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Exhibit R-2, RDT&E Budget Item Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY					R-1 ITEM NOMENCLATURE							
0130: Defense Health Program BA 2: RDT&E					PE 0605013HP: Information Technology Development							
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
Total Program Element	-	162.226	145.268	43.135	-	43.135	27.937	26.140	26.499	27.405	Continuing	Continuing
239B: Health Services Data Warehouse (Air Force)	-	0.000	0.000	1.209	-	1.209	1.373	1.387	1.411	1.436	Continuing	Continuing
239F: IM/IT Test Bed (Air Force)	-	3.800	2.400	2.395	-	2.395	2.501	2.544	2.587	2.634	Continuing	Continuing
283C: Medical Operational Data System (MODS) (Army)	-	1.472	3.450	3.519	-	3.519	3.589	3.715	3.826	3.941	Continuing	Continuing
283D: Army Medicine CIO Management Operations	-	1.492	4.518	4.628	-	4.628	4.752	4.909	5.054	5.404	Continuing	Continuing
283F: Army Warrior Care and Transition System (AWCTS)	-	0.488	0.365	0.365	-	0.365	0.364	0.364	0.300	0.000	Continuing	Continuing
283I: Workload Management System for Nursing – Internet	-	0.264	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
283J: Multi-Drug Resistant Surveillance Network (MRSN)	-	1.374	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
283K: Veterinary Services Systems Management (VSSM)	-	0.000	0.000	0.245	-	0.245	0.000	0.000	0.000	0.000	Continuing	Continuing
385A: Integrated Electronic Health Record (Tri-Service)	-	80.837	55.994	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
386A: Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)	-	7.006	7.006	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
423A: Defense Center of Excellence (FHP&RP)	-	1.177	1.270	1.295	-	1.295	1.323	1.346	1.369	1.395	Continuing	Continuing
435A: NICOE Continuity Management Tool	-	2.855	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
446A: Disability Mediation Service (DMS)	-	0.000	0.000	0.575	-	0.575	0.587	0.619	0.635	0.654	Continuing	Continuing

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480B: Defense Medical Human Resources System (internet) (DMHRSi) (Tri-Service)	-	0.585	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	
480C: Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)	-	5.370	4.272	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	
480D: Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)	-	3.372	8.451	1.550	-	1.550	0.000	0.000	0.000	0.000	Continuing	Continuing	
480F: Executive Information/ Decision Support (EI/DS) (Tri-Service)	-	3.127	1.479	5.074	-	5.074	3.024	2.731	2.623	3.083	Continuing	Continuing	
480G: Health Artifact and Image Management Solution (HAIMS) (Tri-Service)	-	0.000	0.000	3.996	-	3.996	0.304	0.000	0.000	0.000	Continuing	Continuing	
480K: integrated Federal Health Registry Framework (Tri-Service)	-	0.000	0.000	2.666	-	2.666	1.093	0.000	0.000	0.000	Continuing	Continuing	
480M: Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)	-	28.731	39.803	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	
480P: Other Related Technical Activities (Tri-Service)	-	4.123	1.523	5.311	-	5.311	0.692	0.000	0.000	0.000	Continuing	Continuing	
480R: TMA E-Commerce (TMA)	-	2.934	3.493	5.898	-	5.898	3.838	3.951	4.042	4.122	Continuing	Continuing	
480Y: Clinical Case Management (Tri-Service)	-	2.925	3.100	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	
480Z: Centralized Credentials and Quality Assurance System (CCQAS) (Tri-Service)	-	1.692	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	

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481A: Theater Enterprise Wide Logistics System (TEWLS) (Tri-Service)	-	5.127	3.821	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	
490I: Navy Medicine Chief Information Officer	-	2.106	4.323	4.409	-	4.409	4.497	4.574	4.652	4.736	Continuing	Continuing	
490J: Navy Medicine Online	-	1.369	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	

# FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012

## The FY 2014 OCO Request will be submitted at a later date

## A. Mission Description and Budget Item Justification

The Army Medical Command received PE 0605013 funding to identify, explore, and demonstrate key information technologies to overcome medical and military unique technology barriers. Programs include Army service level support for the Medical Operational Data System (MODS), the Army Medicine Chief Information Officer's (CIO) Management Operations, the Army Warrior Care and Transition System (AWCTS), the Workload Management System for Nursing – Internet (WMSNi), the Multidrug-Resistant Organism Repository and Surveillance Network (MRSN), and the Veterinary Services Systems Management (VSSM).

The Navy Medical Command RDT&E funding supports the development required for those systems which are integral to Navy Medicine (i.e., Navy Medicine Online (NMO)). 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 TRICARE Management Activity (TMA) Central Programs such as the development/integration of Defense Optical Fabrication Enterprise Management System (DOFEMS) into a fully automated system to support workload distribution, performance metrics, staffing requirements, supply management, calculation of operating costs from the current independently or manually DOFEMS system. This effort will be a web based centralized management tool and provide a standalone standard set of Lab Management software for all 26 Navy labs. Additionally, the re-design of HIV Management System (HMS) will be more user friendly, less time to perform everyday tasks and prevents the need to maintain separate databases. The re-design will also automate and minimize functions that require manual assistance and assist in fulfilling new requirements.

For the Air Force Medical Service (AFMS), this program element supports IM/IT development requirements within four AFMS Chief Information Officer defined core capabilities as essential to Air Force Medical Service IM/IT mission support. Data warehousing, reporting services, systems integration, and custom application development are featured in almost all IM/IT systems and application requests. The information needs of the AFMS are growing in volume, complexity, and delivery formats. In order to meet future requirements, aggregation of more and varied data sources require increasingly complex data warehousing capabilities. Demand for dynamic analytic capability will require investments in business intelligence, predictive analytic tools, open source research data models, and emerging personalized medicine analysis. Information is still largely produced in an ad hoc manner without standard methodologies, mapping of business requirements, transparent analytic models, and distributed by office productivity software. Centralized production of standard reports, balance sheets, and dynamic query tools would relieve many managers and action officer of routine work and increase leadership decision support. AFMS medical readiness reporting and tracking has set the standard in the DoD for over a decade but multiple applications now encompass what has merged into a common process of tracking unit capability and personal health assessments.

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<b>Exhibit R-2, RDT&amp;E Budget Item Justification:</b> PB 2014 Defense Health Program		<b>DATE:</b> March 2013
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>		<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>
<p>Consolidation of medical readiness applications would streamline disability, medical readiness, deployment surveillance, and flying status tracking and reporting who currently must move between multiple applications.</p> <p>For the Air Force, the funding in this program element provides for sustainment of the IM/IT Test Bed (IMIT-TB) capability, which 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.</p> <p>The MHS centrally-managed, Tri-Service IM/IT RDT&amp;E program includes funding for development/integration, test and evaluation for the following initiatives of special interest: 1) Integrated Electronic Health Record (iEHR) which is a new Major Automated Information System (MAIS) program designed to replace/sunset the current portfolio of systems providing initial Electronic Health Record (EHR) capability, such as AHLTA (which is DoD's current EHR and one of the world's largest clinical information systems that provides worldwide online access to patients medical records) and the Composite Health Care System (CHCS) (which is the military's legacy computerized provider order entry (CPOE) system used for ordering/documenting lab tests, radiology exams, prescription transactions, and for documenting outpatient appointments as well as other care that is administered). iEHR will establish a comprehensive, longitudinal, electronic health record that will also support the Virtual Lifetime Electronic Record (VLER) HEALTH initiative; 2) Theater Medical Information Program-Joint (TMIP-J) integrates components of the military medical information systems to ensure interoperable medical support for all Theater and deployed forces; 3) Defense Medical Logistics Standard Support (DMLSS) provides integrated supply chain and life cycle management for pharmaceuticals, medical supplies, equipment, health facilities, and services; 4) Executive Information/Decision Support (EI/DS) receives, stores, processes data from MHS systems used for managing the business of health care; 5) Defense Occupational and Environmental Health Readiness System – Industrial Hygiene (DOEHRS-IH) assembles, evaluates and stores data on occupational personnel exposure information, workplace environment monitoring, personnel protective equipment usage, and observation of work practices. The Central IM/IT Program also provides RDT&amp;E funding for mission essential initiatives such as: Theater Enterprise Wide Medical Logistics System (TEWLS); funding for other related technical activities such as ICD-10 upgrades; and for various Wounded, Ill and Injured (WII) Warrior initiatives like Health Artifact and Image Management Solution (HAIMS), Federated Registry Framework and a solution for clinical case management.</p> <p>The DHP RDT&amp;E appropriation includes the following TMA initiatives: Electronic Commerce System (E-Commerce): This system was developed for centralized collection, integration, and reporting of accurate purchased care contracting and financial data. It provides an integrated set of data reports from multiple data sources to management, as well as tools to control the end-to-end program change management process. E-Commerce is composed of several major applications including: Contract Management (CM), utilizing Prism software to support contract action development and documentation; Resource Management (RM), employing Oracle Federal Financials and TED interface software to support the budgeting, accounting, case recoupment, and disbursement processes; Document Management, utilizing Documentum software to provide electronic storage, management, and retrieval of contract files; Management Tracking and Reporting, utilizing custom software to provide reports to assist in the management and tracking of changes to the managed care contracts as well as current and out year liabilities; the Purchased Care and Contractor's Resource Center web sites that provide up-to-date financial information for both TMA and the Services concerning the military treatment facilities (MTFs), and expenditures for MTF enrollee purchased care and supplemental care. E-Commerce includes an infrastructure of over 60 servers supporting development, test, and production. E-Commerce is employed by several hundred users in more than 7 different organizations. Project oversight and coordination must be provided to ensure that the needs of the disparate organizations are met without influencing system performance or support to any individual user. Server configurations must</p>		

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Exhibit R-2, RDT&E Budget Item Justification: PB 2014 Defense Health Program		DATE: March 2013
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E	R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development	
<p>remain current with respect to security policies, user authorizations, and interactions with other systems and functions. All of these activities must be managed and coordinated on a daily basis.</p> <p>Disability Mediation Service (DMS): The VTA (Veteran's Tracking Application) has been the primary system to track, record, and report data for the IDES (Integrated Disability Evaluation System) process. The VTA is scheduled to sun-set, by VA (Veterans Affairs), and the data is being moved to another application. Migration of VTA to another application creates the requirement to allow data exchange between Service non-medical case management and new VA DES (Disability Evaluation System) IT application. The BEC (Benefits Executive Council) is looking to create a DMS (Disability Mediation Service), which is an integrator between the Services and VA.</p> <p>The DMS will facilitate the improvement of non-medical case management tracking and IDES data/information management. It will eliminate redundant data entry within DoD (Department of Defense), improving data quality by capturing more data for operational reporting from the Services and WCP, decrease backlog by eliminating data entry duplication, and minimize impact to DoD Services by allowing the Services to continue using their existing/planned systems without requiring retraining on a new applications.</p> <p>The DMS will be created from existing technology. It will provide a mediation service to help isolate each system from changes and uniqueness in the other systems and allow the Services and WCP to report and drill down on data that we capture during the exchange. This IT solution will not replace current DoD systems, but will require some modifications and enhancements to those systems to support the date exchange. WCP will support development costs for these efforts. Services will assume responsibility and POM costs for modifications, enhancements, and maintenance in the out years."</p>		

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0130: Defense Health Program BA 2: RDT&E		PE 0605013HP: Information Technology Development			
B. Program Change Summary (\$ in Millions)	FY 2012	FY 2013	FY 2014 Base	FY 2014 OCO	FY 2014 Total
Previous President's Budget	171.936	145.268	142.123	-	142.123
Current President's Budget	162.226	145.268	43.135	-	43.135
Total Adjustments	-9.710	0.000	-98.988	-	-98.988
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-11.360	-			
• Reprogramming - Information Technology Interface for Aeromedical Evacuation (AF)	1.650	-	-	-	-
• Realignment - Disability Mediation Service (DMS) (TMA)	-	-	0.575	-	0.575
• Realignment - Electronic Health Record (EHR) Way Ahead	-	-	-64.100	-	-64.100
• Realignment - Theater Medical Information Program (TMIP)	-	-	-35.463	-	-35.463
<b>Congressional Add Details (\$ in Millions, and Includes General Reductions)</b>					
<b>Project:</b> 435A: NICOE Continuity Management Tool					
Congressional Add: *** PLEASE ENTER CONGRESSIONAL ADD TITLE ***					
Congressional Add Subtotals for Project: 435A					
Congressional Add Totals for all Projects					
<b>Change Summary Explanation</b>					
FY 2012: Realignment from DHP RDT&E, PE 0605013-Information Technology Development (-\$11.360 million) to DHP RDT&E PE 0605502-Small Business Innovation Research (SBIR) Program (+\$11.360 million).					
Prior Approval Reprogramming (FY 12-18 PA) from DHP O&M, Budget Activity Group: Private Sector Care (-\$1.650 million) to DHP RDT&E, PE 0605013-Information Technology Development (+\$1.650 million) for Information Technology interface with Aeromedical Evacuation equipment (AF).					
FY 2013: No change					

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<p>FY 2014: Change Proposal to DHP RDT&amp;E, PE 0605013-Information Technology Development (+\$0.575 million) for Wounded Warrior – Disability Mediation Services (DMS) from RDT&amp;E, Defense-Wide appropriation, Wounded Warrior Care Program Office.</p> <p>Realignment from DHP RDT&amp;E, PE 0605013-Information Technology Development (-\$64.100 million) to DHP RDT&amp;E, PE 0605023-Integrated Electronic Health Record (iEHR) (+\$64.100 million) for Integrated Electronic Health Record (iEHR).</p> <p>Realignment from DHP RDT&amp;E, PE 0605013-Information Technology Development (-\$35.463 million) to DHP RDT&amp;E, PE 0605025-Theater Medical Information Program – Joint (TMIP-J) (+\$35.463 million) for Theater Medical Information Program – Joint (TMIP-J).</p>		

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 239B: Health Services Data Warehouse (Air Force)			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
239B: Health Services Data Warehouse (Air Force)	-	0.000	0.000	1.209	-	1.209	1.373	1.387	1.411	1.436	Continuing	Continuing
# FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012												
## The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
Previously known as Assessment Demonstration Center (ADC), Health Services Data Warehouse (HSDW) addresses and focuses on Air Force Medical Service (AFMS) Data Strategy under the DoD and AF Net Centric Enterprise Services. HSDW will develop an Enterprise Data Warehouse (EDW) and Data Marts consolidating databases and transition to a SOA architecture. Program will improve data collection, aggregation, analysis, and data visualization of medical information. New data models will allow rapid development of enterprise-wide reports utilizing Business Intelligence tools.												
B. Accomplishments/Planned Programs (\$ in Millions)									FY 2012	FY 2013	FY 2014	
Title: 239B - Health Services Data Warehouse									0.000	0.000	1.209	
Description: AFMS will purchase COTS software/licenses and build custom scripts for development of the data warehouse. The COTS software will expedite consolidation and cleansing of data, measure data quality, merge and organize data for reporting tools. These efforts will be used to complete the transition of CDM data into the HSDW.												
FY 2012 Accomplishments: No funding programmed.												
FY 2013 Plans: No funding programmed.												
FY 2014 Plans: For FY14, AFMS will purchase COTS software/licenses and build custom scripts for development of the data warehouse. The COTS software will expedite consolidation and cleansing of data, measure data quality, merge and organize data for reporting tools. These efforts will be used to complete the transition of CDM data into the HSDW.												
Accomplishments/Planned Programs Subtotals									0.000	0.000	1.209	



