

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
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. Expressly excludes Base Communications and Voice Communications requirements 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 contracted or provided by other Department of Defense (DoD) agencies. Includes 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. Expressly excludes funding for centrally managed or Service Medical IM/IT systems, including acquiring 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 developing standardized information systems designed to meet Tri-Service functional requirements at all echelons in the medical functional area. The Tri-Service IM/IT program defines, acquires/ develops, maintains/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 operation 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, regular training and education, and recurring telecommunications and data/system hosting and storage requirements in support of the DHMSM IT requirements. This program was established under the joint memo from USD(C) and USD(AT&L) titled

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I. Description of Operations Financed: (Cont.)

“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)/Enterprise Intelligence & Data Solutions (EIDS) – Provides resources to support MHS strategic goals and facilitates informed decision-making delivering vital information services and data in a timely, relevant, and actionable manner via DMIX/EIDS. DMIX/EIDS has become the nexus of all Military Health System (MHS) secondary data and the core data broker and provider for most clinical and operational medical systems across the enterprise. The Project Management Office (PMO) strives to execute the DHA Data Vision of providing seamless data services and decision support for clinicians, patients, beneficiaries, analysts, researchers, and DoD leadership to improve patient care through the Military Health System Information Platform (MIP). In addition, it supports a set of DoD legacy systems and projects that aim to increase data interoperability and access to electronic health data via digital health hub serving up health care data to DoD and Federal partners. The MIP provides a core clinical research platform for self-service business intelligence and is building an artificial intelligence and machine learning workbench. Additionally, DMIX/EIDS is building the first secure cloud-based genomics platform for the DoD. A fully funded DMIX/EIDS initiative brings together data, information technology, and data science, delivering analytics-driven insights for customers driving towards prescriptive analytics, all while meeting the Congressional intent of a fully interoperable health record.

Joint Operational Medicine Information System (JOMIS) – Provides resources for the procurement, deployment, and sustainment of the Joint Operational Medicine Information Systems (JOMIS) capabilities for the DoD operational medicine (OpMed) community across the continuum of in-theater care. This funding provides procurement support for integrating medical capabilities under a joint concept of operations; support to field medical operations responsible for 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 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 serve the theater of operations and 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). Military Health System cybersecurity is a form of defensive cybersecurity designed to protect information against unauthorized interception, modification, fabrication, and interruption of data in transit and at rest. Resources will encompass boundary protection and intrusion

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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. They can apply to new and legacy systems within the system development life cycle and the Federal Enterprise Architecture. This program element does not capture resources for investments embedded in another system or 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 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) systems in all healthcare 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. D2D 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 for 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 provides further insight, and a more precise 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 (GSC); (4) Desktop to Datacenter (D2D) and Medical Community of Interest (Med-COI) Deployments; (5) DoD Healthcare Management Systems Modernization (DHMSM) planned deployment schedule; (6) DOD Medical Information Exchange and

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II. Force Structure Summary: (Cont.)

Interoperability (DMIX); (7) Enterprise Intelligence and Data Solutions (EIDS) MHS Information Platform (MIP); and (8) Joint Operational Medicine Information System/Medical Common Operating Picture (MedCOP).

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III. Financial Summary (\$ in Thousands):

	FY 2023						
	FY 2022	Budget	Congressional Action			Current	FY 2024
			Actuals	Request	Amount		
A. BA Subactivities							
1. Service Medical IM/IT	\$213,639	\$205,994	\$-9,207	-4.47%	\$196,787	\$196,787	\$211,995
2. DHP IM/IT Support Programs	\$31,602	\$37,004	\$-572	-1.55%	\$36,432	\$36,432	\$37,798
3. Tri-Service IM/IT	\$842,925	\$664,214	\$-4,150	-0.62%	\$660,064	\$660,064	\$566,790
4. Integrated Electronic Health Record (iEHR)	\$10,050	\$22,049	\$-880	-3.99%	\$21,169	\$21,169	\$22,761
5. DoD Healthcare Management System Modernization (DHMSM)	\$540,841	\$562,623	\$-14,140	-2.51%	\$548,483	\$548,483	\$528,441
6. DoD Medical Information Exchange and Interoperability (DMIX)	\$118,250	\$4,412	\$127,200	2,883.05%	\$131,612	\$131,612	\$132,934
7. Joint Operational Medicine Information System (JOMIS)	\$118,293	\$170,766	\$-32,190	-18.85%	\$138,576	\$138,576	\$230,759
8. Cybersecurity	\$136,701	\$148,726	\$0	0.00%	\$148,726	\$148,726	\$152,198
9. Military Health System Desktop to Datacenter (D2D)	<u>\$259,539</u>	<u>\$435,363</u>	<u>\$-1,642</u>	<u>-0.38%</u>	<u>\$433,721</u>	<u>\$433,721</u>	<u>\$444,140</u>
Total	\$2,271,840	\$2,251,151	\$64,419	2.86%	\$2,315,570	\$2,315,570	\$2,327,816

