

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2023 President's Budget
Information Management OP-5 Exhibit**

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 Department of Defense (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 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

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I. Description of Operations Financed: (Cont.)

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.

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 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. Program ends in FY 2021.

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Joint Operational Medicine Information System (JOMIS) – Provides resources for the procurement, deployment and sustainment of the Joint Operational Medicine Information 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 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 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

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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 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); (7) Enterprise Intelligence and Data Solutions (EIDS) MHS Information Platform (MIP); (8) Joint Operational Medicine Information System (JOMIS) – (former Theater Medical Information Program – Joint programs); (9) Joint Operational Medicine Information System (JOMIS)/ Medical Common Operating Picture (MedCOP).

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III. Financial Summary (\$ in Thousands):

	FY 2022						
	FY 2021	Budget	Congressional Action			Current	FY 2023
			Actuals	Request	Amount		
A. BA Subactivities							
1. Service Medical IM/IT	\$240,104	\$128,073	\$0	0.00%	\$128,073	\$128,073	\$205,994
2. DHP IM/IT Support Programs	\$33,906	\$36,236	\$0	0.00%	\$36,236	\$36,236	\$37,004
3. Tri-Service IM/IT	\$910,149	\$867,442	\$0	0.00%	\$867,442	\$867,442	\$664,214
4. Integrated Electronic Health Record (iEHR)	\$3,033	\$10,429	\$0	0.00%	\$10,429	\$10,429	\$22,049
5. DoD Healthcare Management System Modernization (DHMSM)	\$412,520	\$529,063	\$-2,528	-0.48%	\$526,535	\$526,535	\$562,623
6. DoD Medical Information Exchange and Interoperability (DMIX)	\$52,080	\$113,925	\$0	0.00%	\$113,925	\$113,925	\$4,412
7. Theater Medical Information Program - Joint (TMIP-J)	\$83,838	\$0	\$0	0.00%	\$0	\$0	\$0
8. Joint Operational Medicine Information System (JOMIS)	\$24,190	\$118,658	\$0	0.00%	\$118,658	\$118,658	\$170,766
9. Cybersecurity	\$134,341	\$140,663	\$0	0.00%	\$140,663	\$140,663	\$148,726
10. Military Health System Desktop to Datacenter (D2D)	<u>\$331,110</u>	<u>\$289,188</u>	<u>\$0</u>	<u>0.00%</u>	<u>\$289,188</u>	<u>\$289,188</u>	<u>\$435,363</u>
Total	\$2,225,271	\$2,233,677	\$-2,528	-0.11%	\$2,231,149	\$2,231,149	\$2,251,151

1. FY 2021 actuals includes Department of Defense (DoD) Medical Eligible Retiree Health Care Fund (MERHCF) of \$1,000K (O&M only).
2. FY 2021 actuals includes +\$78,000K reprogramming approved by Congress to fund Desktop to Datacenter (D2D)/Medical Community of Interest (Med-COI) related delays due to the COVID-19 pandemic.
3. FY 2021 actuals includes +\$61,947K reprogrammed to Information Management/Information Technology for COVID-19 unfunded IM/IT requirements.
4. FY 2022 enacted excludes DoD MERHCF of \$1,000K (O&M only).
5. FY 2023 estimate excludes DoD MERHCF of \$1,100K (O&M only).
6. The FY 2023 estimate includes the following Information Management/Information Technology (IM/IT) Budget Activity Group internal program element realignment:
 - (a) Tri-Service IM/IT program element (-\$214,323K) to Service Medical IM/IT program element (+75,154K) and Desktop to Datacenter program element (+\$139,169K) for infrastructure activities.

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III. Financial Summary (\$ in Thousands): (Cont.)