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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program										<b>DATE:</b> March 2013	
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>					<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>			<b>PROJECT</b> 239B: <i>Health Services Data Warehouse (Air Force)</i>			
<b>C. Other Program Funding Summary (\$ in Millions)</b>											
<u>Line Item</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u> <u>Base</u>	<u>FY 2014</u> <u>OCO</u>	<u>FY 2014</u> <u>Total</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	3.215	3.386	10.900		10.900	11.267	11.435	11.398	11.569	Continuing	Continuing
<b>Remarks</b>											
<b>D. Acquisition Strategy</b>											
N/A											
<b>E. Performance Metrics</b>											
N/A											

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COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
239F: <i>IM/IT Test Bed (Air Force)</i>	-	3.800	2.400	2.395	-	2.395	2.501	2.544	2.587	2.634	Continuing	Continuing

<sup>#</sup> FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012

<sup>##</sup> The FY 2014 OCO Request will be submitted at a later date

## A. Mission Description and Budget Item Justification

Dedicated operational test (OT) location and staff encompassing the entire spectrum of healthcare services and products available in Military Treatment Facilities (MTFs), to provide realistic, risk controlled testing of designated core and interim medical applications in an operationally realistic environment. Critical component of ongoing capability development & fielding efforts, ensuring that each is supported by an independent, unbiased assessment of effectiveness, suitability, security, and survivability in a realistic operational environment as required by the FAR 46.103, DoD 5000, and AFI 99-103. The AFMISTB is a complementary service to existing MHS developmental, integration, interoperability, and security testing facilities, forming a logical test process continuum leading to effective deployment decisions. Outcomes include decreasing life-cycle costs of IM/IT products by catching errors early in the acquisition process where they are less costly to fix, and increasing patient safety by fielding operationally tested medical information systems.

## B. Accomplishments/Planned Programs (\$ in Millions)

	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>
<b>Title:</b> 239F IM/IT Test Bed (Air Force)	3.800	2.400	2.395
<b>Description:</b> Provide realistic, risk controlled testing of designated core and interim medical applications in an operationally realistic environment. Critical component of ongoing capability development & fielding efforts, ensuring that each is supported by an independent, unbiased assessment of effectiveness, suitability, security, and survivability in a realistic operational environment as required by the FAR 46.103, DoD 5000, and AFI 99-103. The AFMISTB is a complementary service to existing MHS developmental, integration, interoperability, and security testing facilities, forming a logical test process continuum leading to effective deployment decisions. Outcomes include decreasing life-cycle costs of IM/IT products by catching errors early in the acquisition process where they are less costly to fix, and increasing patient safety by fielding operationally tested medical information systems.			
<b>FY 2012 Accomplishments:</b> Continue to provide realistic, risk controlled testing of designated core and interim medical applications in an operationally realistic environment. Critical component of ongoing capability development & fielding efforts, ensuring that each is supported by an independent, unbiased assessment of effectiveness, suitability, security, and survivability in a realistic operational environment as required by the FAR 46.103, DoD 5000, and AFI 99-103. The AFMISTB is a complementary service to existing MHS developmental, integration, interoperability, and security testing facilities, forming a logical test process continuum leading to effective deployment decisions. Outcomes include decreasing life-cycle costs of IM/IT products by catching errors early in the acquisition process where they are less costly to fix, and increasing patient safety by fielding operationally tested medical			

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<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>								<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>		
<p>information systems. FY12 also includes one time funding for forms enhancement and fielding of the Aeromedical Evacuation Electronic Health Record capability and integration with AHLTA-Theater (A/E EHR).</p> <p><b><i>FY 2013 Plans:</i></b> Continue to provide realistic, risk controlled testing of designated core and interim medical applications in an operationally realistic environment. Critical component of ongoing capability development &amp; fielding efforts, ensuring that each is supported by an independent, unbiased assessment of effectiveness, suitability, security, and survivability in a realistic operational environment as required by the FAR 46.103, DoD 5000, and AFI 99-103. The AFMISTB is a complementary service to existing MHS developmental, integration, interoperability, and security testing facilities, forming a logical test process continuum leading to effective deployment decisions. Outcomes include decreasing life-cycle costs of IM/IT products by catching errors early in the acquisition process where they are less costly to fix, and increasing patient safety by fielding operationally tested medical information systems.</p> <p><b><i>FY 2014 Plans:</i></b> Continue to provide realistic, risk controlled testing of designated core and interim medical applications in an operationally realistic environment. Critical component of ongoing capability development &amp; fielding efforts, ensuring that each is supported by an independent, unbiased assessment of effectiveness, suitability, security, and survivability in a realistic operational environment as required by the FAR 46.103, DoD 5000, and AFI 99-103. The AFMISTB is a complementary service to existing MHS developmental, integration, interoperability, and security testing facilities, forming a logical test process continuum leading to effective deployment decisions. Outcomes include decreasing life-cycle costs of IM/IT products by catching errors early in the acquisition process where they are less costly to fix, and increasing patient safety by fielding operationally tested medical information systems.</p>												
<b>Accomplishments/Planned Programs Subtotals</b>								3.800	2.400	2.395		
<b>C. Other Program Funding Summary (\$ in Millions)</b>												
	<u>Line Item</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u> <u>Base</u>	<u>FY 2014</u> <u>OCO</u>	<u>FY 2014</u> <u>Total</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
	• N/A: N/A	0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
<b>Remarks</b>												
<b>D. Acquisition Strategy</b>												
N/A												

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program		<b>DATE:</b> March 2013
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>	<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>	<b>PROJECT</b> 239F: <i>IM/IT Test Bed (Air Force)</i>
<b>E. Performance Metrics</b> N/A		

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 283C: Medical Operational Data System (MODS) (Army)			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
283C: Medical Operational Data System (MODS) (Army)	-	1.472	3.450	3.519	-	3.519	3.589	3.715	3.826	3.941	Continuing	Continuing
# FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012												
## The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
The Army Medical Command received PE 0605013 funding to identify, explore, and demonstrate key information technologies to overcome medical and military unique technology barriers. The Medical Operational Data System (MODS) program includes development projects for Army service level support. Specifically, the MODS provides a responsive and reliable human resource and readiness information management data system for all categories of military and civilian medical and support personnel.												
B. Accomplishments/Planned Programs (\$ in Millions)										FY 2012	FY 2013	FY 2014
Title: Medical Operational Data System (MODS)										1.472	3.450	3.519
Description: Information management system to provide responsive and reliable human resource and readiness data for all categories of military and civilian medical and support personnel.												
FY 2012 Accomplishments:												
For FY12 the Medical Operational Data System (MODS) Robust Business Intelligence (RBI) certification and funding was utilized to support incorporation of a robust business intelligence capability into MODS applications thereby enabling users to perform ad-hoc business queries efficiently and quickly when the need arises. The RBI initiative was built upon the data warehouse foundation with ability to easily pull data from across the various MODS applications. The Enterprise Service Bus (ESB) has positioned MODS to broker information to not only its current users but other users within the military with the need to know medical operational data whether through metrics or other means. The ESB built upon the combined foundation of the data warehouse and the three-tier extensible framework. Further application modernization of individual applications within multiple functional groups was implemented. Coding structure of existing applications and subordinate modules was enhanced to facilitate use by other military services. This leverages the MODS software investment to serve as an information broker across DoD for Medical Operational Data. Modernization includes new applications or modules that share significant commonality with existing MODS capabilities, but which required separate tailoring for other service unique requirements.												
FY 2013 Plans:												
For FY13 the MODS is developing final increments for Data Warehouse (DW), Three Tier Object-Oriented Architectural Design, RBI, and ESB. Development work includes extensive data privacy protection and auditing. DW development also includes descriptive and predictive analytical capabilities for AMEDD data analysts and subject matter experts. With the												

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E				R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 283C: Medical Operational Data System (MODS) (Army)				
B. Accomplishments/Planned Programs (\$ in Millions)										FY 2012	FY 2013	FY 2014
enterprise structure in place, software development is focusing on using the ESB framework to build new customer web services. Service capability for cross functional query is being strengthened by building data cubes to capture information among various applications. Data cubes reside within the modernized Data Warehouse Data Marts. Software development maps data cube capabilities through the RBI for use by MODS customers. In its role as an information broker, MODS customer web services enable assembly, rapid extraction, and certification/funding of data tailored to specific information needs of commanders and staff. Efforts are modernizing and significantly enhancing existing individual, or adding new, MODS applications to support the US Army Medical Command, Army, Joint Force and/or Military Health System emerging capabilities and requirements.  FY 2014 Plans: For FY14 the MODS certification/funding will be utilized to expand the data warehouse data collection mechanisms to extrapolate prescriptive data sets that can be used to render data inference-supported courses of action based on MODS operational data. This will include analysis and augmentation of predictive data models made available in the FY13 RBI and data warehouse efforts. Adaptation of the RBI capability will be executed to best extrapolate data mining and information discovery regarding various levels of DoD readiness including expanded service member population data amid Government and academic cohorts (as deemed appropriate). Three-tier Object Oriented Architectural Design will fully extend its Extensible Development Framework as a source for Army Medical Department related rapid application development.												
Accomplishments/Planned Programs Subtotals										1.472	3.450	3.519
C. Other Program Funding Summary (\$ in Millions)												
Line Item	FY 2012	FY 2013	FY 2014 Base	FY 2014 OCO	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost	
• BA-1, 0807781HP: Non-Central Information Management/Information Technology	7.738	9.024	14.338		14.338	12.689	13.326	13.726	14.138	Continuing	Continuing	
Remarks												
D. Acquisition Strategy												
Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.												
E. Performance Metrics												
N/A												

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 283D: Army Medicine CIO Management Operations			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
283D: Army Medicine CIO Management Operations	-	1.492	4.518	4.628	-	4.628	4.752	4.909	5.054	5.404	Continuing	Continuing
# FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012												
## The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
The Army Medical Command received PE 0605013 funding to identify, explore, and demonstrate key information technologies to overcome medical and military unique technology barriers. The Army Medicine CIO Management Operations program includes development projects for Army service level support. Specifically, the Army Medicine CIO Management Operations encompasses the Army Medical CIO's Information Management/Information Technology (IM/IT) development activities to ensure compliance with Congressional, Office of Management and Budget, DoD, and Military Health System requirements.												
B. Accomplishments/Planned Programs (\$ in Millions)									FY 2012	FY 2013	FY 2014	
Title: 283D - Army Medicine CIO Management Operations									1.492	4.518	4.628	
Description: The Army Medicine CIO Management Operations will provide system development, engineering, and testing requirements of interim Army medical applications in an operationally realistic, risk controlled test environment to comply with Congressional, Office of Management and Budget, DoD, and Military Health System requirements.												
FY 2012 Accomplishments: For FY12, the Army Medicine CIO Management Operations provided system development, engineering, and testing requirements for Army Medical applications. Development and testing efforts focused on improving Army Medical applications through the insertion of technology and training.												
FY 2013 Plans: For FY13, the Army Medicine CIO Management Operations is developing and enhancing a system that will provide system development, engineering, and testing requirements of Army Medical applications, which provides realistic, risk controlled testing of designated core and interim medical applications in an operationally realistic environment.												
FY 2014 Plans: For FY14, the Army Medicine CIO Management Operations funding will support system development/ enhancements by providing system development, engineering, and testing requirements of Army medical applications, which will provide realistic, risk controlled testing of designated core and interim medical applications in an operationally realistic environment.												
Accomplishments/Planned Programs Subtotals									1.492	4.518	4.628	

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program										<b>DATE:</b> March 2013	
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>				<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>				<b>PROJECT</b> 283D: <i>Army Medicine CIO Management Operations</i>			
<b>C. Other Program Funding Summary (\$ in Millions)</b>											
<b>Line Item</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014 Base</b>	<b>FY 2014 OCO</b>	<b>FY 2014 Total</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	50.195	53.326	42.308		42.308	45.187	45.391	43.608	43.518	Continuing	Continuing
• BA-1, 0807793HP: <i>MHS Tri-Service Information Management/Information Technology</i>	0.725	0.000	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
• BA-3, 0807721HP: <i>Replacement/Modernization</i>	0.895	2.374	1.672		1.672	1.434	3.549	1.699	3.975	Continuing	Continuing
<b>Remarks</b>											
<b>D. Acquisition Strategy</b>											
Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.											
<b>E. Performance Metrics</b>											
N/A											



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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 283F: Army Warrior Care and Transition System (AWCTS)			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
283F: Army Warrior Care and Transition System (AWCTS)	-	0.488	0.365	0.365	-	0.365	0.364	0.364	0.300	0.000	Continuing	Continuing
<sup>#</sup> FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012												
<sup>##</sup> The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
The Army Medical Command received PE 0605013 funding to identify, explore, and demonstrate key information technologies to overcome medical and military unique technology barriers. The Army Warrior Care and Transition System (AWCTS) program includes development projects for Army service level support. Specifically, the AWCTS is a family of systems that allows the integration of multiple business processes under the consolidated oversight of the Warrior Transition Command.												
B. Accomplishments/Planned Programs (\$ in Millions)										FY 2012	FY 2013	FY 2014
Title: Army Warrior Care and Transition System (AWCTS)										0.488	0.365	0.365
Description: A family of systems that allows the integration of multiple business processes under the consolidated oversight of the Warrior Transition Command.												
FY 2012 Accomplishments: For FY12, the Army Warrior Care and Transition System (AWCTS) implemented production and deployment efforts, resulting in Initial Operational Capability (IOC) being reached in October 2011. AWCTS supported and consolidated the functionality of several disparate systems into a single integrated system with critical data interfaces to provide an ability to track Soldiers through the Wounded Warrior Lifecycle from the point of injury through medical treatment and transition. The production and deployment of AWCTS resulted in the sunsetting of two disparate IT systems resulting in both cost and efficiency savings.												
FY 2013 Plans: The AWCTS funding supports continued development and deployment of remaining functionality. Automated Comprehensive Transition Plan legacy data is migrating into AWCTS over the course of a 6 week deployment plan. This final migration of data and functionality into AWCTS is encapsulating most of the various organizations and business processes of the Wounded Warrior Life Cycle together providing authoritative information for all stakeholders and users. Additionally, AWCTS is completing the interfaces needed in support of the DoD/VA information sharing initiative.												
FY 2014 Plans: The AWCTS future development efforts include an analysis and a level of effort to add the following functionality within AWCTS: Career, Education Readiness pilot functionality from a business process management platform in Army Knowledge Online into AWCTS, addition of VA information sharing initiative data fields into Warrior Transition Units (WTU) module in accordance with												

