent on the healthcare delivery functionality JOMIS PMO will continue to build and modernize other Operational Medicine capabilities while continuing to support delivery of MHS GENESIS-Theater (MHSG-T) Gold Disk. JOMIS is intended to function in constrained, intermittent, and non-existent communications environments while providing access to authoritative sources of clinical data. The JOMIS Program is declared Joint Interest for capability requirements to be executed under the Joint Capabilities Integration and Development System (JCIDS) and the oversight of the Joint Requirements Oversight Council (JROC).

The goals of the JOMIS Increment 1 Program are to:
• Meet existing and emerging operational medicine requirements in the theater
• Fully leverage MHS GENESIS for medical care in Theater
• Provide two way information flow between garrison and theater environments in support of a longitudinal health record

Anticipated benefits of the JOMIS Increment 1 Program include:
• Delivery of uniform clinical information across both garrison and theater environments through the use of MHS GENESIS EHR
• Enhancements to the clinical care and information captured at all levels of care in tactical environments
• Transmission of critical information to the combatant commander, the evacuation chain for combat and non-combat casualties

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DHP

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APPROPRIATION / BUDGET ACTIVITY : 97*0130

P-1 ITEM NOMENCLATURE: Military Health System (MHS) - Desktop to Datacenter (D2D)

	FY 2020 Actual	FY 2021 Enacted	FY 2022 Total Request
Quantity			
Total Cost ($ M)	73,010.000	70.872	72.302
MHS D2D	73,010.000	70.872	72.302

REMARKS

The MHS Desktop to Datacenter D2D 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.

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 access information between medical facilities; (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.

Resources will also encompass: Circuits, Network Service Operations Center (NSOC), MESOC Regional Services, Video Network Center (VNC), Lifecycle Management (Asset Management Support Services - AMSS &, Enterprise Software Management – ESM), Performance Planning Management (PPM), Boundary Services and Server Sustainment.

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APPROPRIATION / BUDGET ACTIVITY : 97*0130

P-1 ITEM NOMENCLATURE: Information Technology Development and Sustainment - DoD Healthcare Management System Modernization (DHMSM)

	FY 2020 Actual	FY 2021 Enacted	FY 2022 Total Request
Quantity			
Total Cost ($ M)	129.091	232.327	435.414
DHMSM	129.091	232.327	435.414

REMARKS

DHMSM will replace the DoD legacy healthcare management systems with a commercial off-the-shelf capability that is open, modular, and standards-based with non-proprietary interfaces. DHMSM will support the Department's goals of net- centricity by providing a framework for full human and technical connectivity and interoperability that allows DoD users and mission partners to share the information they need, when they need it, in a form they can understand and act on with confidence, and protects information from those who should not have it. Once fielded, the Electronic Health Record (EHR) will support the following healthcare activities for DoD's practitioners and beneficiaries:
- Clinical workflow and provider clinical decision support;
- Capture, maintain, use, protect, preserve and share health data and information;
- Retrieval and presentation of health data and information that is meaningful for EHR users regardless of where the patient's records are physically maintained; and
- Analysis and management of health information from multiple perspectives to include population health, military medical readiness, clinical quality, disease management, and medical research.