Defense Health Program
Fiscal Year (FY) 2010 Budget Estimates
Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity
Defense Health Program/BA: 2

DATE: May 2009
R1 Item Nomenclature: 8
Information Technology Development
0605013HP

COST: (Dollars in Millions)

	2008 Actual	2009 Estimate	2010 Estimate
Total PE 0605013	168.045	146.887	124.410
Aeromedical Electronic Resource Office (AERO)(Navy)	0.715	0.000	0.000
Air Force Integrated Healthcare Toolset (AFIFHCT) (Air Force)	0.975	0.975	1.000
Armed Forces Health Longitudinal Technology Application (AHLTA) (Army)	0.000	1.467	1.511
Armed Forces Health Longitudinal Technology Application (AHLTA) (TMA)	7.517	1.984	5.146
Armed Forces Health Longitudinal Technology Application (AHLTA)(Army to TMA)	3.863	0.000	0.000

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	2008 Actual	2009 Estimate	2010 Estimate
Army Medicine CIO Management Operations (Army)	0.000	0.000	0.000
Army Warrior Care and Transition System (AWCTS) (Army)	0.000	1.864	0.000
Assessment Demonstration Center (Air Force)	1.271	1.473	1.600
Central IM/IT Development (Army)	0.350	0.000	0.000
Clinical Patient Communication Web Portal Service (Navy)	0.199	0.000	0.000
Composite Health Care System (CHCS)(TMA)	0.000	10.983	7.936
Composite Occupational Health & Risk Tracking (COHORT) (Air Force)	1.170	1.268	1.300

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	2008 Actual	2009 Estimate	2010 Estimate
CSI-Children's Hospital Integrated Patient Electronic Records System (CHIPERS) (Army)	0.487	0.000	0.000
CSI-Madigan Army Medical Center Digital Pen (Army)	0.000	0.195	0.000
CSI-Mission Hospital Computer Physician Order Entry Initiative (Army)	0.975	0.000	0.000
CSI-Pacific Based Joint Information Technology Center (JITC) (TMA)	0.000	4.680	0.000
CSI-Parsons Institute for Information Mapping (Army)	1.560	0.000	0.000
CSI-Theater Enterprise Wide Logistics System (Army)	2.340	0.000	0.000

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	2008 Actual	2009 Estimate	2010 Estimate
CSI-Universal Immunization Tracking System (TMA)	3.120	0.000	0.000
Defense Blood Standard System (DBSS) (TMA)	5.668	3.050	2.725
Defense Medical Human Resources System (internet) DMHRSI (TMA)	0.525	9.472	6.680
Defense Medical Logistics Standard Support (DMLSS) (TMA)	5.755	16.111	7.727
Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (TMA)	0.220	6.229	0.000
Defense Occupational Health Readiness System (DOEHRS)(TMA)	11.630	0.000	0.000
DOEHRS HC (TMA)	0.000	1.346	0.000

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	2008 Actual	2009 Estimate	2010 Estimate
Enterprise Wide Scheduling and Registration (EWS-R) (TMA)	0.390	0.000	0.000
Executive Information/Decision Support (EI/DS) (TMA)	4.654	2.863	4.138
Expense Assignment System IV (EAS IV) (TMA)	0.000	4.834	8.222
GWOT-Disability Evaluation System and Case Management (TMA)	20.572	0.000	0.000
IM/IT Test Bed (Air Force)	1.462	1.852	2.223
Integrated Clinical Database (ICDB-AF)	1.268	0.731	0.500
Joint Electronic Health Record Interoperability (JEHRI) (TMA)	8.784	7.522	5.760
LOA 3 Recovery Care Management (TMA)	0.000	0.000	0.487

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	2008 Actual	2009 Estimate	2010 Estimate
Medical Operational Data System (MODS) (Army)	4.005	5.305	3.201
MHS CIO Management Operations (TMA)	0.000	0.000	4.768
Military Medical Tracking System (MMTS) (Army)	0.702	0.000	0.000
Navy Medicine CIO Management Operations (Navy)	2.276	3.895	4.075
Neuro Cognitive Assessment Tool (NCAT) (TMA)	0.000	0.000	2.837
Other Related Technical Activities (TMA)	0.000	0.000	2.555
Patient Accounting System (PAS) (TMA)	0.771	0.502	0.000
Patient Safety Reporting (PSR) (TMA)	5.006	2.372	0.000