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>				<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>				<b>PROJECT</b> 283F: <i>Army Warrior Care and Transition System (AWCTS)</i>				
<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>										FY 2012	FY 2013	FY 2014
VA/DoD project plans, enhancement of the Soldier portal within the WTU module, referral coordination business practices within the WTU module, and more interoperability between Army Wounded Warrior Program and WTU modules.												
<b>Accomplishments/Planned Programs Subtotals</b>										0.488	0.365	0.365
<b>C. Other Program Funding Summary (\$ in Millions)</b>												
Line Item	FY 2012	FY 2013	FY 2014 Base	FY 2014 OCO	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost	
• BA-1, 0807714HP: <i>Other Health Activities</i>	1.398	1.440	1.587		1.587	1.666	1.750	1.828	1.930	Continuing	Continuing	
<b>Remarks</b>												
<b>D. Acquisition Strategy</b> Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.												
<b>E. Performance Metrics</b> N/A												

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY					R-1 ITEM NOMENCLATURE				PROJECT			
0130: Defense Health Program BA 2: RDT&E					PE 0605013HP: Information Technology Development				283I: Workload Management System for Nursing – Internet			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
283I: Workload Management System for Nursing – Internet	-	0.264	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
# FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012												
## The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
The Army Medical Command received PE 0605013 funding to identify, explore, and demonstrate key information technologies to overcome medical and military unique technology barriers. The Workload Management System for Nursing – Internet (WMSNi) program includes development projects for Army service level support. Specifically, the WMSNi supports clinical staff scheduling, based on known and projected patient care needs, for continuous 24x7 hospital operations.												
B. Accomplishments/Planned Programs (\$ in Millions)										FY 2012	FY 2013	FY 2014
Title: Workload Management System for Nursing – Internet (WMSNi)										0.264	0.000	0.000
Description: WMSNi supports clinical staff scheduling, based on known and projected patient care needs, for continuous 24x7 hospital operations.												
FY 2012 Accomplishments: Workload Management System for Nursing – Internet, Version 2.0 (WMSNi 2.0) provided well-organized and accurate patient classification, improved patient outcomes, more precise and effective forecasting, and enhanced analysis of patient care requirements. Outpatient workload capabilities to include Case Management for the patients reflect current clinical practice for prospective and retrospective planning to support 24 hour continuous hospital operations and compliance with all Federal and Army regulations.												
FY 2013 Plans: No funds programmed.												
FY 2014 Plans: No funds programmed.												
Accomplishments/Planned Programs Subtotals										0.264	0.000	0.000

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program										<b>DATE:</b> March 2013	
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>					<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>			<b>PROJECT</b> 283I: <i>Workload Management System for Nursing – Internet</i>			
<b>C. Other Program Funding Summary (\$ in Millions)</b>											
<u>Line Item</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u> <u>Base</u>	<u>FY 2014</u> <u>OCO</u>	<u>FY 2014</u> <u>Total</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	0.421	0.839	0.925		0.925	0.696	0.693	0.684	0.694	Continuing	Continuing
<b>Remarks</b>											
<b>D. Acquisition Strategy</b>											
Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.											
<b>E. Performance Metrics</b>											
N/A											

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 283J: Multi-Drug Resistant Surveillance Network (MRSN)			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
283J: Multi-Drug Resistant Surveillance Network (MRSN)	-	1.374	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
# FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012												
## The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
The Army Medical Command received PE 0605013 funding to identify, explore, and demonstrate key information technologies to overcome medical and military unique technology barriers. The Multi-Drug Resistant Surveillance Network (MRSN) program includes development projects for Army service level support. Specifically, the MRSN is the Enterprise effort to collect and characterize bacterial isolates to inform best practice, such as patient management and antibiotic selection.												
B. Accomplishments/Planned Programs (\$ in Millions)										FY 2012	FY 2013	FY 2014
Title: Multi-Drug Resistant Surveillance Network (MRSN)										1.374	0.000	0.000
Description: MRSN is the Enterprise effort to collect and characterize bacterial isolates to inform best practice, such as patient management and antibiotic selection.												
FY 2012 Accomplishments: The Multidrug-Resistant Organism Repository and Surveillance Network (MRSN) received initial funding in 2012 and commenced requirements analysis, system specification, and system design for the new IT system. Hardware requirements and configuration for the software development and testing environments are completed, and procurement actions are underway to establish these environments.												
FY 2013 Plans: No funds programmed.												
FY 2014 Plans: No funds programmed.												
Accomplishments/Planned Programs Subtotals										1.374	0.000	0.000

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program										<b>DATE:</b> March 2013	
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>					<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>				<b>PROJECT</b> 283J: <i>Multi-Drug Resistant Surveillance Network (MRSN)</i>		
<b>C. Other Program Funding Summary (\$ in Millions)</b>											
			<u><b>FY 2014</b></u>	<u><b>FY 2014</b></u>	<u><b>FY 2014</b></u>					<u><b>Cost To</b></u>	
<u><b>Line Item</b></u>	<u><b>FY 2012</b></u>	<u><b>FY 2013</b></u>	<u><b>Base</b></u>	<u><b>OCO</b></u>	<u><b>Total</b></u>	<u><b>FY 2015</b></u>	<u><b>FY 2016</b></u>	<u><b>FY 2017</b></u>	<u><b>FY 2018</b></u>	<u><b>Complete</b></u>	<u><b>Total Cost</b></u>
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	0.064	0.000	0.488		0.488	0.532	0.544	0.757	0.775	Continuing	Continuing
<b>Remarks</b>											
<b>D. Acquisition Strategy</b>											
Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.											
<b>E. Performance Metrics</b>											
N/A											

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 283K: Veterinary Services Systems Management (VSSM)			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
283K: Veterinary Services Systems Management (VSSM)	-	0.000	0.000	0.245	-	0.245	0.000	0.000	0.000	0.000	Continuing	Continuing
# FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012												
## The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
The Army Medical Command received PE 0605013 funding to identify, explore, and demonstrate key information technologies to overcome medical and military unique technology barriers. The Veterinary Services Systems Management (VSSM) program includes development projects for Army service level support. Specifically, the VSSM will capture veterinary health care treatment information in the event of an internet disruption.												
B. Accomplishments/Planned Programs (\$ in Millions)									FY 2012	FY 2013	FY 2014	
Title: Veterinary Services Systems Management (VSSM)									0.000	0.000	0.245	
Description: VSSM will capture veterinary health care treatment information in the event of an internet disruption.												
FY 2012 Accomplishments: No funding programmed.												
FY 2013 Plans: No funding programmed.												
FY 2014 Plans: FY14 certification/funding for Veterinary Services Systems Management (VSSM) program will be utilized to provide the additional capability needed to capture minimal critical health care treatment information delivered during an episode of care in the event of internet disruption. The Store and Forward capability will be designed to capture information such as owner identification, animal name, age, gender, breed, color, and weight as well as diagnostic information to include physical exam and differentials, medical plan information to include medications administered, procedures conducted, and follow-up requirements. The capability will also maintain data integrity with main databases and automatically synchronize with the enterprise VSSM database upon internet connectivity restoration. The solution scope will allow Veterinary Services the ability to achieve the business objectives of providing a clinically integrated, secure web-based application to support the Veterinary Services mission.												
Accomplishments/Planned Programs Subtotals									0.000	0.000	0.245	

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program										<b>DATE:</b> March 2013	
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>					<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>				<b>PROJECT</b> 283K: <i>Veterinary Services Systems Management (VSSM)</i>		
<b>C. Other Program Funding Summary (\$ in Millions)</b>											
			<u>FY 2014</u>	<u>FY 2014</u>	<u>FY 2014</u>					<u>Cost To</u>	
<u>Line Item</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>Base</u>	<u>OCO</u>	<u>Total</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>	<u>Complete</u>	<u>Total Cost</u>
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	0.515	0.000	2.068		2.068	1.689	1.717	1.770	1.790	Continuing	Continuing
• BA-3, 0807721HP: <i>Replacement/Modernization</i>	0.150	0.000	0.500		0.500	0.000	0.000	0.000	0.000	Continuing	Continuing
<b>Remarks</b>											
<b>D. Acquisition Strategy</b>											
Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.											
<b>E. Performance Metrics</b>											
N/A											



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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 385A: Integrated Electronic Health Record (Tri-Service)			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
385A: Integrated Electronic Health Record (Tri-Service)	-	80.837	55.994	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
<sup>#</sup> FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012												
<sup>##</sup> The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
<p>The Integrated Electronic Health Record (iEHR) (a follow on to originally proposed Electronic Health Record Way Ahead) is designed to provide a comprehensive, longitudinal, electronic health record that is available anytime and anywhere for the lifetime of the patient. The overarching goal of the program is to create an authoritative source of health information for the estimated 18 million DoD and VA beneficiaries. The iEHR will deliver a highly flexible, reliable, secure, maintainable and sustainable system. Successful fielding of iEHR will result in enhanced quality of care / patient safety, reduced costs, and improved data visibility. Comprehensive and current health information collected from multiple sources will be readily accessible by DoD and VA providers at Theater, DoD and VA facilities. This readily accessible health information will be directly leveraged to optimize medical care, monitor force health, manage health risks, and to enhance individual performance. It is envisioned that iEHR will eventually replace/sunset existing legacy systems, such as DoD’s AHLTA and CHCS, and VA’s Veterans Health Information Systems and Technology Architecture (VistA) and Computerized Patient Record System (CPRS).</p> <p>The iEHR program shall be an integrated, multi-increment effort with the Department of Defense and Department of Veterans Affairs. It shall be bound by a common architecture, common data model, and common presentation layer. iEHR will also include a mix of Commercial Off - The Shelf (COTS), Government Off the Shelf (GOTS) and Open Source capabilities, in addition to reuse of enduring unique capabilities. In October, 2011, the DoD/VA Interagency Program Office (IPO) was chartered, to include program management and execution of iEHR. With the active participation of clinical staff from both Departments, the iEHR program will harmonize healthcare delivery processes and products. The DoD/VA Interagency Clinical Informatics Board (ICIB) and the IPO have jointly prioritized 54 clinical capabilities and grouped them into six planning increments based on functional priority, technical feasibility, and financial viability. To date, iEHR Increments 1 and 2 have been authorized for execution.</p> <p>iEHR RDT&amp;E is reported under the program element 0605013 through FY 2013 inclusive, but will be reported under new program element 0605023 for FY 2014 and out.</p>												
B. Accomplishments/Planned Programs (\$ in Millions)										FY 2012	FY 2013	FY 2014
Title: Integrated Electronic Health Record (iEHR) (Tri-Service)										80.837	55.994	0.000
Description: iEHR Increment 1 combines risk reduction and proof of concept activities. It will: (1) deliver two user-facing capabilities, Single Sign-On (SSO) and Context Management (CM); (2) conduct a pilot to inform a path forward to allow the practitioner to record (i.e., write-back) patient data to the electronic record in the authoritative data store, and; (3) include												

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program			<b>DATE:</b> March 2013		
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>		<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>		<b>PROJECT</b> 385A: <i>Integrated Electronic Health Record (Tri-Service)</i>	
<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>			<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>
<p>supporting activities such as virtualization, a regionalization pilot, establishment of an iEHR Development Test Center/ Environment (DTC/DTE) configuration, and critical Clinical Data Repository (CDR) upgrades.</p> <p>iEHR Increment 2 focuses on architecture, design, infrastructure, and initial clinical capabilities. It will deliver: (1) infrastructure and core services to support clinical capability insertion into the new iEHR baseline (Service Oriented Architecture (SOA) Suite/ Enterprise Service Bus (ESB), Identity Management, Portal Framework, Access Control); (2) new clinical care graphical user interface; (3) Laboratory, Immunization, and Pharmacy clinical capabilities and; (4) Pharmacy “fixes” at the James A. Lovell Federal Health Care Center (JAL FHCC). In support of an Initial Operating Capability (IOC) in September 2014, iEHR Increment 2 Laboratory and Immunization clinical capabilities (e.g., orders and results management) will be deployed to the Hampton Roads and San Antonio DoD and VA treatment facilities, with Pharmacy “fixes” deployed at JAL FHCC, North Chicago, IL. Full deployment of Increment 2 scheduled to occur by Fiscal Year (FY) 2016 to nine regional data centers (two in the initial deployment, seven additional in the full deployment). Laboratory, Immunization, and Pharmacy clinical capabilities will be operationalized at nine VA facilities, nine DoD facilities, and at least one associated satellite facility per region.</p> <p><b>FY 2012 Accomplishments:</b>            Activities Included, but not limited to:            Defining Baseline Requirements, Architecture, Design, Cost;            Service-oriented architecture (SOA) Suite/Enterprise Service Bus (ESB); Virtualization; Sign On/Context Management (SSO/CM);            Healthcare Data Dictionary (HDD);            HDD Data Mapping; Development and Test Center (DTC)/Development and Test Environment (DTE) Initial Operational Capability (IOC);            Update Clinical Data Repository (CDR) to stabilize functionality;            Requirements documents for Lab, Pharmacy, Identity Management, Access Control, and Presentation Layer;            Assessing portal framework solution;            Current System Stabilization/Critical Design Review; and Application Virtualization&amp; Hosting Environment (AVHE).</p> <p><b>FY 2013 Plans:</b>            Complete all activities (e.g. Operational Assessment, IOT&amp;E, deployment support) in order that Increment 1 capability will be operational by end of the fiscal year. Develop, integrate infrastructure and core services to support clinical capability insertion into the new iEHR Increment 2 baseline. This includes, but not limited to:            Complete Increment 1 SSO/CM to Tripler, Portsmouth, and Landstuhl, with planning for additional 16 sites;            Perform Increment 2 requirements and design, and Design Review of Record in support of Milestone B decision;            Provide Increment 2 iEHR Infrastructure – Enabling Capabilities (SOA Suite / ESB, Identity Management, Portal Framework, Access Control, etc.) at DTC for test and integration;            Complete HDD Data Mapping in Hampton Roads, San Antonio, and Richmond;</p>					

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program										<b>DATE:</b> March 2013		
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>				<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>				<b>PROJECT</b> 385A: <i>Integrated Electronic Health Record (Tri-Service)</i>				
<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>										<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>
Begin Increment 2 Lab, Pharmacy, Immunization, and Presentation Layer; and Complete DTC / DTE Full Operational Capability (FOC).												
<b>Accomplishments/Planned Programs Subtotals</b>										80.837	55.994	0.000
<b>C. Other Program Funding Summary (\$ in Millions)</b>												
<b>Line Item</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014 Base</b>	<b>FY 2014 OCO</b>	<b>FY 2014 Total</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>Cost To Complete</b>	<b>Total Cost</b>	
• BA-1, 0807793HP: <i>MHS Tri-Service Information</i>	123.631	155.977	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	
• BA-3, 0807721HP: <i>Replacement/Modernization</i>	232.645	104.600	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	
<b>Remarks</b>												
<b>D. Acquisition Strategy</b>												
Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.												
<b>E. Performance Metrics</b>												
Each program establishes performance measurements which are usually included in the MHS IT Annual Performance Plan. Program cost, schedule and performance are measured periodically using a systematic approach. The results of these measurements are presented to management on a regular basis in various as part of the Integrated Product and Process Development (IPPD) process, In Process Reviews (IPRs), or other reviews to determine program effectiveness and provide new direction as needed to ensure the efficient use of resources. Performance metrics for specific major projects may be viewed at the OMB Federal IT Dashboard website.												