<u>B. Reconciliation Summary</u>	<u>Change FY 2022/FY 2022</u>	<u>Change FY 2022/FY 2023</u>
BASELINE FUNDING	\$2,233,677	\$2,231,149
Congressional Adjustments (Distributed)	-2,528	
Congressional Adjustments (Undistributed)	0	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	0	
SUBTOTAL APPROPRIATED AMOUNT	2,231,149	
Fact-of-Life Changes (2022 to 2022 Only)	0	
SUBTOTAL BASELINE FUNDING	2,231,149	
Supplemental	0	
Reprogrammings	0	
Price Changes		51,838
Functional Transfers		22,412
Program Changes		-54,248
CURRENT ESTIMATE	2,231,149	2,251,151
Less: Supplemental	0	
NORMALIZED CURRENT ESTIMATE	\$2,231,149	\$2,251,151

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FY 2022 President's Budget Request (Amended, if applicable)	\$2,233,677
1. Congressional Adjustments	\$-2,528
a) Distributed Adjustments.....	\$-2,528
1) a. Excess Growth DoD Healthcare Management System Modernization:.....	\$-2,528
b) Undistributed Adjustments.....	\$0
c) Adjustments to Meet Congressional Intent.....	\$0
d) General Provisions	\$0
FY 2022 Appropriated Amount	\$2,231,149
2. Supplemental Appropriations	\$0
a) Supplemental Funding.....	\$0
3. Fact-of-Life Changes.....	\$0
a) Functional Transfers.....	\$0
b) Technical Adjustments	\$0
c) Emergent Requirements.....	\$0
FY 2022 Baseline Funding	\$2,231,149

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4. Reprogrammings (Requiring 1415 Actions)	\$0
a) Increases	\$0
b) Decreases	\$0
Revised FY 2022 Estimate	\$2,231,149
5. Less: Item 2, Supplemental Appropriation and Item 4, Reprogrammings	\$0
a) Less: Supplemental Funding	\$0
FY 2022 Normalized Current Estimate	\$2,231,149
6. Price Change	\$51,838
7. Functional Transfers	\$22,412
a) Transfers In	\$25,548
1) Army Medical Research, Development and Acquisition Capabilities:	\$25,548
<p>In accordance with Section 711 of the National Defense Authorization Act of FY 2019 and section 737 of the National Defense Authorization Act of 2020, the Department of the Army transfers civilian pay funds, full-time equivalents (FTEs) and associated programmatic resources (+\$25,548K; +294 FTEs) to Defense Health Agency for Information Management/Information Technology (IM/IT) associated with the Army Medical Research, Development, and Acquisition Capabilities. This transfer provides resources for IT contract support services to the Institute of Surgical Research (ISR), Research Institute of Chemical Defense (RICD), Medical Research Institute of Infectious Diseases (MRIID), Walter Reed Army Institute of Research (WRAIR), Medical Research Acquisition Activity (MRAA), and associated activities.</p>	

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III. Financial Summary (\$ in Thousands): (Cont.)

b) Transfers Out..... \$-3,136

1) IM/IT Medical Readiness - Transfer to the Department of the Army:..... \$-3,136

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 Department of the Army. The Defense Health Agency transfers (-\$3,136K and 24 FTEs) to the Department of the Army for: IM/IT for Readiness Functions for U.S. Army Training and Doctrine Command (TRADOC), U.S. Army Materiel Command (AMC), and the U.S. Army Health Facility Planning Agency (HFPA) (-\$2,723K; -21 FTEs) and IM/IT for Readiness Functions of the Army Public Health Commands (PHC) and Regional Dental Commands (RDC) (-\$413K; -3 FTEs).

8. Program Increases..... \$123,569

a) Annualization of New FY 2022 Program \$0

b) One-Time FY 2023 Increases \$0

c) Program Growth in FY 2023..... \$123,569

1) a. Joint Operational Medicine Information Systems:..... \$49,397

Provides funds for the following Joint Operational Medicine Information Systems (JOMIS) requirements in accordance with the updated acquisition strategy approved in January 2021:

-- Maintenance of new capabilities that are added to the suite of operational medicine information systems as part of the JOMIS capability roadmap developed in coordination with the Functional Champion that enables continuous evolution and delivery of products to users and quality of the user experience

-- Continued funding of software development that will occur beyond the first minimum viable capability release in alignment with software development life cycle principles of the software acquisition pathway and the JOMIS capability roadmap

-- Funding of IT Management and testing support for software development beyond the first minimum viable capability release in alignment with software development life cycle principles of the software acquisition pathway and the JOMIS capability roadmap The FY 2022 JOMIS program element baseline funding is \$118,658K. The FY 2022 JOMIS program element baseline contractor staffing is 360 CMEs.