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	2008 Actual	2009 Estimate	2010 Estimate
Telepharmacy Remote Dispensing and Verification System (Scriptpro)(Navy)	0.200	0.000	0.000
Theater Electronics Health Records (TMA)	0.000	1.659	0.000
Theater Enterprise Wide Logistics System (TEWLS) (Army)	6.640	5.538	0.000
Theater Medical Information Program (TMIP) (Navy)	0.000	0.000	0.000
Theater Medical Information Program (TMIP) (TMA)	35.181	38.518	42.595
Third Party Outpatient Collection System (TPOCS) (TMA)	0.000	0.000	0.507
TMA E-Commerce (TMA)	22.463	7.030	6.917
TRANSCOM Regulating and Command and Control Evacuation System (TRAC2ES) (AF)	1.645	0.000	0.000

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	2008 Actual	2009 Estimate	2010 Estimate
TRANSCOM Regulating and Command and Control Evacuation System (TRAC2ES) (TMA)	2.711	3.169	0.000
Tricare on Line (TOL) (TMA)	0.975	0.000	0.000

A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION: The MHS centrally-managed IM/IT program is linked to the overall MHS Strategic Plan, the Quadrennial Defense Review (QDR), and supports military medical readiness and MHS transformation. The MHS IM/IT Program ensures compliance with the Federal Enterprise Architecture and the DoD Business Enterprise Architecture through the MHS Enterprise Architecture which is a mapping of all system requirements to one of the four MHS core business processes (Manage the Business, Access to Care, Population Health Management, and Provision of Health Services). The enterprise strategy, which creates a prioritized Portfolio of requirements, incorporates reengineering and business process improvements, use of innovative acquisition techniques, integration of commercial off-the-shelf products as well as modular development, where necessary; and integration and/or elimination of legacy systems.

The MHS centrally-managed, IM/IT program includes the following major (Acquisition Category (ACAT) I) initiatives: 1) AHLTA integrates patient data from different times, providers, and sites for all Service members, retirees and family members. AHLTA will be a life-long medical record of all illnesses, injuries, exposure and vaccines of the patient; 2) Theater Medical Information Program-Joint (TMIP-J), integrates the military health information systems to ensure timely interoperable medical support for mobilization, deployment and sustainment of all missions. TMIP-J adapts these systems to Theater specific requirements; 3) Defense Medical Logistics Standard Support (DMLSS)(an ACAT I in sustainment), provides integrated supply chain and life cycle management for pharmaceuticals, medical supplies, equipment, health facilities, and services. DMLSS enables medical logistics support to the Force Health Protection mission for the MHS; 4) Executive Information/Decision Support (EI/DS)(an ACAT I in sustainment), receives and stores data from MHS systems, processes those data through a variety of business rules, and makes the data available, in various data marts, to managers, clinicians, and analysts for the management of the business of health care; and 5)Composite

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Health Care System (CHCS), the military's legacy computerized provider order entry system. CHCS is used to
order/document laboratory tests, radiology exams, perform prescription transactions, document outpatient
appointments and other care administered. The Central IM/IT Program also contains funding for ACAT III
initiatives such as the following: Defense Medical Human Resources System (internet) (DMHRSi), TRICARE On
Line (TOL), Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH),
Joint Electronic Health Record Interoperability (JEHRI), Expense Assignment System IV (EAS IV), and Third
Party Outpatient Collection System (TPOCS).

The TMA managed IM/IT program includes the following initiative: Electronic Commerce System (TMA ECS)provides
an integrated system for the solicitation, contract award, deliverable tracking, financial accounting,
receivables, and payables for purchased health care.

The Army Medical Command's focus is to identify, explore, and demonstrate key technologies to overcome medical
and military unique technology barriers. Programs include development projects for Army service level support
for the Armed Forces Health Longitudinal Technology Application (AHLTA); Theater Enterprise Wide Medical
Logistics System (TEWLS) which ties the national, regional, and deployed units into a single business
environment to accomplish essential care in the theater through a single customer facing portal; and the
Medical Occupational Data System (MODS) that provides a responsive and reliable human resource and readiness
information management data system for all categories of military and civilian medical and support personnel.