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program										<b>DATE:</b> March 2013		
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>					<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>				<b>PROJECT</b> 386A: <i>Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)</i>			
<b>COST (\$ in Millions)</b>	<b>All Prior Years</b>	<b>FY 2012</b>	<b>FY 2013<sup>#</sup></b>	<b>FY 2014 Base</b>	<b>FY 2014 OCO <sup>##</sup></b>	<b>FY 2014 Total</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
386A: <i>Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)</i>	-	7.006	7.006	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
<sup>#</sup> FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012 <sup>##</sup> The FY 2014 OCO Request will be submitted at a later date												
<b>A. Mission Description and Budget Item Justification</b> VLER is an initiative to enable the various elements (DoD, Department of Veterans Affairs (VA), Department of Health & Human Services (HHS), and Private Sector) of the United States health care community to quickly, accurately, and electronically share health information. Currently, funding for VLER is reflected under the 385A: Integrated Electronic Health Record (Tri-Service) initiative for FY 2013 and out.												
<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>										<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>
<b>Title:</b> Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)										7.006	7.006	0.000
<b>Description:</b> Work with Department of Veterans Affairs (VA), Department of Health & Human Services (HHS), and Private Sector to expand VLER.												
<b>FY 2012 Accomplishments:</b> Development, integration and testing efforts will support electronic exchange of health information between government and private sectors to facilitate continuity of care for Service Members and Veterans.												
<b>FY 2013 Plans:</b> Development, integration and testing efforts will support electronic exchange of health information between government and private sectors to facilitate continuity of care for Service Members and Veterans.												
<b>Accomplishments/Planned Programs Subtotals</b>										7.006	7.006	0.000
<b>C. Other Program Funding Summary (\$ in Millions)</b>												
<b>Line Item</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014 Base</b>	<b>FY 2014 OCO</b>	<b>FY 2014 Total</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>Cost To Complete</b>	<b>Total Cost</b>	
• BA-1, 0807793HP: <i>MHS Tri-Service Information</i>		7.439								Continuing	Continuing	
<b>Remarks</b>												

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program		<b>DATE:</b> March 2013
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>	<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>	<b>PROJECT</b> 386A: <i>Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)</i>
<b><u>D. Acquisition Strategy</u></b> <p>Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.</p>		
<b><u>E. Performance Metrics</u></b> <p>Each program establishes performance measurements which are usually included in the MHS IT Annual Performance Plan. Program cost, schedule and performance are measured periodically using a systematic approach. The results of these measurements are presented to management on a regular basis in various as part of the Integrated Product and Process Development (IPPD) process, In Process Reviews (IPRs), or other reviews to determine program effectiveness and provide new direction as needed to ensure the efficient use of resources. Performance metrics for specific projects may be viewed at the OMB Federal IT Dashboard website.</p>		

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 423A: Defense Center of Excellence (FHP&RP)			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
423A: Defense Center of Excellence (FHP&RP)	-	1.177	1.270	1.295	-	1.295	1.323	1.346	1.369	1.395	Continuing	Continuing
<sup>#</sup> FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012 <sup>##</sup> The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) is a United States Department of Defense (DoD) organization that provides guidance across DoD programs related to psychological health (PH) and traumatic brain injury (TBI) issues. The organization's mission statement is: "DCoE assesses, validates, oversees and facilitates prevention, resilience, identification, treatment, outreach, rehabilitation, and reintegration programs for PH and TBI to ensure the Department of Defense meets the needs of the USA's military communities, warriors and families." DCoE focuses on education and training; clinical care; prevention; research; and service member, family and community outreach. In collaboration with the Department of Veterans Affairs, the organization supports the Department of Defense's commitment of caring for service members from the time they enter service and throughout the completion of their service. DCoE also seeks to mitigate the stigma that still deters some from reaching out for help for problems such as post-traumatic stress disorder and TBI. The organization has a leadership role in collaborating with a national network of external entities[1] including non-profit organizations,[2] other DoD agencies, academia, Congress,[3] military services and other federal agencies.[4] Public health service and civil service workers, including personnel from the Department of Veterans Affairs and individuals from all the military services as well as contract personnel comprise the staff of DCoE. DCoE's goals include providing the necessary resources to facilitate the care of service members who experience TBI or PH concerns and ensuring that appropriate standards of care exist and are maintained across the Department of Defense. DCoE seeks to create, identify and share best practices, conducting necessary pilot or demonstration projects to better inform quality standards when best practices or evidence based recommendations are not readily available. Other DCoE goals include ensuring that program standards are executed and quality is consistent and creating a system in which individuals across the United States expect and receive the same level and quality of service regardless of their service branch, component, rank or geographic location. DCoE comprises eight directorates and six component centers responsible for TBI/PH issues. These DCoE entities execute programs, provide clinical care, conduct research, identify and share best practices and provide strategic planning for PH and TBI across the DoD.												
B. Accomplishments/Planned Programs (\$ in Millions)										FY 2012	FY 2013	FY 2014
Title: Defense Center Of Excellence (FHP&RP)										1.177	1.270	1.295
Description: DCoE programs and products are developed to drive innovation across the continuum of care by identifying treatment options and other clinical and research methods that deliver superior outcomes. Products range from tools customized for health care providers to electronic resources for service members and families.												
FY 2012 Accomplishments:												

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program		<b>DATE:</b> March 2013	
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>		<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>	<b>PROJECT</b> 423A: <i>Defense Center of Excellence (FHP&amp;RP)</i>
<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>		<b>FY 2012</b>	<b>FY 2013</b>
<p>Funds continued the development of a Traumatic Brain Injury (TBI) registry of information for the tracking of the diagnosis, interventions or other procedures, medical treatments, and follow-up of TBI injuries incurred by a member of the armed forces. Funds began the development process for suicide and Psychological Health (PH) registries.</p> <p><b>FY 2013 Plans:</b> Funds will be utilized to upgrade and redesign the afterdeployment.org website. Launched in August 2008, afterdeployment.org provides self-care tools to assist with a range of adjustment concerns (combat stress, sleep problems, anger management, etc.), with an emphasis on exercise-based interactivity, community support, and multimedia applications. For the T2 Toolkit (T2T), funding would be used for the second phase of development that is focusing on the new generation of PH 3D Games and Mobile Apps that will enhance many area of PH for DoD service members, family, and veterans.</p> <p><b>FY 2014 Plans:</b> Funds will be utilized to finalize the multi-phased upgrade and redesign of the afterdeployment.org website. Afterdeployment.org will provide the latest in self-care tools that assist with a range of adjustment concerns (combat stress, sleep problems, anger management, etc.), with an emphasis on exercise-based interactivity, community support, and multimedia applications. For the T2 Toolkit (T2T), funding would be used for the final phase of development focusing on the new generation of PH Mobile Apps that will enhance many area of PH for DoD service members, family, and veterans.</p>			
<b>Accomplishments/Planned Programs Subtotals</b>		1.177	1.270
<b>C. Other Program Funding Summary (\$ in Millions)</b>			
N/A			
<b>Remarks</b>			
<b>D. Acquisition Strategy</b>			
N/A			
<b>E. Performance Metrics</b>			
N/A			

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 435A: NICOE Continuity Management Tool			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
435A: NICOE Continuity Management Tool	-	2.855	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
<sup>#</sup> FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012												
<sup>##</sup> The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
The NICoE Continuity Management Tool (NCMT) is a business intelligence tool to perform healthcare modeling and analysis of NICoE activities.												
Major capabilities defined by the NICoE in Jun 2009 and refined in Jun 2010 prior to the program procurement in Sep 2010, are subsystems that make up the NCMT end-to-end system, and were prioritized in the following order: Continuity Management Subsystem, Scheduling Subsystem, Clinical Subsystem, Research Subsystem, Training and Education Subsystem, Administration Subsystem.												
Continuity Management Subsystem: Records every interaction with a particular Warrior and his or her Family as one entity to manage initial contact, referral, screening, intake, pre-admission, admission, discharge and follow-up processes.												
Scheduling Subsystem: Captures, organizes, displays the complex schedules of the NICoE. Used to manage patient appointments, the utilization of facility resources including treatment rooms, modalities, provider staff and support staff.												
Clinical Subsystem: A clinical application and clinical database that includes the functions that allow the user to store, classify, analyze, retrieve, interpret, present clinical data. Allows the visualization of all of the various components of the patient's health record: radiology, pathology, lab results, neurological assessments, etc.												
Research Subsystem: Consists of the research database and the applications that allow the user to store, classify, analyze, retrieve, interpret, present data. Allows NICoE to aggregate data from disparate systems, both within the NICoE and from partner organizations, helping the research move faster, with more agility, and with purpose and direction supported by validated facts. Allows researchers to address many data challenges from a single system and transforms the way they do research.												
Training and Education Subsystem: Provides the ability to share relevant research, diagnosis, treatment information with authorized users.												
Administration Subsystem: Provides the ability to manage a portfolio of projects related to continuity of care, clinical operations, research, training and education functions in the NICoE.												



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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program		DATE: March 2013	
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E	R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development	PROJECT 435A: NICOE Continuity Management Tool	
<p>The NCMT is supported by Three Contracts: Hosting (Provides Hardware, Software, Maintenance), System Integration (Implements NICoE Functional Requirements, Turns NICoE Ideas and Goals into Computer Screens, Templates, Applications – Capabilities) and Decision Support (Acquisition Management, Requirements Definition, Implementation Planning).</p> <p>The NICoE’s missions are to:</p> <p>1) Explore novel, promising, and futuristic solutions to the complex spectrum of combat brain injury from TBI to posttraumatic stress disorder (PTSD) and other psychological injuries;</p> <p>2) Ensure – through continuous outreach and high quality health care – that America embraces those who have served and sacrificed so much on its behalf; and</p> <p>3) Train the next generation of providers in the most effective approaches to prevention, detection, and treatment options.</p> <p>Currently the established AHLTA specification does not adequately support the specialized care and continuity management integration necessary to support NICoE clinical operations and research. Additionally, AHLTA does not support the data mining and pattern recognition requirements of the NICoE.</p>			
B. Accomplishments/Planned Programs (\$ in Millions)	FY 2012	FY 2013	FY 2014
<p><b>Title:</b> NICOE Continuity Management Tool</p> <p><b>Description:</b> The NCMT is a tool designed to perform healthcare modeling and analysis of NICoE activities. Major capabilities include Continuity Management, Scheduling, Clinical Database, Research Database, Training and Education, and Administration.</p> <p><b>FY 2012 Accomplishments:</b> The NCMT is an Acquisition Category (ACAT) III program that is currently pre-Milestone B in the Investment Management and Prototyping phase of the Business Capability Lifecycle (BCL). The TMA Component Acquisition Executive (CAE) is the Materiel Decision Authority (MDA).</p> <p>Development for the NCMT is still in the prototyping phase. Development will continue until Milestone B.</p> <p>It is the intent of this action to design, develop, and implement, and maintain an integrated IM/IT solution that supports NICoE operations and meets NICoE required capabilities (Attachment C). This capability will leverage the existing Department of Defense (DoD) and Department of Veterans Affairs (VA) information systems to support prevention, detection, assessment, treatment, and longitudinal care for Psychological Health (PH) and Traumatic Brain Injury (TBI) candidates. The architecture will consist of both clinical and research databases. The system capabilities must be flexible enough to expand and evolve as approaches and treatments for PH and TBI advance.</p> <p>The information management/information technology (IM/IT) capability must be appropriate to address:</p>	2.855	0.000	0.000

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program										<b>DATE:</b> March 2013	
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>				<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>				<b>PROJECT</b> 435A: <i>NICoE Continuity Management Tool</i>			

  

<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>
<p>Consultation and coordination services, to include outreach, the pre-visit evaluation process, internal NICoE concierge services, and follow-up coordination</p> <p>Comprehensive evaluation based on symptoms, medical records, and response to survey tools and other evaluative instruments, which may be modified based on enrollment in research protocols</p> <p>Individualized treatment planning, to include telehealth, telemedicine, and advanced communication techniques to promote continued follow-up and longitudinal outcome tracking</p> <p>Family-focused intervention</p> <p>Clinical and translational research, clinical data repository, reporting of findings, training, and distance learning</p> <p>Administration and integration of the NICoE.</p> <p><b>FY 2013 Plans:</b> All activities and milestones are ongoing.</p> <p><b>FY 2014 Plans:</b> No program funding profile.</p>			
<b>Accomplishments/Planned Programs Subtotals</b>	2.855	0.000	0.000

  

	<b>FY 2012</b>	<b>FY 2013</b>
<b>Congressional Add:</b> *** PLEASE ENTER CONGRESSIONAL ADD TITLE ***	0.000	-
<b>FY 2012 Accomplishments:</b> [*** PLEASE ENTER CONGRESSIONAL ADD TEXT FOR PRIOR YEAR. ***]		
<b>Congressional Adds Subtotals</b>	0.000	0.000

  

<b>C. Other Program Funding Summary (\$ in Millions)</b>											
	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2014</b>	<b>FY 2014</b>						
<b>Line Item</b>			<b>Base</b>	<b>OCO</b>	<b>Total</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
• 4187 807783: <i>NCMT</i>	7.836	0.000	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
• 4187 807781: <i>NCMT</i>	4.700	3.683	3.819		3.819	3.961	4.107	4.259	4.332	Continuing	Continuing
• 1690 807781: <i>HEIS</i>	67.545	28.524	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program								<b>DATE:</b> March 2013			
<b>APPROPRIATION/BUDGET ACTIVITY</b>				<b>R-1 ITEM NOMENCLATURE</b>				<b>PROJECT</b>			
0130: <i>Defense Health Program</i>				PE 0605013HP: <i>Information Technology Development</i>				435A: <i>NICOE Continuity Management Tool</i>			
BA 2: <i>RDT&amp;E</i>											

**C. Other Program Funding Summary (\$ in Millions)**

<u>Line Item</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2014</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>	<u>Cost To</u>	
			<u>Base</u>	<u>OCO</u>	<u>Total</u>					<u>Complete</u>	<u>Total Cost</u>
• 4859 807781: <i>JMED</i>	4.397	0.000	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
• 4940 807781: <i>JTFCEMI</i>	0.000	0.000	39.170		39.170	40.792	41.610	42.395	43.267	Continuing	Continuing
• 4940 807720: <i>JTFCEMI</i>	0.000	0.000	0.000		0.000	4.600	0.000	0.000	0.000	Continuing	Continuing
• 4273 807781: <i>Engineering and Deployment</i>	2.200	0.000	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
• 4280 807721: <i>Engineering and Deployment</i>	0.000	2.030	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
• 4361 807781: <i>IA Operational Resiliency</i>	0.500	0.000	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
• 4126 807781: <i>Computer Network Defense</i>	0.250	0.000	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
• 4111 807781: <i>Computer Network Defense</i>	1.390	0.000	0.463		0.463	0.473	0.482	0.492	0.502	Continuing	Continuing
• 4165 807781: <i>Computer Network Defense</i>	1.250	0.000	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
• 4177 807781: <i>Computer Network Defense</i>	1.500	0.000	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
• 4364 807781: <i>Workforce Development</i>	0.009	0.000	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

**Remarks**

**D. Acquisition Strategy**

This requirement is currently contracted through the USA Medical Research Activity. The vender is Evolvent Technologies Inc.