Notes:

1. FY 2022 actuals includes \$43,696K reprogrammed to Information Management/Information Technology for COVID-19 unfunded IM/IT requirements.
2. FY 2022 actuals **excludes** \$1,000K (O&M only) for Department of Defense (DoD) Medical Eligible Retiree Health Care Fund (MERHCF).
3. FY 2023 estimate **excludes** \$1,300K (O&M only) for DoD MERHCF.
4. FY 2024 estimates includes:
 - \$33,429K internally realigned from Desktop to Datacenter (D2D) program element to Tri-Service IM/IT program element for infrastructure activities.
 - \$17,026K internally realigned from Tri-Service IM/IT program element to Joint Operational Medicine Information Systems (JOMIS) program element (+\$826K) and Defense Healthcare Management Systems Modernization (DHMSM) program element program element (+\$16,200K) for Program Executive Office (PEO) activities.
5. FY 2024 estimates **excludes** \$1,400K (O&M only) for DoD MERHCF.

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

<u>B. Reconciliation Summary</u>	Change <u>FY 2023/FY 2023</u>	Change <u>FY 2023/FY 2024</u>
BASELINE FUNDING	\$2,251,151	\$2,315,570
Congressional Adjustments (Distributed)	64,419	
Congressional Adjustments (Undistributed)	0	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	0	
SUBTOTAL APPROPRIATED AMOUNT	2,315,570	
Fact-of-Life Changes (2023 to 2023 Only)	0	
SUBTOTAL BASELINE FUNDING	2,315,570	
Supplemental	0	
Reprogrammings	0	
Price Changes		58,615
Functional Transfers		-899
Program Changes		-45,470
CURRENT ESTIMATE	2,315,570	2,327,816
Less: Supplemental	0	
NORMALIZED CURRENT ESTIMATE	\$2,315,570	\$2,327,816

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FY 2023 President's Budget Request (Amended, if applicable)	\$2,251,151
1. Congressional Adjustments	\$64,419
a) Distributed Adjustments	\$64,419
1) a. Transfer to BA-08 Software & Digital Technology Pilot Program - Disapproved.....	\$127,200
2) b. Unjustified Software Cost Growth	\$-59,419
3) c. Unjustified Growth	\$-3,362
b) Undistributed Adjustments	\$0
c) Adjustments to Meet Congressional Intent.....	\$0
d) General Provisions	\$0
FY 2023 Appropriated Amount	\$2,315,570
2. Supplemental Appropriations	\$0
a) Supplemental Funding	\$0
3. Fact-of-Life Changes.....	\$0
a) Functional Transfers.....	\$0
b) Technical Adjustments	\$0

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c) Emergent Requirements.....	\$0
FY 2023 Baseline Funding.....	\$2,315,570
4. Reprogrammings (Requiring 1415 Actions).....	\$0
a) Increases.....	\$0
b) Decreases.....	\$0
Revised FY 2023 Estimate.....	\$2,315,570
5. Less: Item 2, Supplemental Appropriation and Item 4, Reprogrammings.....	\$0
a) Less: Supplemental Funding.....	\$0
FY 2023 Normalized Current Estimate.....	\$2,315,570
6. Price Change.....	\$58,615
7. Functional Transfers.....	\$-899
a) Transfers In.....	\$0
b) Transfers Out.....	\$-899

1) IM/IT Medical Readiness Transfer to the Military Departments:\$-899

The Defense Health Agency continues the transfer of the IM/IT Medical Readiness activities, which occur outside of the Military Treatment Facilities to the Military Departments.

a. The Defense Health Agency transfers civilian pay funds and full-time equivalents (-\$743K; -5 FTEs) to the Department of the Army for IT support to the Capabilities Development Integration Directorate (CDID) under the Army Futures Command.

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b. The Defense Health Agency transfers civilian pay funds and full-time equivalents (-\$156K; -1 FTE) to the Department of the Air Force for Special Program Authorization Portfolio.