For FY09 a Congressional Special Interest (CSI) program was added for the Madigan Army Medical Center Digital
Pen. Because of the CSI annual structure out-year funding is not programmed.

The Navy Medical IM/IT service RDT&E funds the development required for those systems that are integral to
Navy Medicine (i.e. Shipboard Medical Immunization Tracking and Snap Automated Medical System (SAMS)). Navy
Medicine also funds, when appropriate, a number of small-scale, opportunistic business improvements when the
technology makes a sudden advance. These projects are generally not in the scope of the TMA Central Programs.
This year, Navy medicine has taken advantage of World Wide Web (WWW) technology and communications protocols
to promote health awareness and problem intervention, remotely verify and disperse prescriptions, and provide
physicians a convenient platform to access patient information via a secure connection.

The Air Force Medical Service IM/IT modernization program includes the following initiatives: Air Force -
Integrated Clinical Database which integrates disparate systems to provide decision support for Air Force
medical clinical and business activities; Composite Occupational Health & Risk Tracking System (COHORT) to

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monitor disease morbidity factors and alert epidemiologists that an infectious disease could affect a portion of the serviced beneficiary population; AF Integrated Framework Health Care Toolset (AFIFHCT) which provides for rapid integration of new advanced toolsets and enhancements to existing automated tools; Assessment Demonstration Center (ADC) builds prototypes for concept and technology demonstration applications of various health related activities; IM/IT Test Bed (IMIT-TB) is a dedicated OT location and staff encompassing the entire spectrum of healthcare services and products available in MTFs, to provide risk controlled testing of designated core and interim medical applications in a live environment.

B. PROGRAM CHANGE SUMMARY:

	2008	2009	2010
FY10 Budget Estimate RDT&E	147.473	145.654	118.320
Congressional Special Interest	0.000	5.000	0.000
Wounded III and Injured	0.000	0.000	6.090
Realignment	0.000	0.000	0.000
SBIR	-0.528	-3.767	0.000
Supplemental Appropriation	21.100	0.000	0.000
Transfer	0.000	0.000	0.000
FY10 Budget Submission RDT&E	168.045	146.887	124.410

PROGRAM CHANGE SUMMARY EXPLANATION:

FY 08:
- Defense Supplemental Appropriation for FY 2008, Title IX, Public Law 110-252 (P.L. 110-252) increase for Disability Evaluation System and Case Management ($21.1 million)
- SBIR Transfer from DHP RDT&E Program Element 0605013-IM/IT Development to DHP RDT&E Program Element 0605502-Small Business Innovation Research (SBIR) ($0.528 million) for proper execution

FY 09:
- DoD Appropriation Act, FY 2009 (P.L. 110-329) increases for Congressional Special Interest items as follows: Madigan Army Medical Center Digital Pen ($0.2 million), and Pacific Based Joint Information Technology Center (JITC) ($4.8 million)

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– SBIR Transfer from DHP RDT&E Program Element 0605013-IM/IT Development to DHP RDT&E Program Element 0605502-Small Business Innovation Research (SBIR) ($3.767 million) for proper execution

FY 10:
- Program increase for Wounded, Ill and Injured (WII) ($6.090 million)

C. OTHER PROGRAM FUNDING SUMMARY:

	FY 2008 Estimate	FY 2009 Estimate	FY 2010 Estimate
DHP Operation & Maintenance	**880.670**	**997.188**	**1,040.638**
BA-1, PE 0807714	1.200	1.236	1.273
BA-1, PE 0807724	2.941	4.316	0.000
BA-1, PE 0807781	184.269	224.273	156.784
BA-1, PE 0807783	87.798	99.337	119.589
BA-1, PE 0807793	586.285	641.468	741.682
BA-1, PE 0807795	15.373	21.552	18.223
BA-1, PE 0807995	2.804	5.006	3.087
DHP Procurement	**235.948**	**130.223**	**129.074**
BA-3, PE 0807721	235.448	129.723	128.564
BA-3, PE 0807720	0.500	0.500	0.510

D. ACQUISITION STRATEGY: Not Required.

E. PERFORMANCE METRICS:
Program cost, schedule and performance are measured using a systematic approach. The results of these measurements are present to management on a regular basis to determine program effectiveness and provide new

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direction as needed to ensure the efficient use of resources. Program performances are highlighted within
each project plans and accomplishments.