**E. Performance Metrics**

This performance metrics or milestones shall include, but is not limited to:

Coordination with Government representatives  
Review, evaluation and transition of current support services  
Transition of historic data to new contractor system  
Government-approved training and certification process  
Transfer of hardware warranties and software licenses

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program		<b>DATE:</b> March 2013
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>	<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>	<b>PROJECT</b> 435A: <i>NICOE Continuity Management Tool</i>
<p>Transfer of all System/Tool documentation to include, at a minimum: user manuals, system administration manuals, training materials, disaster recovery manual, requirements traceability matrix, configuration control documents and all other documents required to operate, maintain and administer systems and tools</p> <p>If another contractor follows this contractor with work related to this work, this contractor will provide any developed source code (compiled and uncompiled, including all versions, maintenance updates and patches) with written instructions for the source code on which this contractor has worked, so that an experienced software engineer, previously not familiar with the source code can understand and efficiently work with the source code. In addition, this contractor will provide for 30 days, a software engineer (or person of comparable work level) with significant experience working with the source code, to assist the new contractor</p> <p>Orientation phase and program to introduce Government personnel, programs, and users to the Contractor's team, tools, methodologies, and business processes</p> <p>Disposition of Contractor purchased Government owned assets, including facilities, equipment, furniture, phone lines, computer equipment, etc.</p> <p>Transfer of Government Furnished Equipment (GFE) and Government Furnished Information (GFI), and GFE inventory management assistance</p> <p>Applicable TMA debriefing and personnel out-processing procedures</p> <p>Turn-in of all government keys, ID/access cards, and security codes.</p>		

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 446A: Disability Mediation Service (DMS)			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
446A: Disability Mediation Service (DMS)	-	0.000	0.000	0.575	-	0.575	0.587	0.619	0.635	0.654	Continuing	Continuing
<sup>#</sup> FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012												
<sup>##</sup> The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
<p>"Disability Mediation Service (DMS):</p> <p>The VTA (Veteran’s Tracking Application) has been the primary system to track, record, and report data for the IDES (Integrated Disability Evaluation System) process. The VTA is scheduled to sun-set, by VA (Veterans Affairs), and the data is being moved to another application. Migration of VTA to another application creates the requirement to allow data exchange between Service non-medical case management and new VA DES (Disability Evaluation System) IT application. The BEC (Benefits Executive Council) is looking to create a DMS (Disability Mediation Service), which is an integrator between the Services and VA.</p> <p>The DMS will facilitate the improvement of non-medical case management tracking and IDES data/information management. It will eliminate redundant data entry within DoD (Department of Defense), improving data quality by capturing more data for operational reporting from the Services and WCP, decrease backlog by eliminating data entry duplication, and minimize impact to DoD Services by allowing the Services to continue using their existing/planned systems without requiring retraining on a new applications.</p> <p>The DMS will be created from existing technology. It will provide a mediation service to help isolate each system from changes and uniqueness in the other systems and allow the Services and WCP to report and drill down on data that we capture during the exchange. This IT solution will not replace current DoD systems, but will require some modifications and enhancements to those systems to support the date exchange. WCP will support development costs for these efforts. Services will assume responsibility and POM costs for modifications, enhancements, and maintenance in the out years."</p>												
B. Accomplishments/Planned Programs (\$ in Millions)									FY 2012	FY 2013	FY 2014	
Title: Disability Mediation Service (DMS)									0.000	0.000	0.575	
Description: The VTA (Veteran’s Tracking Application) has been the primary system to track, record, and report data for the IDES (Integrated Disability Evaluation System) process. The VTA is scheduled to sun-set, by VA (Veterans Affairs), and the data is being moved to another application. Migration of VTA to another application creates the requirement to allow data exchange between Service non-medical case management and new VA DES (Disability Evaluation System) IT application. The BEC (Benefits Executive Council) is looking to create a DMS (Disability Mediation Service), which is an integrator between the Services and VA.												
The DMS will facilitate the improvement of non-medical case management tracking and IDES data/information management. It will eliminate redundant data entry within DoD (Department of Defense), improving data quality by capturing more data for operational reporting from the Services and WCP, decrease backlog by eliminating data entry duplication, and minimize impact												

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program		<b>DATE:</b> March 2013	
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>	<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>	<b>PROJECT</b> 446A: <i>Disability Mediation Service (DMS)</i>	
<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>		<b>FY 2012</b>	<b>FY 2013</b>
to DoD Services by allowing the Services to continue using their existing/planned systems without requiring retraining on a new applications. The DMS will be created from existing technology. It will provide a mediation service to help isolate each system from changes and uniqueness in the other systems and allow the Services and WCP to report and drill down on data that we capture during the exchange. This IT solution will not replace current DoD systems, but will require some modifications and enhancements to those systems to support the date exchange. WCP will support development costs for these efforts. Services will assume responsibility and POM costs for modifications, enhancements, and maintenance in the out years."			
<b>FY 2012 Accomplishments:</b> Realignment in FY 2014			
<b>FY 2013 Plans:</b> Realignment in FY 2014			
<b>FY 2014 Plans:</b> Migration of VTA to another application creates the requirement to allow data exchange between Service non-medical case management and new VA DES (Disability Evaluation System) IT application. The BEC (Benefits Executive Council) is looking to create a DMS (Disability Mediation Service), which is an integrator between the Services and VA. The DMS will be created from existing technology. It will provide a mediation service to help isolate each system from changes and uniqueness in the other systems and allow the Services and WCP to report and drill down on data that we capture during the exchange. This IT solution will not replace current DoD systems, but will require some modifications and enhancements to those systems to support the date exchange. WCP will support development costs for these efforts.			
<b>Accomplishments/Planned Programs Subtotals</b>		0.000	0.000
<b>C. Other Program Funding Summary (\$ in Millions)</b> N/A			
<b>Remarks</b>			
<b>D. Acquisition Strategy</b> N/A			
<b>E. Performance Metrics</b> To be determined when an approach has been determined.			

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 480B: Defense Medical Human Resources System (internet) (DMHRSi) (Tri-Service)			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
480B: Defense Medical Human Resources System (internet) (DMHRSi) (Tri-Service)	-	0.585	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
<sup>#</sup> FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012												
<sup>##</sup> The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
The Defense Medical Human Resources System – internet (DMHRSi) enables the Services to standardize and optimize the management of human resource assets across the Military Health System (MHS). DMHRSi is a Web-based system that enables improved decision making by facilitating the collection and analysis of critical human resource data. It standardizes medical human resource information and provides enterprise-wide visibility for all categories of human resources (Active Duty, Reserve, Guard, civilian, contractor, and volunteer medical personnel); improves reporting of medical personnel readiness and; streamlines business processes to improve data quality for management decision making and managing the business; provides Tri-Service visibility of associated labor costs and is source for personnel cost data.												
B. Accomplishments/Planned Programs (\$ in Millions)										FY 2012	FY 2013	FY 2014
Title: Defense Medical Human Resources System (internet) (DMHRSi) (Tri-Service)										0.585	0.000	0.000
Description: Development of DMHRSi functional enhancements.												
FY 2012 Accomplishments: Complete development for several functional enhancements that provide additional capabilities for reporting, security management, and supported joint service human resources and training reporting.												
FY 2013 Plans: N/A												
FY 2014 Plans: N/A												
Accomplishments/Planned Programs Subtotals										0.585	0.000	0.000

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program										<b>DATE:</b> March 2013	
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>					<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>			<b>PROJECT</b> 480B: <i>Defense Medical Human Resources System (internet) (DMHRSi) (Tri-Service)</i>			
<b>C. Other Program Funding Summary (\$ in Millions)</b>											
			<u>FY 2014</u>	<u>FY 2014</u>	<u>FY 2014</u>					<u>Cost To</u>	
<u>Line Item</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>Base</u>	<u>OCO</u>	<u>Total</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>	<u>Complete</u>	<u>Total Cost</u>
• BA-1, 0807793HP: <i>MHS Tri-Service Information</i>	16.694	17.372	17.285		17.285	16.455	17.812	18.231	18.540	Continuing	Continuing
<b>Remarks</b>											
<b>D. Acquisition Strategy</b>											
N/A											
<b>E. Performance Metrics</b>											
*** PLEASE ENTER TEXT ***											



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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 480C: Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
480C: Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)	-	5.370	4.272	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
<sup>#</sup> FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012 <sup>##</sup> The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
Defense Medical Logistics Standard Support (DMLSS) provides the Military Medical Departments (Army, Navy, and Air Force MilDeps) one standard DoD medical logistics system. DMLSS provides the healthcare driven capability to support the medical logistics needs of the DoD community for critical medical commodities - pharmaceuticals and medical/surgical supplies across the continuum of care from the battlefield to tertiary care at a major DoD medical center. This capability is enabled by the partnership of the Defense Logistics Agency (DLA) Troop Support and the MHS providing an industry to practitioner supply chain for the medical commodity. The DLA DMLSS Wholesale (DMLSS-W) applications are funded by DLA while the garrison medical treatment facilities and theater applications are funded by the Defense Health Program. The current DMLSS system provides full spectrum capability for medical logistics management in a direct care environment. Basic functionality includes stock control, Prime Vendor operations, preparation of procurement documents, research and price comparison for products, property accounting, biomedical maintenance operations, capital equipment, property management, inventory, and a facility management application that supports the operations of a fixed medical treatment facility physical plant and supports Joint Commission on the Accreditation of Healthcare Organizations' (JCAHO) accreditation requirements. DMLSS, in coordination with Defense Health Information Management System (DHIMS), is providing to the Services and the Combatant Commanders the functional logistics capabilities necessary to rapidly project and sustain joint medical capabilities for medical logistics management of theater medical materiel operations. Current applications also deployed to the theater include the DMLSS Customer Assistance Module (DCAM), a medical logistics ordering tool that allows users to view their supplier's catalog and generate electronic orders. Primarily focused on the theater environment, DCAM automates the Class VIII supply process at the lower levels of care, and allows non-logisticians, who maintain their medical supplies as an additional duty, to electronically exchange catalog, order, and status information with their supply activity.												
B. Accomplishments/Planned Programs (\$ in Millions)									FY 2012	FY 2013	FY 2014	
Title: Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)									5.370	4.272	0.000	
Description: Development, integration and modernization of DMLSS modules. FY 2012 includes funding for Patient Movement Item Tracking System (PMITS) The Patient Movement Items (PMI) program calls for a designated pool of medical equipment that is necessary to support a patient during the aero-medical evacuation (AE) process. PMITS consists of an integrated network of distribution sites to have an automated system that would track and manage this inventory												
FY 2012 Accomplishments:												

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program								DATE: March 2013			
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E				R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 480C: Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)			
B. Accomplishments/Planned Programs (\$ in Millions)								FY 2012	FY 2013	FY 2014	
Incorporated enterprise catalog data and synchronized Product Data Bank (PDB) to support Business Intelligence/Decision Support (BI/DS).  Incorporated enterprise reference data into the Joint Medical Asset Repository (JMAR) database to support enterprise catalog data construct enabled across the Defense Medical Logistics operational enterprise.  Developed functionality to provide the capability for forward deployed units to logistically manage medical products from the Medical Master Catalog (MMC).  PMITS: System enhancements to re-engineer and automate the import and update records for patient information  <b>FY 2013 Plans:</b> Improve the ordering and cataloging functionality of the Medical Master Catalog (MMC), including Real-Time Information services to increase the frequency of connections from the DMLSS servers located at each Military Treatment Facility to the central DMLSS database.  Continued efforts on Common Operating Picture (COP) dashboard in JMAR to provide a top down visibility of service contract data across the Defense Medical Logistics Enterprise.											
Accomplishments/Planned Programs Subtotals								5.370	4.272	0.000	
C. Other Program Funding Summary (\$ in Millions)											
Line Item	FY 2012	FY 2013	FY 2014 Base	FY 2014 OCO	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
• BA-1, 0807793HP: MHS Tri-Service Information	24.579	28.914	30.287		30.287	30.787	31.389	31.934	32.483	Continuing	Continuing
• BA-3, 0807721HP: Replacement/Modernization	0.142	0.000	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
Remarks											
D. Acquisition Strategy											
Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.											