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2) b. IM/IT Resources Realigned to Health Information Technology\$33,662
 Realigns funding and FTEs (+\$33,662K; +\$281 FTEs) to Service Medical IM/IT from Army Medical Command, In-House Care for identified IT support FTEs assigned to each Military Treatment Facilities (MTF). The FY 2022 Service Medical IM/IT baseline funding is \$128,073K. The FY 2022 Service Medical IM/IT baseline civilian staffing is 858 FTEs.

3) c. Department of Defense Healthcare Management System Modernization:\$24,289
 Continues DoD Healthcare Management System Modernization (DHMSM) funding for the MHS GENESIS Electronic Health Record (EHR) systems operations and support for the following actions:

- Maintenance of new capabilities that are added to MHS GENESIS as part of the DHMSM capability roadmap developed in coordination with the Functional Champion and released in "Capability Blocks" that are coordinated with the Go-Lives of Wave deployments
- Continued ramp-up of data center hosting and license maintenance costs to support additional users on MHS GENESIS as the system continues to be deployed based on the Program Executive Office for Defense Healthcare Management System (PEO DHMS) updated and approved deployment schedule and estimates
- Additional sustainment trainers to support an additional region of MHS GENESIS users as the system continues to be deployed based on the Program Executive Office for Defense Healthcare Management System (PEO DHMS) updated and approved deployment schedule and estimates

The FY 2022 DHMSM program element baseline funding is \$526,535K. The FY 2022 DHMSM program element baseline contractor staffing is 2,103 CMEs.

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4) d. Integrated Electronic Health Record:\$11,352

Increase IT contracts support services funds in Information Management/Information Technology, Integrated Electronic Health Record (iEHR) program element for building capacity and expertise to effectively manage the DoD/VA joint system configuration that ensures technical health system requirements meet provider and patient needs. The increase in requirements follows the directed mission to integrate and find efficiencies between the DoD and VA Program Management Offices. Funds buy IT Contract support services to address and coordinate the establishment of a clinical and technical standards profile and processes for data interoperability to create seamless integration of health data for DoD and VA. The primary deliverables include technical data interoperability architecture requirements, interface control documentation, terminology standards identification and data exchange guidance. The FY 2022 iEHR program element baseline funding is \$10,429K. The FY 2022 iEHR program element baseline contractor staffing is 4 CMEs.

5) e. Computer Network Defense Services:\$4,869

Increased funding to support Cyber Security Service Provider (CSSP) requirements/growth due to increased customer base with the transition of the Medical Treatment Facilities and other lines of business to the Medical Community of Interest (MEDCOI), additional software licenses, and hardware purchases. The FY 2022 Cybersecurity program element baseline funding is \$140,663K. The FY 2022 Cybersecurity program element baseline contractor staffing is 509 CMEs.

9. Program Decreases\$-177,817

a) Annualization of FY 2022 Program Decreases\$0

b) One-Time FY 2022 Increases\$0

c) Program Decreases in FY 2023 \$-177,817

1) a. Software and Digital Technology Budget Activity 08:..... \$-127,208

Realigns funds from Operations and Maintenance, Information Management/Information Technology, DoD Medical Information Exchange and Interoperability (DMIX) (-\$127,208K) to Research, Development, Test, and Evaluation appropriation to establish the Software & Digital Technology Budget Activity (BA) 08 Pilot. 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 separation between RDT&E, production and sustainment. The FY 2022 DoD Medical Information Exchange and Interoperability baseline funding is \$113,925K. The FY 2022 DMIX program element baseline contractor staffing is 483 CMEs.