8. Program Increases	\$120,350
a) Annualization of New FY 2023 Program	\$0
b) One-Time FY 2024 Increases	\$32,735
1) Department of Defense Microsoft 365 Enterprise Licensing Upgrade:	\$32,735
Defense Information System Agency transfers funds (+\$32,735K) to Information Management Information Technology (IM/IT) for Department of Defense (DoD) Microsoft 365 (M365) E5 licensing upgrades for improved Zero Trust (ZT) capabilities. The enhancements provide advanced security against ransomware and cybersecurity threats, compliance, voice, and analytical abilities. The FY 2023 Desktop to Datacenter program element baseline funding is \$433,721K. The FY 2023 Desktop to Datacenter program element baseline contractor staffing is 827 CMEs.	
c) Program Growth in FY 2024	\$87,615
1) a. Joint Operational Medicine Information Systems:	\$73,386
Provides funds for the following Joint Operational Medicine Information Systems (JOMIS) requirements following the updated acquisition strategy approved in January 2021 to maintain and operate existing legacy applications:	
-- Realignment of funding from RDT&E (started in FY23) to O&M to reflect the new January 2021 Acquisition Strategy and the JOMIS capability roadmap including 1) continued funding of software development and enhancements that will occur beyond the first Minimum Viable Capability Release (MVCR) aligned with the software development life cycle principles of the software acquisition pathway 2) funding for IT Management and testing support for software development and enhancements beyond the first MVCR in alignment with the software development life cycle principles of the software acquisition pathway.	
-- Operation and maintenance of newly deployed capabilities 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. These capabilities include, for example, Health Care Delivery for Roles I, II, and III, modernized Operational Medicine Data Service, Medical Common Operating Picture,	

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and Theater Blood.

The FY 2023 JOMIS program element baseline funding is \$138,576K. The FY 2023 JOMIS program element baseline contractor staffing is 360 CMEs.

2) b. Corporate Dental System:\$14,229
 Realigns the Corporate Dental System contract dollars (+\$14,229K) to Information Management /Information Technology (IM/IT), Joint Operational Medicine Information Systems (JOMIS) program element from In-House Care, Dental Care (CONUS) program element. Realignment supports the DHA's effort to consolidate the management and administration of all IM/IT systems within the Information Management/Information Technology Budget Activity Group. The FY 2023 JOMIS program element baseline funding is \$138,576K. The FY 2023 JOMIS program element baseline contractor staffing is 360 CMEs.

9. Program Decreases	\$-165,820
a) Annualization of FY 2023 Program Decreases	\$0
b) One-Time FY 2023 Increases	\$0
c) Program Decreases in FY 2024	\$-165,820
1) a. MHS IM/IT Legacy Sustainment:	\$-118,342
Reduces the MHS IM/IT Legacy sustainment funding in the Tri-Service IM/IT program element as the Defense Health Agency continues consolidation measures to reduce Infrastructure costs at the Military Treatment Facilities and the Defense Health Agency. The Defense Health Agency reduced IM/IT contracts support services funds by consolidating IT contracts at the Defense Health Agency enterprise level and optimizing infrastructure by using a common architecture. Ongoing efforts by the Program Executive Officer (PEO) Medical Systems/Chief Information officer (J-6) 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. There are 194 site instances of legacy systems projected for decommissioning in FY 2024. The FY 2023 Tri-Service IM/IT program element funding is \$660,064K. The FY 2023 Tri-Service IM/IT program element baseline contractor staffing is 677 CMEs.	
2) b. Department of Defense Healthcare Management System Modernization:	\$-47,478
Reduces the funding for Department of Defense Healthcare Management System Modernization (DHMSM) due to the	

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reduction in management oversight and travel required to support deployment in FY 2024 compared to a full year of CONUS and OCONUS deployment support in FY 2023. MHS GENESIS Electronic Health Record (EHR) System deployment efforts will complete in the first half of FY 2024 following with the approved deployment schedule. The FY 2023 DHMSM program element baseline funding is \$548,483K. The FY 2023 DHMSM program element baseline contractor staffing is 2,103 CMEs.

FY 2024 Budget Request\$2,327,816

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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 (GSC); (4) Desktop to Datacenter (D2D) 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); and (8) Joint Operational Medicine Information System/Medical Common Operating Picture (MedCOP).