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program		<b>DATE:</b> March 2013
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>	<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>	<b>PROJECT</b> 480C: <i>Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)</i>
<b>E. Performance Metrics</b> <p>Each program establishes performance measurements which are usually included in the MHS IT Annual Performance Plan. Program cost, schedule and performance are measured periodically using a systematic approach. The results of these measurements are presented to management on a regular basis in various as part of the Integrated Product and Process Development (IPPD) process, In Process Reviews (IPRs), or other reviews to determine program effectiveness and provide new direction as needed to ensure the efficient use of resources. Performance metrics for specific projects may be viewed at the OMB Federal IT Dashboard website.</p>		

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 480D: Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
480D: Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)	-	3.372	8.451	1.550	-	1.550	0.000	0.000	0.000	0.000	Continuing	Continuing
<sup>#</sup> FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012 <sup>##</sup> The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) is a comprehensive, automated information system that provides a single point for assembling, comparing, using, evaluating, and storing occupational personnel exposure information, workplace environmental monitoring data, personnel protective equipment usage data, observation of work practices data, and employee health hazard educational data. DOEHRS-IH will provide for the definition, collection and analysis platform to generate and maintain a Service Member’s Longitudinal Exposure Record. DOEHRS-IH will describe the exposure assessment, identify similar exposure groups, establish a longitudinal exposure record baseline to facilitate post-deployment follow-up, and provide information to enable exposure-based medical surveillance and risk reduction.												
B. Accomplishments/Planned Programs (\$ in Millions)									FY 2012	FY 2013	FY 2014	
Title: Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)									3.372	8.451	1.550	
Description: Configure, enhancement and interface DOEHRS-IH modules.												
FY 2012 Accomplishments: Configured Exposure Characterization (minimizes the impact of worksite hazards and facilitates readiness by providing information to enable exposure-based medical surveillance) in the web application, mobile application, and data warehouse, as well as the completion of the Environmental Health functionality in the Data Warehouse.												
FY 2013 Plans: Enhancements: Data Warehouse; Enhanced Environmental Health, Radiation, and Ventilation												
Interface Prototype Project												
FY 2014 Plans:												

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program		<b>DATE:</b> March 2013
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>	<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>	<b>PROJECT</b> 480D: <i>Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)</i>

<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>
Configure Hazardous Material (HAZMAT) Material Safety Data Sheets (MSDS). MSDS are fundamental and authoritative resources for accessing standardized hazard information related to materials and products used in the workplace. MSDS is mandated by OSHA 29 CFR 1910.120.			
<b>Accomplishments/Planned Programs Subtotals</b>	3.372	8.451	1.550

## C. Other Program Funding Summary (\$ in Millions)

Line Item	FY 2012	FY 2013	FY 2014 Base	FY 2014 OCO	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
• BA-1, 0807793HP: <i>MHS Tri-Service Information</i>	8.121	7.391	9.274		9.274	8.322	8.945	9.169	9.461	Continuing	Continuing
• BA-3, 0807721HP: <i>Replacement/Modernization</i>	0.617	0.101	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

## Remarks

## D. Acquisition Strategy

Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.

## E. Performance Metrics

Each program establishes performance measurements which are usually included in the MHS IT Annual Performance Plan. Program cost, schedule and performance are measured periodically using a systematic approach. The results of these measurements are presented to management on a regular basis in various as part of the Integrated Product and Process Development (IPPD) process, In Process Reviews (IPRs), or other reviews to determine program effectiveness and provide new direction as needed to ensure the efficient use of resources. Performance metrics for specific projects may be viewed at the OMB Federal IT Dashboard website.

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 480F: Executive Information/Decision Support (EI/DS) (Tri-Service)			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
480F: Executive Information/Decision Support (EI/DS) (Tri-Service)	-	3.127	1.479	5.074	-	5.074	3.024	2.731	2.623	3.083	Continuing	Continuing
<sup>#</sup> FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012 <sup>##</sup> The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
EI/DS is comprised of a central datamart Military Health System Data Repository (MDR) and several smaller datamarts: MHS Management Analysis and Reporting Tool (M2), Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), and Purchased Care Operations Systems -TRICARE Encounter Data (TED) & Patient Encounter Processing and Reporting (PEPR). Many of these operate within a Business Objects XI (BOXI) environment. EI/DS manages receipt, processing, and storage of over 155 terabytes of data from both Military Treatment Facilities (MTF) and the TRICARE purchased care network systems. These data include inpatient dispositions, outpatient encounters, laboratory, radiology, and pharmacy workload, TRICARE network patient encounter records, TRICARE mail order pharmacy patient encounter records, beneficiary demographics, MTF workload and cost information, eligibility and enrollment, Pharmacy Data Transaction Service data, customer satisfaction surveys, and data associated with the Wounded Warrior care. EI/DS provides centralized collection, storage and availability of data, in various data marts, to managers, clinicians, and analysts for the management of the business of health care.												
B. Accomplishments/Planned Programs (\$ in Millions)									FY 2012	FY 2013	FY 2014	
Title: Executive Inforamtion/Decision Support (EI/DS) (Tri-Service)									3.127	1.479	5.074	
Description: Development, modernization, upgrades and testing for various EI/DS modules.												
FY 2012 Accomplishments:												
Transitioning Clinical Data Mart functionality to the Health Services Data Warehouse.												
Completed ESSENCE v4 (Block 3) enhancing disposition (inpatient and outpatient) surveillance and analysis; chief compliant surveillance and analysis; and visibility of laboratory results details.												
Developing the MHS Data Repository (MDR) Query Monitor to track Software Capability Evaluation (SCE) utilization and Protected Health Information (PHI) access.												
Revised M2 providing capability to build/edit reports, monitor patient participation in programs, and access clinical, demographic and financial data.												

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program							DATE: March 2013					
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E				R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development			PROJECT 480F: Executive Information/Decision Support (EI/DS) (Tri-Service)					
B. Accomplishments/Planned Programs (\$ in Millions)							FY 2012		FY 2013		FY 2014	
Completed code base changes for Protected Health Information Management Tool that stores information about PHI disclosures, authorizations, and restrictions.												
In support of the Health Services Data Warehouse (HSDW), the Air Force Medical Service (AFMS) purchased Commercial Off-The-Shelf (COTS) software/licenses and built custom scripts for development of the data warehouse. The COTS software will expedite consolidation and cleansing of data, measure data quality, merge and organize data for reporting tools. These efforts will be used to complete the transition of Clinical Data Mart (CDM) data into HSDW.												
FY 2013 Plans: M2 plan to deploy BOXI 4.0 upgrading to new client component--WEBi and WEBi Rich, BOXI provides the platform for accessing and analyzing embedded data from multiple sources – data is presented as reports.												
Replace COGNOS with Business Objects Common Services (BCS) and business intelligence functions within TED/PEPR in support of new software solution being integrated into existing suite of applications.												
FY 2014 Plans: Develop Integrated Dashboard & Fused Detection Algorithm within ESSENCE that ‘fuses’ signals across all data sources and applies differential weighting and advanced statistical approach												
Develop Enhanced System Administration to include maintenance of syndrome mapping tables, geographic ID, case-specific definitions to improve the agility of ESSENCE to keep pace with emerging health threats												
Develop Laboratory Results Analysis within ESSENCE for earlier outbreak detection, reduce number of false alarms, provide prompt characterization of the pathogen causing outbreak, or help recognize a new emerging infectious disease												
Provide capability to download National Plan and Provider Enumeration System (NPPES) file and to match National Provider Identifier (NPI) and Provider Record within TED												
Accomplishments/Planned Programs Subtotals							3.127		1.479		5.074	
C. Other Program Funding Summary (\$ in Millions)												
Line Item	FY 2012	FY 2013	FY 2014 Base	FY 2014 OCO	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost	
• BA-1, 0807793HP: MHS Tri-Service Information	40.610	41.980	43.353		43.353	44.097	44.799	45.658	46.355	Continuing	Continuing	

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program										<b>DATE:</b> March 2013	
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>					<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>			<b>PROJECT</b> 480F: <i>Executive Information/Decision Support (EI/DS) (Tri-Service)</i>			
<b>C. Other Program Funding Summary (\$ in Millions)</b>											
			<u><b>FY 2014</b></u>	<u><b>FY 2014</b></u>	<u><b>FY 2014</b></u>					<u><b>Cost To</b></u>	
<u><b>Line Item</b></u>	<u><b>FY 2012</b></u>	<u><b>FY 2013</b></u>	<u><b>Base</b></u>	<u><b>OCO</b></u>	<u><b>Total</b></u>	<u><b>FY 2015</b></u>	<u><b>FY 2016</b></u>	<u><b>FY 2017</b></u>	<u><b>FY 2018</b></u>	<u><b>Complete</b></u>	<u><b>Total Cost</b></u>
• BA-3, 0807721HP: <i>Replacement/Modernization</i>	0.000	0.000	0.108		0.108	1.142	1.161	1.181	1.202	Continuing	Continuing
<b>Remarks</b>											
<b>D. Acquisition Strategy</b>											
Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.											
<b>E. Performance Metrics</b>											
Each program establishes performance measurements which are usually included in the MHS IT Annual Performance Plan. Program cost, schedule and performance are measured periodically using a systematic approach. The results of these measurements are presented to management on a regular basis in various as part of the Integrated Product and Process Development (IPPD) process, In Process Reviews (IPRs), or other reviews to determine program effectiveness and provide new direction as needed to ensure the efficient use of resources. Performance metrics for specific projects may be viewed at the OMB Federal IT Dashboard website.											



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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 480G: Health Artifact and Image Management Solution (HAIMS) (Tri-Service)			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
480G: Health Artifact and Image Management Solution (HAIMS) (Tri-Service)	-	0.000	0.000	3.996	-	3.996	0.304	0.000	0.000	0.000	Continuing	Continuing
<sup>#</sup> FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012												
<sup>##</sup> The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
The Health Artifact and Image Management Solution (HAIMS) enables the DoD and the VA healthcare providers to have global access and awareness of artifacts and images (A&I) generated during the healthcare delivery process. HAIMS will provide the new capability for users throughout the MHS to be aware and have access to A&I that have been registered with the central “system”, currently on local workstations and Military Treatment Facility (MTF) Picture Archive and Communications Systems (PACs). As patients move through the continuum of care from Continental United States to Theater and then return to DoD sustaining bases facilities, healthcare A&I moves seamlessly and simultaneously with the patient. This advances several MHS strategy initiatives such as achievement of paperless record, global access of Wounded Warrior scanned documents, and an alternative to finding storage space for paper records of merging MTFs. HAIMS will supply access to VHA and other external A&I both inside and outside the Military Health System (MHS) Electronic Health Record (EHR). Funding has been provided within this program element in prior years for HAIMS before if was identified as its own system in the budget cycle. HAIMS will experience Incremental development as each new requirement is identified for FY 2014 and FY 2015.												
B. Accomplishments/Planned Programs (\$ in Millions)									FY 2012	FY 2013	FY 2014	
Title: Health Artifact and Image Management Solution (HAIMS) (Tri-Service)									0.000	0.000	3.996	
Description: Integrate new functionality into HAIMS.												
FY 2012 Accomplishments: N/A												
FY 2013 Plans: N/A												
FY 2014 Plans: Integration effort to replace two major Commercial Off-The-Shelf (COTS) components within the existing application. Technical integration to support Data-at-Rest requirement and Military Health System (MHS) Joint Active Directory.												
Accomplishments/Planned Programs Subtotals									0.000	0.000	3.996	

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013	
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E				R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 480G: Health Artifact and Image Management Solution (HAIMS) (Tri-Service)			
C. Other Program Funding Summary (\$ in Millions)											
Line Item	FY 2012	FY 2013	FY 2014 Base	FY 2014 OCO	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
• BA-1, 0807793HP: MHS Tri-Service Information	7.959	14.210	13.555		13.555	15.277	16.410	17.725	19.143	Continuing	Continuing
• BA-3, 0807721HP: Replacement/Modernization	0.000	3.286	6.928		6.928	14.591	12.306	13.290	14.355	Continuing	Continuing
Remarks											
D. Acquisition Strategy											
Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.											
E. Performance Metrics											
Each program establishes performance measurements which are usually included in the MHS IT Annual Performance Plan. Program cost, schedule and performance are measured periodically using a systematic approach. The results of these measurements are presented to management on a regular basis in various as part of the Integrated Product and Process Development (IPPD) process, In Process Reviews (IPRs), or other reviews to determine program effectiveness and provide new direction as needed to ensure the efficient use of resources.											

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 480K: integrated Federal Health Registry Framework (Tri-Service)			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
480K: integrated Federal Health Registry Framework (Tri-Service)	-	0.000	0.000	2.666	-	2.666	1.093	0.000	0.000	0.000	Continuing	Continuing
<sup>#</sup> FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012												
<sup>##</sup> The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
The purpose of an integrated Federal Health Registry capability is to provide a viable solution to fulfill a critical need for improved sharing and exchange of Service member and Veteran health information and data between the Department of Defense - Health Affairs and the Department of Veterans Affairs-Veterans Health Administration communities of interest (COIs) as mandated in Section 1635 of the 2008 National Defense Authorization Act (NDAA, 2008). This ability to share and exchange vital health care data between the respective specialties of care is essential to conduct longitudinal analyses necessary to improve patient care and quality of life outcomes. To maximize efficiencies and most effectively meet the needs of the functional communities, the Centers of Excellence (CoEs) have developed a consolidated framework solution for an integrated Federal Health Registry capability. This effort provides a comprehensive solution that meets the specialty care needs of each of the Services and Veteran Affairs that are represented by the Joint DoD and VA CoEs, (Army-Extremity Trauma and Amputation Center of Excellence; TMA-Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury; Navy-DoD/VA Vision Center of Excellence; Air Force-Hearing Center of Excellence; and JTFCAPMED-National Intrepid Center of Excellence).												
B. Accomplishments/Planned Programs (\$ in Millions)									FY 2012	FY 2013	FY 2014	
Title: Federated Registry Framework (Tri-Service)									0.000	0.000	2.666	
Description: Develop, integrate and test a common registry.												
FY 2012 Accomplishments: N/A												
FY 2013 Plans: N/A												
FY 2014 Plans: Funding to support a consolidated technical approach for the Centers of Excellence, which will provide a repeatable process that includes integration of their registry requirements into federated subspecialty clinical data elements that were determined by representative subject matter experts from the Tri-Services and Veteran's Affairs.												
Accomplishments/Planned Programs Subtotals									0.000	0.000	2.666	

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program								<b>DATE:</b> March 2013	
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>				<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>				<b>PROJECT</b> 480K: <i>integrated Federal Health Registry Framework (Tri-Service)</i>	

**C. Other Program Funding Summary (\$ in Millions)**

<u>Line Item</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u> <u>Base</u>	<u>FY 2014</u> <u>OCO</u>	<u>FY 2014</u> <u>Total</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
• BA-1, 0807793HP: <i>MHS Tri-Service Information</i>	0.000	0.000	0.898		0.898	1.319	1.503	1.551	1.600	Continuing	Continuing

**Remarks**

**D. Acquisition Strategy**

Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.

**E. Performance Metrics**

To be determined when an approach has been determined.