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2) b. MHS IM/IT Legacy Sustainment:..... \$-48,691
 Reduces the MHS IM/IT Legacy sustainment funding in the Tri-Service IM/IT program element as the Defense Health Agency implement consolidation measures to reduce Infrastructure costs at the Military Treatment Facilities and the Defense Health Agency. The Defense Health Agency reduce IM/IT contracts support services funds through consolidation of IT contracts at the Defense Health Agency and optimizing infrastructure through common architecture. Ongoing efforts by the Deputy Assistant Director, Information Operations (DADIO) within the Defense Health Agency and with the Military Treatment Facilities to identify, consolidate, and reduce redundant contracts and operate on a common architecture allows for the reduction in IT contracts support services funding. The FY 2022 Tri-Service IM/IT program element funding is \$867,442K. The FY 2022 Tri-Service IM/IT program element baseline contractor staffing is 657 CMEs.

3) c. Deputy Assistant Director Information Operations Headquarters Realigned to Management Activities: \$-1,918
 Realigns funding and FTEs from Information Management/Information Technology, Desktop to Datacenter (-\$1,679K; -14 FTEs) and Cybersecurity (-\$239K; -2 FTEs) program elements to Management Activities, Management Headquarters (+\$1,918K; +16 FTEs) program element to support the Deputy Assistant Director Information Operations Information Management/Information Technology headquarters functions. The FY 2022 Information Management/Information Technology baseline funding is \$2,231,149K. The FY 2022 Information Management/Information Technology baseline civilian staffing is 1,547 FTEs.

FY 2023 Budget Request \$2,251,151

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IV. Performance Criteria and Evaluation Summary:

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Workload Description by Program	FY 2021 Actuals	FY 2022 Enacted	FY 2023 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.	60 systems	50 systems	52 systems
2. Desktop to Datacenter migration of end user devices.	124,014	10,534	0
3. Shutdown/Decommission (end operational use) legacy systems that will be replaced by MHS GENESIS (site instances of systems)	23 site instances of systems	100 site instances of systems	200 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)	1009	1040	1065
2. Implement required cyber security patches (number of patches to be required cannot be determined in advance)	80%	90%	90%

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IV. Performance Criteria and Evaluation Summary:

Workload Description by Program	FY 2021 Actuals	FY 2022 Enacted	FY 2023 Estimate
Defense Health Agency (DHA) Global Service Center (GSC)			
<p>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.</p> <p>[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]</p>	230 Priority 1 Incidents ≥95%	350 Priority 1 Incidents ≥95%	375 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	50,000 survey responses	60,000 survey responses	75,000 survey responses
Desktop to Datacenter (D2D) and Medical Community of Interest (Med-COI) Deployments			
1. Deploy D2D and Med-COI so sites are MHS GENESIS ready (Sites that are MHS GENESIS ready have had all infrastructure work completed that is necessary for installation of MHS GENESIS and all MHS GENESIS required systems have been migrated)	70	18	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)	70	18	0

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IV. Performance Criteria and Evaluation Summary:

Workload Description by Program	FY 2021 Actuals	FY 2022 Enacted	FY 2023 Estimate
DoD Healthcare Management Systems Modernization (DHMSM) (Planned Deployment Schedule)			
1. Measure and determine MHS GENESIS' ability to scale the number of users up without deterioration of the average log in response time and average transaction response time. Measure the percentage of users able to login in and complete transactions in less than two (2) seconds.	96.93%	95.00%	95.00%
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)	73.33%	65.00%	65.00%
DoD Medical Information Exchange and Interoperability (DMIX)			
1. Percentage of population with Joint Legacy Viewer (JLV) access using JLV.	37.70%	30.00%	30.00%
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.	98.99%	90.00%	90.00%
3. Software availability from an end user perspective - not counting scheduled downtime - as well as platform and network availability (DES/JLV). (Percentage)	99.51% / 97.83%	93.00% / 93.00%	93.00% / 93.00%