Workload Description by Program	FY 2022 Actuals	FY 2023 Enacted	FY 2024 Estimate
Military Treatment Facility IT Support			
1. Provides software, hardware, and network IT support for enterprise systems at DoD medical headquarters, hospitals, and medical clinics worldwide, as appropriate, to achieve operational benefits. Activities supported include: 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.	65 systems	59 systems	55 systems
2. Desktop to Datacenter migration of end user devices.	24,808	N/A	N/A
3. Shutdown/Decommission (end operational use) legacy systems replaced by MHS GENESIS (site instances of systems)	35 site instances of systems	137 site instances of systems	194 site instances of systems
MHS Enterprise Services Cyber Security Support			
1. Manage the cybersecurity status of systems (including networks and medical devices enrolled in Risk Management Framework throughout the MHS)	1,566	1,697	1,750
2. Implement required cybersecurity patches (Cybersecurity Support cannot determine the number of patches needed in advance)	93%	90%	90%

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IV. Performance Criteria and Evaluation Summary:

Workload Description by Program	FY 2022 Actuals	FY 2023 Enacted	FY 2024 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 the type of problem and number of users affected]	89 Priority 1 Incidents ≥95%	100 Priority 1 Incidents ≥95%	110 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	18,082 survey responses	19,500 survey responses	21,000 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 (MHS GENESIS-ready sites have completed all infrastructure work, and all systems required for MHS GENESIS migrated)	23	N/A	N/A
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)	23	N/A	N/A

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IV. Performance Criteria and Evaluation Summary:

Workload Description by Program	FY 2022 Actuals	FY 2023 Enacted	FY 2024 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 degrading the average log-in and transaction response times. Measure the percentage of users able to log-in in and complete transactions in less than two (2) seconds.	95.97%	95.00%	95.00%
2. System Operational Availability assesses the total time the system can perform clinical functions during a given interval – excluding scheduled downtimes. (Percentage)	94.96%	65.00%	65.00%
DoD Medical Information Exchange and Interoperability (DMIX)			
1. Percentage of population with Joint Legacy Viewer (JLV) access using JLV.	30.00%	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: It helps check the performance of related healthcare systems. This information helps assess improvements/changes/updates to the evaluated system. For example, a new patch could improve response times. Having these measurements will highlight the improvement.	90.00%	90.00%	90.00%
3. Software availability from an end-user perspective - not counting scheduled downtime - and platform and network availability (DES/JLV). (Percentage)	93.00% / 93.00%	93.00% / 93.00%	93.00% / 93.00%

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IV. Performance Criteria and Evaluation Summary:

Workload Description by Program	FY 2022 Actuals	FY 2023 Enacted	FY 2024 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)	99.86%	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)	98.5%	98.5%	98.5%
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	<5	<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 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>Change FY 2022/ FY 2023</u>	<u>Change FY 2023/ FY 2024</u>
Active Military End Strength (E/S) (Total)	424	349	376	-75	27
Officer	90	54	57	-36	3
Enlisted	334	295	319	-39	24
Active Military Average Strength (A/S) (Total)	417	387	363	-30	-24
Officer	88	72	56	-16	-16
Enlisted	329	315	307	-14	-8
Civilian FTEs (Total)	1,633	1,962	1,956	329	-6
U.S. Direct Hire	1,570	1,908	1,903	338	-5
Foreign National Direct Hire	32	26	26	-6	0
Total Direct Hire	1,602	1,934	1,929	332	-5
Foreign National Indirect Hire	31	28	27	-3	-1
Average Annual Civilian Salary (\$ in thousands)	133.1	138.2	145.2	5.1	6.9
Contractor FTEs (Total)	5,371	5,219	5,219	-152	0

Personnel Summary Explanations:

Explanation of changes in Active Military End Strength: The net decrease from FY 2022 to FY 2023 (-75) includes execution adjustments and FY 2023 Next Generation Resource Management System (NGRMS) internal realignments (-10: Army +2, Navy -31 and Air Force +19), 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), realignment of the Transfer Hospital Ship from Navy BUMED to the Medical Sealift Command (-6), and a 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) accounts for the additional resources (-13: Navy -10 and Army -3). This Act limits the realignment or reduction of military medical end strength authorizations and reflects executable Service plans for the drawdown. The net decrease from FY 2023 to FY 2024 (+27) is due to the transfer of the Capabilities Development Integration Directorate to the Department of Army (-4), Army Medical End Strength Restoral (+4), FY 2023 NGRMS internal realignments (-2: Army -3, Navy

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V. Personnel Summary: (Cont.)

+1), and FY 2024 NGRMS internal realignments as a result of Total Force Management Manpower System (TFMMS) and financial Procurement Business Intelligence Service (PBIS) interface reflects (+29).

Explanation of changes in Civilian FTEs: The net increase from FY 2022 to FY 2023 (+329) reflects execution adjustments (-86: Army -51, Comptroller +119 and DCFM -154); 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, and DHMSM +4); transfer of Military Treatment Facilities FTEs from the Department of Army (+294), realignment of FTEs from Navy BUMED for IM/IT support (+8), and internal realignment from other BAGs (+131: Navy +130 and Air Force +1). The increase from FY 2023 to FY 2024 (-6) reflects the transfer to the Department of the Army for support to the Capabilities Development Integration Directorate (CDID) under the Army Futures Command (-5) and the transfer to the Department of the Air Force to support the Special Program Authorization Portfolio (-1).