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 480M: Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
480M: Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)	-	28.731	39.803	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
<sup>#</sup> FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012 <sup>##</sup> The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
The Theater Medical Information Program - Joint (TMIP-J) integrates components of the Military Health System sustaining base systems and the Services´ medical information systems to ensure timely 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 Theater, transmits critical information to the Theater Commander, 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 Theater tactical and strategic decision makers through efficient, reliable data capture, and data transmission to a centralized Theater database. This delivers TMIP-J´s four pillars of information support through the electronic health record, integrated medical logistics, patient movement and tracking, and medical command and control through data aggregation, reporting and 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 Theater requirements and assures their availability in the no- and low- communications settings of the deployed environment through store and forward capture and transmission technology.												
TMIP-J RDT&E is reported under the program element 0605013 through FY 2013 inclusive, but will be reported under new program element 0605023 for FY 2014 and out.												
B. Accomplishments/Planned Programs (\$ in Millions)									FY 2012	FY 2013	FY 2014	
Title: Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)									28.731	39.803	0.000	
Description: Develop, integrate, modernize, and test TMIP-J Releases and modules.												
FY 2012 Accomplishments:												
Completed TMIP-J Increment 2 Release 2 (I2R2) development/integration/testing efforts and commence planning for TMIP-J Increment 2 Release 3 (I2R3). Began requirements decomposition and development efforts and investigate the most appropriate approach to improving five key areas identified by stakeholders: hardware and software agnosticism, ease of fielding, speed of deployment, automating the deployment of software to sites, and reducing the number of configurations to support.												
Began integration effort of International Classification of Diseases (ICD-10) codes.												

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program							DATE: March 2013				
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E				R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development			PROJECT 480M: Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)				
B. Accomplishments/Planned Programs (\$ in Millions)							FY 2012	FY 2013	FY 2014		
Interface Medical Situation Awareness in Theater (MSAT) with the Combined Information Data Network Exchange (CIDNE) for Blast Exposure Concussion and Injury Report (BECIR).											
FY 2013 Plans: Continue I2R3 integration development effort including, extended use of Public Key Infrastructure and Common Access Card (PKI/CAC), and increased use of virtualization technologies.											
Development effort for Aeromedical Evacuation capabilities.											
Achieve a Full Deployment Decision for I2R2.											
Enhance MSAT with the capability to communicate with subject matter experts and all agencies and resources that maintain medical entomology consultation information, with guidance on: arthropod-borne disease; the safe and effective use of pesticides; poisonous plants or animals; and personal or unit-level PM measures for control or avoidance of disease vectors as well as the capability to access Service, coalition, and host nation toxic industrial chemical and toxic environmental chemical sites and locations and information on occupational hazards in those location via Defense Occupational and Environmental Health Readiness – Industrial Hygiene (DOEHRS-IH). The system shall enable users to access information pertaining to U.S. personnel who receive care in non-DoD medical facilities, allow the user to access DoD operations, and provide Patient Movement Crew information (ROTARY WING MEDEVAC).											
Update Theater Medical Data Store remaining interfaces that are not compliant with ICD-10 code implementation.											
Accomplishments/Planned Programs Subtotals							28.731	39.803	0.000		
C. Other Program Funding Summary (\$ in Millions)											
Line Item	FY 2012	FY 2013	FY 2014 Base	FY 2014 OCO	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
• BA-1, 0807793HP: MHS Tri-Service Information	42.955	44.941	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
• BA-3, 0807721HP: Replacement/Modernization	2.286	2.390	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
Remarks											

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program		<b>DATE:</b> March 2013
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>	<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>	<b>PROJECT</b> 480M: <i>Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)</i>
<b><u>D. Acquisition Strategy</u></b> Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.		
<b><u>E. Performance Metrics</u></b> Each program establishes performance measurements which are usually included in the MHS IT Annual Performance Plan. Program cost, schedule and performance are measured periodically using a systematic approach. The results of these measurements are presented to management on a regular basis in various as part of the Integrated Product and Process Development (IPPD) process, In Process Reviews (IPRs), or other reviews to determine program effectiveness and provide new direction as needed to ensure the efficient use of resources. Performance metrics for specific projects may be viewed at the OMB Federal IT Dashboard website.		

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 480P: Other Related Technical Activities (Tri-Service)			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
480P: Other Related Technical Activities (Tri-Service)	-	4.123	1.523	5.311	-	5.311	0.692	0.000	0.000	0.000	Continuing	Continuing
# FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012												
## The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
Other Related Technical Activities includes funding for Information Technology activities common to multiple or all Tri-Service systems/programs and can not be associated with any one individual Tri-Service initiative, which includes enterprise Messaging and other common IT services requirements. Funding is included in FY 2012 for International Classification of Diseases and Related Health Problems 10th edition (ICD-10). ICD-10 funding for FY 2013 and out is shown in the appropriate initiative's Accomplishments/Planned Porgram sections within this program element.												
B. Accomplishments/Planned Programs (\$ in Millions)										FY 2012	FY 2013	FY 2014
Title: Other Related Technical Activities (Tri-Service)										4.123	1.523	5.311
Description: Develop, integrate, test of activities common to multiple or all Tri-Service IT activities.												
FY 2012 Accomplishments: Funding programmed for development and testing of planned common services such as single sign on and identity authentication services applications as well as transition of the Military Health System to Common Services being developed in support of messaging components, message level security, service registry, XML firewall/accelerator and common code services.												
FY 2013 Plans: Funding programmed for development and testing of planned common services being developed in support of messaging components, message level security, service registry, XML firewall/accelerator and common code services.												
FY 2014 Plans: Funding programmed for development and testing of planned common services being developed in support of messaging components, message level security, service registry, XML firewall/accelerator and common code services. Additionally funding is to support Wounded Warrior enhancements as they are identified.												
Accomplishments/Planned Programs Subtotals										4.123	1.523	5.311



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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program								<b>DATE:</b> March 2013			
<b>APPROPRIATION/BUDGET ACTIVITY</b>				<b>R-1 ITEM NOMENCLATURE</b>				<b>PROJECT</b>			
0130: <i>Defense Health Program</i>				PE 0605013HP: <i>Information Technology Development</i>				480P: <i>Other Related Technical Activities (Tri-Service)</i>			
BA 2: <i>RDT&amp;E</i>											

## C. Other Program Funding Summary (\$ in Millions)

Line Item	FY 2012	FY 2013	FY 2014	FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	Cost To	Total Cost
			Base	OCO	Total					Complete	
• BA-1, 0807793HP: <i>MHS Tri-Service Information</i>	2.100	2.134	7.197		7.197	6.798	7.039	7.628	8.262	Continuing	Continuing
• BA-3, 0807721HP: <i>Replacement/Modernization</i>	0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

## Remarks

Funding in Para C reflects O&M for actions directly related to RDT&E activities in RTA (e.g. Common Service and WII Enhancements)

Other Program Funding associated with RDT&E in HEIS:

FY12 FY13 FY14 FY15 FY16 FY17 FY18

Common Services

O&M 2.100 2.134 3.403 2.117 2.152 2.188 2.228

PROC

WII

O&M 3.794 4.681 4.887 5.44 6.034

PROC

Total HEIS - RDT&E Other Program Funding

O&M 2.100 2.134 7.197 6.798 7.039 7.628 8.262

PROC

## D. Acquisition Strategy

Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.

## E. Performance Metrics

Each activity establishes performance measurements. Program cost, schedule and performance are measured periodically using a systematic approach. Since this is an enterprise initiative which crosses multiple initiatives, performance metrics of the common activities are part of and/or contributing factors in the measurement of the performance metrics of the individual initiatives.

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 480R: TMA E-Commerce (TMA)			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
480R: TMA E-Commerce (TMA)	-	2.934	3.493	5.898	-	5.898	3.838	3.951	4.042	4.122	Continuing	Continuing

<sup>#</sup> FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012

<sup>##</sup> The FY 2014 OCO Request will be submitted at a later date

**A. Mission Description and Budget Item Justification**

The DHP, RDT&E appropriation includes the following TMA initiatives: Electronic Commerce System(E-Commerce): This system was developed for centralized collection, integration, and reporting of accurate purchased care contracting and financial data. It provides an integrated set of data reports from multiple data sources to management, as well as tools to control the end-to-end program change management process. E-Commerce replaces multiple legacy systems. E-Commerce consists of several major subsystems including: CM subsystem utilizing Prism software to support contract action development and documentation; the RM subsystem utilizing Oracle Federal Financials and TED interface software to support the budgeting, accounting, case recoupment, and disbursement processes; the document management subsystem utilizing Documentum software to provide electronic storage, management, and retrieval of contract files; Management Tracking and Reporting subsystem utilizing custom software to provide reports to assist in the management and tracking of changes to the managed care contracts as well as current and out year liabilities; the Purchased Care Web site that provides up-to-date financial information for both TMA and the Services concerning the military treatment facilities' (MTFs') expenditures for MTF enrollee purchased care and supplemental care. E-Commerce includes 5 major subsystems and over 60 servers supporting development, test, and production. The system will be utilized by several hundred users in more than 7 different organizations. Project oversight and coordination must be provided to ensure that the needs of the disparate organizations are met without impacting the system performance or support to any individual user. Server configurations must be kept current in terms of security policies, user authorizations, and interactions with other systems and functions. All of these activities must be managed and coordinated on a daily basis.

**B. Accomplishments/Planned Programs (\$ in Millions)**

	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>
<b>Title:</b> TMA E-Commerce (TMA)	2.934	3.493	5.898
<b>Description:</b> The DHP, RDT&E appropriation includes the following TMA initiatives: Electronic Commerce System(E-Commerce): This system was developed for centralized collection, integration, and reporting of accurate purchased care contracting and financial data. It provides an integrated set of data reports from multiple data sources to management, as well as tools to control the end-to-end program change management process. E-Commerce replaces multiple legacy systems. E-Commerce consists of several major subsystems including: CM subsystem utilizing Prism software to support contract action development and documentation; the RM subsystem utilizing Oracle Federal Financials and TED interface software to support the budgeting, accounting, case recoupment, and disbursement processes; the document management subsystem utilizing Documentum software to provide electronic storage, management, and retrieval of contract files; Management Tracking and Reporting subsystem utilizing custom software to provide reports to assist in the management and tracking of changes to the managed care contracts as well as current and out year liabilities; the Purchased Care Web site that provides up-to-date financial information for both TMA and the Services concerning the military treatment facilities' (MTFs') expenditures for MTF enrollee			

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program		DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E	R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development	PROJECT 480R: TMA E-Commerce (TMA)		
B. Accomplishments/Planned Programs (\$ in Millions)		FY 2012	FY 2013	FY 2014
<p>purchased care and supplemental care. E-Commerce includes 5 major subsystems and over 60 servers supporting development, test, and production. The system will be utilized by several hundred users in more than 7 different organizations. Project oversight and coordination must be provided to ensure that the needs of the disparate organizations are met without impacting the system performance or support to any individual user. Server configurations must be kept current in terms of security policies, user authorizations, and interactions with other systems and functions. All of these activities must be managed and coordinated on a daily basis.</p> <p><b>FY 2012 Accomplishments:</b></p> <p>- Continue compliance enhancements and modernization of financial processing and reporting. Complete the modernization of health care claims processing. Sunset the contract management application. Modify existing operational software to support a) health care requirements changes, b) the next generation of TRICARE contracts, c) contract performance assessment, deliverable processing, and processing display improvements, d) operational/financial analysis and reporting enhancements, e) contract management analysis and reporting , f) E-Commerce Gateway security and integration improvements, and g) accounting functionality changes for the next generation of TRICARE contracts to enhance contracting interfaces, user GL, AP, AR and PO interface processing and audit support, reporting, and enterprise budgeting functionality; Expand existing capabilities to new users to provide ad hoc reporting to the Contract Operations Division to support health care requirements changes; changes mandated by Congress and the DoD to implement health care policy modifications, IPv6 and DOD DMZ architecture initiatives, and BEA 9.0 SFIS changes.</p> <p><b>FY 2013 Plans:</b></p> <p>- Continue compliance enhancements and modernization of financial processing and reporting. Complete the modernization of financial processing to provide contractors ERP capability to submit a payment request and receiving report using an electronic form. Sunset the legacy technology for the health care claims processing. Enhance application functionality to respond to changes in health care policy and guidance, to improve operational efficiency, and to continue providing operational personnel with effective financial, contract management, and acquisition support capabilities. Enhance health care claims and financial processing to accommodate changes in health care requirements, and to improve contractor performance assessment and deliverable processing. In addition, in response to changes in pharmacy program management, modernize pharmacy financial processing and reporting using the existing business intelligence infrastructure. Implement accounting improvements to support user interface processing, audit support, financial and audit reporting, and enterprise budget management. Finally, implement software changes, mandated by Congress and the DoD, to accommodate financial application health care policy modifications, IPv6, and BEA SFIS changes.</p> <p><b>FY 2014 Plans:</b></p> <p>- Continue compliance enhancements and modernization of financial processing and reporting. Enhance application functionality to respond to changes in health care policy and guidance, to improve operational efficiency, and to continue providing operational</p>				

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program										<b>DATE:</b> March 2013	
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>				<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>				<b>PROJECT</b> 480R: <i>TMA E-Commerce (TMA)</i>			

  

<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>										<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>
personnel with effective financial, contract management, and acquisition support capabilities. Enhance health care claims and financial processing to accommodate changes in health care requirements and to improve contractor performance assessment and deliverable processing. Complete the modernization of pharmacy financial processing and reporting and the implementation of IPV6. Implement accounting improvements to support user interface processing, audit support, financial and audit reporting, and enterprise budget management. Finally, implement software changes, mandated by Congress and the DoD, to accommodate financial application health care policy modifications, and BEA SFIS changes.												
<b>Accomplishments/Planned Programs Subtotals</b>										2.934	3.493	5.898

  

<b>C. Other Program Funding Summary (\$ in Millions)</b>											
<b>Line Item</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014 Base</b>	<b>FY 2014 OCO</b>	<b>FY 2014 Total</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
• BA-1, 0807752HP: <i>Miscellaneous Support Activities</i>	18.563	16.404	12.857		12.857	13.098	13.425	13.720	14.022	Continuing	Continuing
• BA-3, 0807721HP: <i>Replacement/Modernization</i>	0.500	0.500	0.500		0.500	0.500	0.500	0.519	0.539	Continuing	Continuing
<b>Remarks</b>											
<b>D. Acquisition Strategy</b> N/A											
<b>E. Performance Metrics</b> The benchmark performance metric for transition of research supported in this PE will be the attainment of a maturity level that is typical of TRL8.											