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IV. Performance Criteria and Evaluation Summary:

Workload Description by Program	FY 2021 Actuals	FY 2022 Enacted	FY 2023 Estimate
Enterprise Intelligence and Data Solutions (EIDS) MHS Information Platform (MIP). Measures calculated per MIP Post-Implementation Review Plan			
1. System Availability – Clinical Care Functions: System uptime (including scheduled downtime) for MIP functions that support direct clinical care, e.g., Legacy Data Consolidation. (Percentage)	99.58%	99.86%	99.86%
2. System Availability – Non-Clinical Functions: System uptime (excluding scheduled downtime) for MIP functions that don't support direct clinical care, e.g., non-Legacy Data Consolidation. (Percentage)	98.09%	98.5%	98.5%
Theater Medical Information Program – Joint (TMIP-J)			
1. Availability: Percentage of time the system is available not counting unscheduled downtime (Percentage)	99%	N/A	N/A
2. Reliability: Number of Tier III trouble tickets received monthly – tickets are related to software code updates only	<5	N/A	N/A
3. Maintainability: Time to implement trouble tickets (Metric ID OP1913-5006)	<2 Qtrs	N/A	N/A
Joint Operational Medicine Information System/Medical Common Operating Picture (MedCOP)			
1. Availability: Percentage of time the system is available not counting unscheduled downtime (Percentage)	99%	99%	99%
2. Reliability: Number of Tier III trouble tickets received monthly – tickets are related to software code updates only	<1	<5	<5
3. Maintainability: Time to implement trouble tickets (Metric ID OP1913-5006)	<72 Hours	<72 Hours	<72 Hours

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V. Personnel Summary:

	<u>FY 2021</u>	<u>FY 2022</u>	<u>FY 2023</u>	<u>Change FY 2021/ FY 2022</u>	<u>Change FY 2022/ FY 2023</u>
Active Military End Strength (E/S) (Total)	409	437	372	28	-65
Officer	85	91	59	6	-32
Enlisted	324	346	313	22	-33
Active Military Average Strength (A/S) (Total)	422	423	405	1	-18
Officer	92	88	75	-4	-13
Enlisted	330	335	330	5	-5
Civilian FTEs (Total)	1,627	1,547	1,962	-80	415
U.S. Direct Hire	1,593	1,501	1,908	-92	407
Foreign National Direct Hire	13	16	26	3	10
Total Direct Hire	1,606	1,517	1,934	-89	417
Foreign National Indirect Hire	21	30	28	9	-2
Average Annual Civilian Salary (\$ in thousands)	139.0	138.3	137.5	-0.7	-0.8
Contractor FTEs (Total)	4,465	5,279	5,219	814	-60

Personnel Summary Explanations:

Explanation of changes in Active Military End Strength: The net increase from FY 2021 to FY 2022 (+28) reflects execution adjustments (+33: Air Force +15, Army -2, and Navy +20) and includes the technical adjustment made by the military departments for the revised drawdown reductions (Army -1 and Air Force -4) to comply with Section 719 of the FY 2020 National Defense Authorization Act (NDAA) that limits the realignment or reduction of military medical end strength authorizations and to reflect executable Service plans for the drawdown. The net decrease from FY 2022 to FY 2023 (-65) includes internal realignments to Executive Agent Share Services (Army -9), internal realignment by Navy Medical (-27), transfer non-MTF resources (Air Force -6), the Defense Wide Review Army Readiness transfer to Army MEDCOM (-4), and re-alignment of the Transfer Hospital Ship from Navy BUMED to the Medical Sealift Command (-6). Technical adjustment made by the military departments for the revised drawdown reductions to comply with Section 719 of the FY 2020 National Defense Authorization Act (NDAA) account for the additional resources (Navy -13). This Act limits the realignment or reduction of military medical end strength authorizations and reflects executable Service plans for the drawdown.

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V. Personnel Summary: (Cont.)

