

**Defense Health Program  
Operation and Maintenance, Defense-Wide  
Fiscal Year (FY) 2024 Budget Estimates  
Procurement Budget Item Justification**

**BUDGET ITEM JUSTIFICATION SHEET**

**APPROPRIATION / BUDGET ACTIVITY : 97\*0130**

**P-1 ITEM NOMENCLATURE: Replacement/Modernization**

	<b><u>FY 2022</u></b> <b><u>Actual</u></b>	<b><u>FY 2023</u></b> <b><u>Enacted</u></b>	<b><u>FY 2024</u></b> <b><u>Request</u></b>	<b><u>FY 2025</u></b> <b><u>Estimate</u></b>	<b><u>FY 2026</u></b> <b><u>Estimate</u></b>	<b><u>FY 2027</u></b> <b><u>Estimate</u></b>	<b><u>FY 2028</u></b> <b><u>Estimate</u></b>
Quantity							
Total Cost (\$ M)	250.366	234.157	238.435	250.791	260.013	270.072	280.007
Dental Equipment	0.390	0.406	0.422	0.438	0.455	0.473	0.491
Food Ser, Preventive Med, Pharmacy Equip	12.517	6.548	6.707	6.852	7.120	7.407	7.695
Medical Information System Equipment	8.570	8.740	6.373	8.456	8.626	8.812	8.986
Medical Patient Care Administrative Equip	3.020	6.875	7.032	7.173	7.316	7.462	7.611
Medical/Surgical Equipment	39.771	23.048	22.934	23.830	24.761	25.786	26.792
Other Equipment	18.043	13.845	12.562	14.507	14.798	15.094	15.396
Pathology/Lab Equipment	9.848	20.541	21.475	22.315	23.186	24.153	25.095
Radiographic Equipment	158.207	154.154	160.930	167.220	173.751	180.885	187.941

**REMARKS**

The most significant medical equipment investments will be in the pathology/lab equipment along with the radiographic, surgical, and information systems functional areas. The driving factors are rapid technological advancements in these areas and the need for DoD's health care delivery system to maintain the standards of care set by the civilian health care sector. Procurement investments for information systems will cover software license acquisitions, 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.

P-40 Exhibit  
DHP

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**P-1 ITEM NOMENCLATURE: New Facility Outfitting**

	<b><u>FY 2022</u></b>	<b><u>FY 2023</u></b>	<b><u>FY 2024</u></b>	<b><u>FY 2025</u></b>	<b><u>FY 2026</u></b>	<b><u>FY 2027</u></b>	<b><u>FY 2028</u></b>
	<b><u>Actual</u></b>	<b><u>Enacted</u></b>	<b><u>Request</u></b>	<b><u>Estimate</u></b>	<b><u>Estimate</u></b>	<b><u>Estimate</u></b>	<b><u>Estimate</u></b>
Quantity							
Total Cost (\$ M)	20.926	21.625	22.344	23.449	24.597	25.555	26.552
Dental Equipment	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Food Ser, Preventive Med, Pharmacy Equip	0.363	0.377	0.392	0.407	0.423	0.439	0.456
Medical Information System Equipment	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Medical Patient Care Administrative Equip	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Medical/Surgical Equipment	1.813	1.884	1.957	2.033	2.112	2.194	2.280
Other Equipment	12.479	12.849	13.226	13.976	14.755	15.330	15.928
Pathology/Lab Equipment	0.444	0.461	0.479	0.498	0.517	0.537	0.558
Radiographic Equipment	5.827	6.054	6.290	6.535	6.790	7.055	7.330