Explanation of changes in Contractor FTEs: The decrease from FY 2022 to FY 2023 (-152) reflects ongoing efficiencies achieved by consolidating infrastructure and legacy systems. There is no change from FY 2023 to FY 2024.

**Defense Health Program
Operation and Maintenance, Defense-Wide
Fiscal Year (FY) 2024 Budget Estimates
Information Management OP-5 Exhibit**

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

	FY 2022 Program	Change from FY 2022 to FY 2023		FY 2023 Program	Change from FY 2023 to FY 2024		FY 2024 Program
		Price Growth	Program Growth		Price Growth	Program Growth	
101 EXEC, GEN'L & SPEC SCHEDS	212,777	8,788	43,910	265,475	13,348	-779	278,044
103 WAGE BOARD	240	10	0	250	13	0	263
104 FN DIRECT HIRE (FNDH)	2,079	86	0	2,165	109	0	2,274
107 VOLUNTARY SEP INCENTIVES	16	1	0	17	1	0	18
0199 TOTAL CIVILIAN PERSONNEL COMPENSATION	215,112	8,885	43,910	267,907	13,471	-779	280,599
308 TRAVEL OF PERSONS	5,205	109		5,314	117	0	5,431
0399 TOTAL TRAVEL	5,205	109	0	5,314	117	0	5,431
771 COMMERCIAL TRANSPORT	2,677	56	-2,692	41	1	0	42
0799 TOTAL TRANSPORTATION	2,677	56	-2,692	41	1	0	42
901 FOREIGN NATIONAL INDIRECT HIRE (FNIH)	2,248	93	932	3,273	165	-120	3,318
912 RENTAL PAYMENTS TO GSA (SLUC)	2,162	45	-2,207	0	0	0	0
913 PURCHASED UTILITIES (NON-FUND)	36	1	0	37	1	0	38
914 PURCHASED COMMUNICATIONS (NON-FUND)	2,589	54		2,643	58		2,701
915 RENTS (NON-GSA)	66	1		67	1		68
917 POSTAL SERVICES (U.S.P.S)	1,443	30	-1,473	0	0	0	0
920 SUPPLIES & MATERIALS (NON-FUND)	3,272	69	0	3,341	74	0	3,415
921 PRINTING & REPRODUCTION	2,790	59	-916	1,933	43	0	1,976
922 EQUIPMENT MAINTENANCE BY CONTRACT	2,255	47	693	2,995	66	0	3,061
923 FACILITIES SUST, REST, & MOD BY CONTRACT	3,245	68	-3,271	42	1	0	43
925 EQUIPMENT PURCHASES (NON-FUND)	66,502	1,397	4,140	72,039	1,585	0	73,624
932 MGT PROF SUPPORT SVCS	99,266	2,085	-34,743	66,608	1,465		68,073
933 STUDIES, ANALYSIS & EVAL	18,705	393	-6,547	12,551	276		12,827
934 ENGINEERING & TECH SVCS	64,845	1,362	-22,696	43,511	957		44,468
955 OTHER COSTS (MEDICAL CARE)	2,072	108	-2,180	0	0	0	0
959 OTHER COSTS (INSURANCE CLAIMS/INDMNTIES)	38	1	-39	0	0	0	0
964 OTHER COSTS (SUBSISTENCE AND SUPPORT OF PERSONS)	5	0	-5	0	0	0	0

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

	FY 2022 Program	Change from FY 2022 to FY 2023		FY 2023 Program	Change from FY 2023 to FY 2024		FY 2024 Program
		Price Growth	Program Growth		Price Growth	Program Growth	
986 MEDICAL CARE CONTRACTS	103	5		108	4		112
987 OTHER INTRA-GOVT PURCH	245,859	5,163	-3,695	247,327	5,441		252,768
989 OTHER SERVICES	32,794	689	0	33,483	737	0	34,220
990 IT CONTRACT SUPPORT SERVICES	1,498,551	31,470	22,329	1,552,350	34,152	-45,470	1,541,032
0999 TOTAL OTHER PURCHASES	2,048,846	43,140	-49,678	2,042,308	45,026	-45,590	2,041,744
9999 GRAND TOTAL	2,271,840	52,190	-8,460	2,315,570	58,615	-46,369	2,327,816