Explanation of changes in Civilian FTEs: The net decrease from FY 2021 to FY 2022 (-80) reflects execution adjustments (-90: DHA-Comptroller +51, DCFM +9, Navy -7, Air Force -17, and Army -126); the return of FTEs only to the Defense Health Agency from Defense Information Systems Agency (DISA) for the Fourth Estate Network Optimization (+31); adjustment to USUHS' reimbursable FTEs to match program execution (+9); decreases due to Desktop to Data Center reductions within the Military Health System IM/IT Infrastructure at the Army Medical Command (-24) and the Navy Bureau of Medicine and Surgery (-5); 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; and Defense Health Agency internal realignment for the Management Information Platform (-1). The net increase from FY 2022 to FY 2023 (+415) reflects the transfer of civilian FTEs to the Department of the Army for medical readiness (-24); reprogramming of civilian FTEs to Management Activities for Deputy Assistant Director Information Operations Headquarters functions (-16); an increase in FTEs for the Program Executive Office (PEO) to match actual execution resulting from programmatic growth requiring additional FTEs (+22: IEHR/FEHRM: +10; DMIX/EIDS: +8; DHMSM: +4); transfer of Military Treatment Facilities FTEs from Department of Army (DCFM +294), realignment of FTEs from Navy BUMED for IM/IT support (+8), and internal realignment from other BAGs (Navy +130 and Air Force +1).

Explanation of changes in Contractor FTEs: The increase from FY 2021 to FY 2022 (+814) reflects continued increases for DHMS PEO to deploy the Military Health System GENESIS (+887), ongoing efficiencies achieved through consolidation of infrastructure and legacy systems, (-73) and a net zero realignment of TMIP-J contracts funding to JOMIS to standardize accounting for budgeting and execution of TMIP-J and JOMIS contracts under one consolidated JOMIS program. The decrease from FY 2022 to FY 2023 (-60) reflects ongoing efficiencies achieved through consolidation of infrastructure and legacy systems.

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

	FY 2021 <u>Program</u>	<u>Change from FY 2021 to FY 2022</u>		FY 2022 <u>Program</u>	<u>Change from FY 2022 to FY 2023</u>		FY 2023 <u>Program</u>
		<u>Price Growth</u>	<u>Program Growth</u>		<u>Price Growth</u>	<u>Program Growth</u>	
101 EXEC, GEN'L & SPEC SCHEDS	222,426	5,049	-19,675	207,800	8,572	48,350	264,722
103 WAGE BOARD	1,175	27	1,763	2,965	122	-2,789	298
104 FN DIRECT HIRE (FNDH)	1,219	28	-140	1,107	46	1,433	2,586
105 SEPARATION LIABILITY (FNDH)	16	0		16	1	-17	0
107 VOLUNTARY SEP INCENTIVES	0	0	0	0	0	20	20
0199 TOTAL CIVILIAN PERSONNEL COMPENSATION	224,836	5,104	-18,052	211,888	8,741	46,997	267,626
308 TRAVEL OF PERSONS	2,412	72	1,169	3,653	77	789	4,519
0399 TOTAL TRAVEL	2,412	72	1,169	3,653	77	789	4,519
401 DLA ENERGY (FUEL PRODUCTS)	2	0	-2	0	0	0	0
416 GSA SUPPLIES & MATERIALS	0	0	0	0	0	770	770
417 LOCAL PURCH SUPPLIES & MAT	0	0	0	0	0	517	517
0499 TOTAL DEFENSE WORKING CAPITAL FUND SUPPLIES AND MATERIALS	2	0	-2	0	0	1,287	1,287
503 NAVY FUND EQUIPMENT	0	0	0	0	0	92	92
507 GSA MANAGED EQUIPMENT	0	0	0	0	0	1,066	1,066
0599 TOTAL DEFENSE WORKING CAPITAL FUND EQUIPMENT PURCHASES	0	0	0	0	0	1,158	1,158
614 SPACE & NAVAL WARFARE CENTER	0	0	5,716	5,716	161	2,034	7,911
631 NAVY BASE SUPPORT (NFESC)	0	0	376	376	-2	10	384
647 DISA ENTERPRISE COMPUTING CENTERS	97,379	1,948	-11,742	87,585	1,752	-31,094	58,243
671 DISA DISN SUBSCRIPTION SERVICES (DSS)	83,323	6,358	-55,582	34,099	1,098	-507	34,690
680 BUILDING MAINT FUND PURCH	0	0	93	93	1	1	95
0699 TOTAL OTHER FUND PURCHASES	180,702	8,306	-61,139	127,869	3,010	-29,556	101,323
707 AMC TRAINING	287	2	-289	0	0	0	0
771 COMMERCIAL TRANSPORT	102	3	-66	39	0	1	40