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

	<b><u>FY 2022</u></b>	<b><u>FY 2023</u></b>	<b><u>FY 2024</u></b>	<b><u>FY 2025</u></b>	<b><u>FY 2026</u></b>	<b><u>FY 2027</u></b>	<b><u>FY 2028</u></b>
	<b><u>Actual</u></b>	<b><u>Enacted</u></b>	<b><u>Request</u></b>	<b><u>Estimate</u></b>	<b><u>Estimate</u></b>	<b><u>Estimate</u></b>	<b><u>Estimate</u></b>
Quantity							
Total Cost (\$ M)	0.000	1.467	29.537	30.129	30.732	31.333	31.960
JOMIS	0.000	1.467	29.537	30.129	30.732	31.333	31.960

**REMARKS**

The purpose of JOMIS is to modernize, deploy, and sustain the DoD's OpMed Information System (IS) capabilities that enable comprehensive health services to meet Warfighter requirements for military medical operations. JOMIS is intended to function in constrained, intermittent, and non-existent communications environments while providing access to authoritative sources of clinical data.

There are technological and business challenges to the OpMed mission including aged technology, inefficient design standards, overreliance on obsolete code, lack of automation, different deployment methods by Services that impacts standard user adoption, inefficient and overly-bureaucratic acquisition methods, and the lack of unified functional user input. To mitigate these challenges, JOMIS has planned the following actions:

- Translate the Theater Medical Information Requirements (TMIR) IS Capability Development Document (CDD) into a modern Portfolio Capability Roadmap that can be abstracted down to needs statements, personas, and user stories that can inform leading-edge design practices
- Construct program governance that can be achieved through external consultancy and resource investment into an Operational Medicine Functional Champion (OMFC) to create a high achieving team that envisions the future of OpMed capabilities as they are integrated with DoD and Federal medical data landscapes
- Leverage experiential learning on current innovative projects that provide ample opportunities to explore modern software delivery methods that can create and endure software delivery environments that evolve with the OpMed mission
- Take advantage of industry and DoD best practices to evolve and perfect development methods (e.g., Agile and Development Security Operations) which will facilitate the ability to "continuously integrate" and "continuously deliver" capability throughout the software development life cycle.

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

	<b><u>FY 2022</u></b>	<b><u>FY 2023</u></b>	<b><u>FY 2024</u></b>	<b><u>FY 2025</u></b>	<b><u>FY 2026</u></b>	<b><u>FY 2027</u></b>	<b><u>FY 2028</u></b>
	<b><u>Actual</u></b>	<b><u>Enacted</u></b>	<b><u>Request</u></b>	<b><u>Estimate</u></b>	<b><u>Estimate</u></b>	<b><u>Estimate</u></b>	<b><u>Estimate</u></b>
Quantity							
Total Cost (\$ M)	72.302	72.601	74.055	75.536	77.047	78.588	80.160
MHS D2D	72.302	72.601	74.055	75.536	77.047	78.588	80.160

**REMARKS**

Includes resources for 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: 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; Desktop design standardization across the application, desktop and server environments allowing providers/staff ability to access information between medical facilities; 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; Centralized, secure access and authentication capability to network resources that allows providers and staff to all IT services without the need of multiple accounts; 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 management, Network Service Operations Center (NSOC), Data Center Operations (DCOPS), Video Network Center (VNC), Lifecycle Management (Asset Management Support Services, Enterprise Software Management, and End User Device Management), Performance Planning Management (PPM), and Server Sustainment.

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

	<b><u>FY 2022</u></b>	<b><u>FY 2023</u></b>	<b><u>FY 2024</u></b>	<b><u>FY 2025</u></b>	<b><u>FY 2026</u></b>	<b><u>FY 2027</u></b>	<b><u>FY 2028</u></b>
	<b><u>Actual</u></b>	<b><u>Enacted</u></b>	<b><u>Request</u></b>	<b><u>Estimate</u></b>	<b><u>Estimate</u></b>	<b><u>Estimate</u></b>	<b><u>Estimate</u></b>
Quantity							
Total Cost (\$ M)	415.114	240.224	17.510	0.000	0.000	0.000	0.000
DHMSM	415.114	240.224	17.510	0.000	0.000	0.000	0.000

**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.