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program										<b>DATE:</b> March 2013		
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>					<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>				<b>PROJECT</b> 480Y: <i>Clinical Case Management (Tri-Service)</i>			
<b>COST (\$ in Millions)</b>	<b>All Prior Years</b>	<b>FY 2012</b>	<b>FY 2013<sup>#</sup></b>	<b>FY 2014 Base</b>	<b>FY 2014 OCO <sup>##</sup></b>	<b>FY 2014 Total</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
480Y: <i>Clinical Case Management (Tri-Service)</i>	-	2.925	3.100	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
<sup>#</sup> FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012 <sup>##</sup> The FY 2014 OCO Request will be submitted at a later date												
<b>A. Mission Description and Budget Item Justification</b>												
Provides a seamless view of the care and the health of the patient from the origin of injury or illness to the end of the need for that episode of care. It will capture relevant events, information, documents and other data to support the overall improvement of the patient's condition utilizing medical Case Management practices. It will provide the ability to collect clinical information in support of the medical Case Manager's mission and will provide information gathered to MTFs and MSCSs.												
<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>										<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>
<b>Title:</b> Clinical Case Management (CCM-ITI) (Tri-Service)										2.925	3.100	0.000
<b>Description:</b> Funding to support requirements completion and development associated with a clinical case management tool.												
<b>FY 2012 Accomplishments:</b> Identify IT solution that will fulfill the requirements compatible for all military services.												
<b>FY 2013 Plans:</b> Obtain IT solution to fulfill the requirements compatible for all military services.												
<b>Accomplishments/Planned Programs Subtotals</b>										2.925	3.100	0.000
<b>C. Other Program Funding Summary (\$ in Millions)</b>												
<b>Line Item</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014 Base</b>	<b>FY 2014 OCO</b>	<b>FY 2014 Total</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>Cost To Complete</b>	<b>Total Cost</b>	
• BA-1, 0807793HP: <i>MHS Tri-Service Information</i>	1.341	0.607	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	
<b>Remarks</b>												
<b>D. Acquisition Strategy</b>												
Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.												

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program		<b>DATE:</b> March 2013
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>	<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>	<b>PROJECT</b> 480Y: <i>Clinical Case Management (Tri-Service)</i>
<b>E. Performance Metrics</b> Performance metrics will be determined when a final IT solution is selected.		

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 480Z: Centralized Credentials and Quality Assurance System (CCQAS) (Tri-Service)			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
480Z: Centralized Credentials and Quality Assurance System (CCQAS) (Tri-Service)	-	1.692	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
# FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012												
## The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
The Central Credentials Quality Assurance System (CCQAS) enables the military medical community to electronically manage the credentials, risk management, and adverse privileging actions of medical personnel and is hosted at secure Defense Information Systems Agency facility. It is deployed worldwide to over 1,350 professional affairs coordinators in 535 locations and contains nearly 60,000 credentials records for Active Duty, Reserve, Guard, Civil Service, contractors, and volunteers in the Military Health System. CCQAS tracks trends in medical malpractice claims in an effort to improve health care quality, ensure legal due process for clinicians undergoing adverse actions, and assist the Medical Treatment Facilities in meeting Joint Commission on Accreditation of Healthcare Organization’s accreditation standards.												
B. Accomplishments/Planned Programs (\$ in Millions)										FY 2012	FY 2013	FY 2014
Title: Centralized Credentials and Quality Assurance System (CCQAS) (Tri-Service)										1.692	0.000	0.000
Description: Develop, integrate and test CCQAS modules.												
FY 2012 Accomplishments: Complete Credentialing development. Integrate Priviledging and Credentialing development and perform testing activities for CCQAS v2.11 release. Complete Risk Management and Adverse Action development.												
Accomplishments/Planned Programs Subtotals										1.692	0.000	0.000
C. Other Program Funding Summary (\$ in Millions)												
Line Item	FY 2012	FY 2013	FY 2014 Base	FY 2014 OCO	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost	
• BA-1, 0807793HP: MHS Tri-Service Information	4.244	4.500	3.702		3.702	3.765	3.831	3.897	3.962	Continuing	Continuing	
• BA-3, 0807721HP: Replacement/Modernization	0.315	0.000	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	
Remarks												

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program		<b>DATE:</b> March 2013
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>	<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>	<b>PROJECT</b> 480Z: <i>Centralized Credentials and Quality Assurance System (CCQAS) (Tri-Service)</i>
<b><u>D. Acquisition Strategy</u></b> Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.		
<b><u>E. Performance Metrics</u></b> Each program establishes performance measurements which are usually included in the MHS IT Annual Performance Plan. Program cost, schedule and performance are measured periodically using a systematic approach. The results of these measurements are presented to management on a regular basis in various as part of the Integrated Product and Process Development (IPPD) process, In Process Reviews (IPRs), or other reviews to determine program effectiveness and provide new direction as needed to ensure the efficient use of resources		



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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 481A: Theater Enterprise Wide Logistics System (TEWLS) (Tri-Service)			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
481A: Theater Enterprise Wide Logistics System (TEWLS) (Tri-Service)	-	5.127	3.821	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
# FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012												
## The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
Theater Enterprise-Wide Logistics System (TEWLS) supports critical medical logistics warfighter requirements in a net-centric environment. It ties the national, regional, and deployed units into a single business environment. It creates the necessary links for planners, commercial partners, and AMEDD logisticians to accomplish essential care in the theater through a single customer facing portal. It removes disparate data and replaces it with a single instance of actionable data. TEWLS supports today’s modern, non-contiguous battlefield at the regional, COCOM, and Service levels by leveraging emerging Medical Materiel Executive Agency and Theater Lead Agent infrastructure concepts to manage the entire medical supply chain from the industrial base to the end user.												
B. Accomplishments/Planned Programs (\$ in Millions)									FY 2012	FY 2013	FY 2014	
Title: Theater Enterprise Wide Logistics System (TEWLS) (Tri-Service)									5.127	3.821	0.000	
Description: Modernization, development, enhancement of TEWLS.												
FY 2012 Accomplishments: Added functionality to provide units an assemblage management tool with a net centric capability enterprise framework that provides a single portal/interface to maintain assemblages, manage supplies, manage supply transactions, support enterprise consolidation and standardization of unit-level assembly management functions. Additionally, began work on applying the Item Unique Identification Data (IUID) to applicable end units and components.												
FY 2013 Plans: Complete work on applying Item Unique Identification Data (IUID) to applicable end items and components.												
Accomplishments/Planned Programs Subtotals									5.127	3.821	0.000	
C. Other Program Funding Summary (\$ in Millions)												
Line Item	FY 2012	FY 2013	FY 2014 Base	FY 2014 OCO	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost	
• BA-1, 0807793HP: MHS Tri-Service Information	9.700	18.750	13.334		13.334	13.496	13.767	14.004	14.241	Continuing	Continuing	

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program							<b>DATE:</b> March 2013	
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>				<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>			<b>PROJECT</b> 481A: <i>Theater Enterprise Wide Logistics System (TEWLS) (Tri-Service)</i>	

**C. Other Program Funding Summary (\$ in Millions)**

<u>Line Item</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u> <u>Base</u>	<u>FY 2014</u> <u>OCO</u>	<u>FY 2014</u> <u>Total</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
<b>Remarks</b>											

**D. Acquisition Strategy**

Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.

**E. Performance Metrics**

Each program establishes performance measurements which are usually included in the MHS IT Annual Performance Plan. Program cost, schedule and performance are measured periodically using a systematic approach. The results of these measurements are presented to management on a regular basis in various as part of the Integrated Product and Process Development (IPPD) process, In Process Reviews (IPRs), or other reviews to determine program effectiveness and provide new direction as needed to ensure the efficient use of resources.

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: Defense Health Program BA 2: RDT&E					R-1 ITEM NOMENCLATURE PE 0605013HP: Information Technology Development				PROJECT 490I: Navy Medicine Chief Information Officer			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
490I: Navy Medicine Chief Information Officer	-	2.106	4.323	4.409	-	4.409	4.497	4.574	4.652	4.736	Continuing	Continuing
# FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012												
## The FY 2014 OCO Request will be submitted at a later date												
A. Mission Description and Budget Item Justification												
Navy Medicine CIO Management Operations - IM/IT RDT&E requests will be vetted through the Bureau of Navy Medicine (BUMED) Governance Process. BUMED IM/IT CIO Governance will monitor progress and milestones every six months.												
B. Accomplishments/Planned Programs (\$ in Millions)										FY 2012	FY 2013	FY 2014
Title: Navy Medicine Chief Information Officer (CIO) Management Operations										2.106	4.323	4.409
Description: Navy Medicine CIO Management Operations - IM/IT RDT&E requests will be vetted through the Bureau of Navy Medicine (BUMED) Governance Process. BUMED IM/IT CIO Governance will monitor progress and milestones every six months.												
FY 2012 Accomplishments: This is an ongoing activity recently enacted by the Navy Medicine IM/IT process which further defines/transforms future IM/IT Medical Program Enhancements and Medical Capabilities.												
The development/integration of Defense Optical Fabrication Enterprise Management System (DOFEMS) into a fully automated system to support workload distribution, performance metrics, staffing requirements, supply management, calculation of operating costs from the current independently or manually DOFEMS system. This effort will be a web based centralized management tool and provide a standalone standard set of Lab Management software for all 26 Navy labs												
FY 2013 Plans: This is an ongoing activity recently enacted by the Navy Medicine IM/IT process which further defines/transforms future IM/IT Medical Program Enhancements and Medical Capabilities.												
The project includes the re-design of HIV Management System (HMS) so that it is user friendly, minimizes the amount of time required to perform everyday tasks and prevents the need to maintain separate databases, automate and minimize functions that require manual assistance and assist in fulfilling new requirements.												
FY 2014 Plans:												

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program										<b>DATE:</b> March 2013		
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>				<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>				<b>PROJECT</b> 490I: <i>Navy Medicine Chief Information Officer</i>				
<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>										<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>
This is an ongoing activity recently enacted by the Navy Medicine IM/IT process which further defines/transforms future IM/IT Medical Program Enhancements and Medical Capabilities												
<b>Accomplishments/Planned Programs Subtotals</b>										2.106	4.323	4.409
<b>C. Other Program Funding Summary (\$ in Millions)</b>												
<b>Line Item</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014 Base</b>	<b>FY 2014 OCO</b>	<b>FY 2014 Total</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>Cost To Complete</b>	<b>Total Cost</b>	
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	153.352	158.954	160.975		160.975	164.499	168.877	172.243	174.963	Continuing	Continuing	
• BA-1, PE 0807795HP: <i>Base Communications - CONUS</i>	16.467	13.546	16.362		16.362	16.645	16.934	17.234	17.513	Continuing	Continuing	
• BA-1, PE 0807995HP: <i>Base Communications - OCONUS</i>	2.460	2.448	2.392		2.392	2.434	2.476	2.520	2.563	Continuing	Continuing	
• BA-3, PE 0807720HP: <i>Initial Outfitting</i>	1.262	0.544	0.000		0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	
• BA-3, PE 0807721HP: <i>Replacement/Modernization</i>	10.127	6.205	2.782		2.782	2.829	2.876	2.931	2.984	Continuing	Continuing	
<b>Remarks</b>												
<b>D. Acquisition Strategy</b> N/A												
<b>E. Performance Metrics</b> N/A												

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Exhibit R-2A, RDT&E Project Justification: PB 2014 Defense Health Program										DATE: March 2013		
APPROPRIATION/BUDGET ACTIVITY 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>					R-1 ITEM NOMENCLATURE PE 0605013HP: <i>Information Technology Development</i>				PROJECT 490J: <i>Navy Medicine Online</i>			
COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 <sup>#</sup>	FY 2014 Base	FY 2014 OCO <sup>##</sup>	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
490J: <i>Navy Medicine Online</i>	-	1.369	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

<sup>#</sup> FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012

<sup>##</sup> The FY 2014 OCO Request will be submitted at a later date

**A. Mission Description and Budget Item Justification**

The Navy Medicine Online System (NMO) is the designated data broker for Navy Medicine. NMO collects individual readiness information from legacy Navy Medicine data systems (i.e SAMS,DENCAS, MEDBOLTT, etc.). NMO transmits select information to MRRS to support DoD IMR reporting, DHIMS Force Health Protection, Master CMS, and other Navy systems. NMO also provides the programs used to manage the medical waiver process and to track USNA midshipmen medical issues. The goal of this RDT&E effort is to merge NMKMS into Navy Medicine Online (NMO) as a data broker, to establish a single operational data warehouse for Navy Medicine operational data, as well as to support programs for managing medical staffing planning and operational workload reports.

**B. Accomplishments/Planned Programs (\$ in Millions)**

	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>
<b>Title:</b> Navy Medicine Online (NMO)	1.369	0.000	0.000
<b>Description:</b> The Navy Medicine Online System (NMO) is the designated data broker for Navy Medicine. NMO collects individual readiness information from legacy Navy Medicine data systems (i.e SAMS,DENCAS, MEDBOLTT, etc.). NMO transmits select information to MRRS to support DoD IMR reporting, DHIMS Force Health Protection, Master CMS, and other Navy systems. NMO also provides the programs used to manage the medical waiver process and to track USNA midshipmen medical issues. The goal of this RDT&E effort is to merge NMKMS into Navy Medicine Online (NMO) as a data broker, to establish a single operational data warehouse for Navy Medicine operational data, as well as to support programs for managing medical staffing planning and operational workload reports.			
<b>FY 2012 Accomplishments:</b> The project includes development/integration of NMO/NMKMS incorporating the following milestones: Phase I- Develop requirements; Phase II- Hosting, Establish NMO interface; Phase III- NMO/NMKMS Integration, Development, and Testing. Phase IV- Verification and Validation of new system. Phase III and Phase IV is planned for FY12.			
<b>FY 2013 Plans:</b> The project includes the re-design of HIV Management System (HMS) so that it is user friendly, minimizes the amount of time required to perform everyday tasks and prevents the need to maintain separate databases, automate and minimize functions that require manual assistance and assist in fulfilling new requirements.			
<b>Accomplishments/Planned Programs Subtotals</b>	1.369	0.000	0.000

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2014 Defense Health Program										<b>DATE:</b> March 2013		
<b>APPROPRIATION/BUDGET ACTIVITY</b> 0130: <i>Defense Health Program</i> BA 2: <i>RDT&amp;E</i>					<b>R-1 ITEM NOMENCLATURE</b> PE 0605013HP: <i>Information Technology Development</i>				<b>PROJECT</b> 490J: <i>Navy Medicine Online</i>			
<b>C. Other Program Funding Summary (\$ in Millions)</b>												
	<u>Line Item</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u> <u>Base</u>	<u>FY 2014</u> <u>OCO</u>	<u>FY 2014</u> <u>Total</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
	• BA-1, PE 0807781HP: <i>Non-Central Information Management/Information Technology</i>	1.679	1.730	1.782		1.782	1.836	1.891	1.948	2.006	Continuing	Continuing
<b>Remarks</b>												
<b>D. Acquisition Strategy</b>												
N/A												
<b>E. Performance Metrics</b>												
N/A												