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

	FY 2021 Program	Change from FY 2021 to FY 2022		FY 2022 Program	Change from FY 2022 to FY 2023		FY 2023 Program
		Price Growth	Program Growth		Price Growth	Program Growth	
0799 TOTAL TRANSPORTATION	389	5	-355	39	0	1	40
901 FOREIGN NATIONAL INDIRECT HIRE (FNIH)	1,319	30	665	2,014	42	27	2,083
912 RENTAL PAYMENTS TO GSA (SLUC)	72	2	-74	0	0	0	0
913 PURCHASED UTILITIES (NON-FUND)	19	1	-20	0	0	0	0
914 PURCHASED COMMUNICATIONS (NON-FUND)	530	16	13,334	13,880	291	2,636	16,807
915 RENTS (NON-GSA)	1,606	48	-1,270	384	8	-1	391
917 POSTAL SERVICES (U.S.P.S)	1,295	39	-1,334	0	0	0	0
920 SUPPLIES & MATERIALS (NON-FUND)	1,923	58	12,225	14,206	298		14,504
921 PRINTING & REPRODUCTION	45	1	-46	0	0	2,062	2,062
922 EQUIPMENT MAINTENANCE BY CONTRACT	1,102	33	-403	732	15	2,400	3,147
923 FACILITIES SUST, REST, & MOD BY CONTRACT	3,397	102	-3,458	41	1	0	42
925 EQUIPMENT PURCHASES (NON-FUND)	73,768	2,213	39,700	115,681	2,429	-15,835	102,275
932 MGT PROF SUPPORT SVCS	79,984	2,400	-8,571	73,813	1,550	1,155	76,518
933 STUDIES, ANALYSIS & EVAL	18,825	565	-16,103	3,287	69	-2	3,354
934 ENGINEERING & TECH SVCS	46,216	1,386	-44,001	3,601	76	-2	3,675
955 OTHER COSTS (MEDICAL CARE)	157,698	6,466	-164,164	0	0	0	0
959 OTHER COSTS (INSURANCE CLAIMS/INDMNTIES)	25	0	-25	0	0	0	0
960 OTHER COSTS (INTEREST AND DIVIDENDS)	4,385	0	-4,224	161	3		164
986 MEDICAL CARE CONTRACTS	8,892	365	10,198	19,455	778		20,233
987 OTHER INTRA-GOVT PURCH	110,398	3,312	-1,253	112,457	2,362	-9,542	105,277
989 OTHER SERVICES	16,235	487	-15,446	1,276	27	3,440	4,743
990 IT CONTRACT SUPPORT SERVICES	1,289,196	38,676	198,840	1,526,712	32,061	-38,850	1,519,923
0999 TOTAL OTHER PURCHASES	1,816,930	56,200	14,570	1,887,700	40,010	-52,512	1,875,198
9999 GRAND TOTAL	2,225,271	69,687	-63,809	2,231,149	51,838	-31,836	2,251,151

1. FY 2023 net increase in OP32 line 101 is attributed to the realignment of Service Medical IM/IT Resources Realigned from Army Medical Command to Health Information Technology and the Army Medical Research, Development and Acquisition Capabilities transfer in to the Defense Health Agency. (415 FTEs)