

Theater Medical Information Program (TMIP)

Executive Summary

- The Theater Medical Information Program (TMIP) program manager is fielding the system in blocks of increasing capability. The IOT&E of Block 1 reflected a high functional success rate (over 99 percent), but with some significant operational limitations, including occasional loss of data, immunization module deficiencies, inoperable joint medical logistics functions, and human-system integration shortfalls.
- Due to urgent and compelling needs, the Assistant Secretary of Defense (Networks and Information Integration) authorized limited fielding to the Army and Marine Corps in Kuwait, Iraq, and Afghanistan for combat support operations.
- The Army Test and Evaluation Command (ATEC) performed a risk assessment of the Defense Medical Logistics Standard Support, Customer Assistance Module (DCAM). ATEC will conduct an operational assessment of DCAM in early FY07 to support fielding prior to Block 2 IOT&E.
- On September 18 and 19, 2006, ATEC led a joint operational assessment of Block 2 in a test bed environment. The operational test agencies are currently evaluating the data from this operational assessment.

System

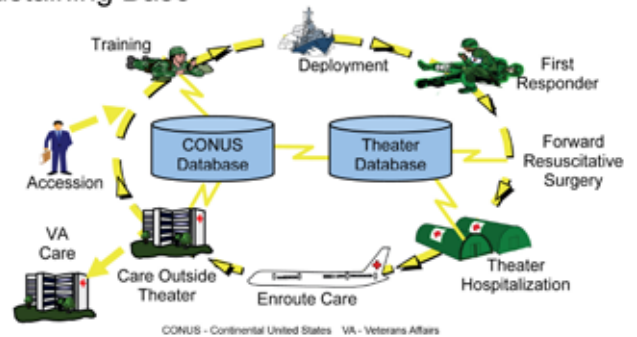
- TMIP is a Joint Major Automated Information System that integrates information from sustaining base medical applications into a joint system for use by deployed forces.
- Examples of integrated systems include the Armed Forces Health Longitudinal Technology Application (formerly Composite Health Care System II), Defense Blood Standard System, Defense Medical Logistics Standard Support, and Transportation Command Regulating and Command and Control Evacuation System.
- The Services provide their own infrastructure (networks and communications) and fund the computer hardware to host TMIP software applications in-theater.

Activity

- ATEC performed a risk assessment on DCAM, a logistics module to be added to Block 1. ATEC will conduct an operational assessment in early FY07 to support fielding prior to Block 2 IOT&E. ATEC will also test DCAM during the IOT&E of Block 2 planned for September 2007.
- A TMIP Block 2 System Qualifications Test was conducted in September 2006. ATEC led a joint operational assessment following that test. The results are pending.

Sustaining Base

Theater



Mission

- Theater Combatant Commanders, Joint Task Force commanders, and their medical support staff equipped with TMIP can make informed and timely decisions regarding theater health services.
- TMIP supports command and control, medical surveillance and reporting, and various medical functional areas that include:
 - Medical logistics
 - Blood management
 - Medical intelligence
 - Health care delivery
 - Medical capability assessment
 - Sustainment analysis
- TMIP provides situational awareness down to the lowest level of deployed health care activities, such as:
 - Epidemiology monitoring
 - Bed status
 - Daily disposition
 - Patient status
 - Patient visibility

Assessment

- The TMIP program manager is fielding the system in blocks of increasing capability. IOT&E of Block 1, conducted in FY05, reflected a high functional success rate (over 99 percent), but with some significant operational limitations. Those problems included occasional loss of data, immunization module deficiencies, inoperable joint medical logistics functions, and human-system integration shortfalls.

DOD PROGRAMS

- Due to urgent and compelling needs, the Assistant Secretary of Defense (Networks and Information Integration) authorized limited fielding to the Army and Marine Corps for combat support operations. The Army and Marine Corps are currently using Block 1 in Kuwait, Iraq, and Afghanistan.
- TMIP clearly shows promise for tactical medical operations. It is progressing toward a goal of making all medical records electronic. Immature Service and joint concepts of operations for using the system is a major concern.
- There is risk that TMIP Block 2 may not complete joint IOT&E as scheduled. In accordance with the revised Acquisition Strategy, the program manager will release the software to the Services upon completion of System Qualification Testing. The software will then undergo eight months of Service System Acceptance Testing prior to the IOT&E. The program manager will have to correct any deficiencies noted by the individual Services, reissue the software, and determine if Block 2 is ready for joint IOT&E.

Recommendations

- Status of Previous Recommendations. The following FY05 recommendations remain valid:
FY05 #1: DOT&E recommended that the Army be authorized to complete TMIP Block 1 fielding, subject to the

incorporation of a message regenerator tool. The Army did not field Block 1 past the limited authorization. IOT&E of Block 2 will determine whether the intermittent problem of lost data has been fully corrected.

FY05 #2: DOT&E recommended that the Army not be authorized to use the immunization module or the medical logistics functions. The Army does not use the immunization module and the joint medical logistics functions are being held in abeyance in favor of using existing medical logistics capabilities.

FY05 #3: DOT&E recommended that no other Services be authorized to field Block 1 without successful IOT&E or special authorization to meet wartime necessities. The Marine Corps obtained that special authorization to field Block 1.

- FY06 Recommendations.
 1. The Services should strive to incorporate lessons learned from the Block 2 operational assessment into their integration efforts and work closely with each other and the program manager to prepare for the joint IOT&E.
 2. The Services and Joint Forces Command should continue to develop viable TMIP joint concepts of operations. Immature concepts of operations pose the greatest risk to achievement of TMIP goals.