| Exhibit R-2, RDT&E Budget Item Justification: PB 2015 Defense Health Program | | | | | | | | | | Date: March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|---|

| Appropriation/Budget Activity 0130: *Defense Health Program I* BA 2: *RDT&E* | | | | | R-1 Program Element (Number/Name) PE 0605013HP *I Information Technology Development* | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **COST ($ in Millions)** | **Prior Years** | **FY 2013** | **FY 2014** | **FY 2015 Base** | **FY 2015 OCO** # | **FY 2015 Total** | **FY 2016** | **FY 2017** | **FY 2018** | **FY 2019** | **Cost To Complete** | **Total Cost** |
| Total Program Element | 162.226 | 57.314 | 41.928 | 21.696 | - | 21.696 | 18.862 | 19.679 | 23.582 | 21.386 | Continuing | Continuing |
| 239B: *Health Services Data Warehouse (Air Force)* | 0.000 | - | 1.175 | 0.717 | - | 0.717 | 0.908 | 0.962 | 1.436 | 1.461 | Continuing | Continuing |
| 239F: *IM/IT Test Bed (Air Force)* | 3.800 | - | 2.328 | 1.801 | - | 1.801 | 1.844 | 1.837 | 2.222 | 2.686 | Continuing | Continuing |
| 283C: *Medical Operational Data System (MODS) (Army)* | 1.472 | - | 3.420 | 3.413 | - | 3.413 | 2.601 | 2.678 | 3.547 | 4.016 | Continuing | Continuing |
| 283D: *Army Medicine CIO Management Operations* | 1.492 | - | 4.499 | - | - | - | 2.832 | 2.862 | 3.636 | 4.133 | Continuing | Continuing |
| 283F: *Army Warrior Care and Transition System (AWCTS)* | 0.488 | - | 0.355 | - | - | - | - | - | - | - | Continuing | Continuing |
| 283H: *Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)* | 0.000 | - | - | - | - | - | - | - | - | - | Continuing | Continuing |
| 283I: *Workload Management System for Nursing-Internet* | 0.264 | - | - | - | - | - | - | - | - | - | Continuing | Continuing |
| 283J: *Multi-Drug Resistant Surveillance Network (MRSN)* | 1.374 | - | - | 0.807 | - | 0.807 | - | - | - | - | Continuing | Continuing |
| 283K: *Veterinary Services Systems Management (VSSM)* | 0.000 | - | 0.238 | - | - | - | - | - | - | - | Continuing | Continuing |
| 283L: *Pharmacovigilance Defense Application System* | - | - | - | 0.300 | - | 0.300 | - | - | - | - | Continuing | Continuing |
| 385A: *Integrated Electronic Health Record Inc 1 (Tri-Service)* | 80.837 | 49.856 | - | - | - | - | - | - | - | - | Continuing | Continuing |
| 386A: *Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)* | 7.006 | 7.458 | - | - | - | - | - | - | - | - | Continuing | Continuing |
| 423A: *Defense Center of Excellence (FHP&RP)* | 1.177 | - | 1.259 | - | - | - | - | - | - | - | Continuing | Continuing |

| Exhibit R-2, RDT&E Budget Item Justification: PB 2015 Defense Health Program | | | | | | | | | | | Date: March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Appropriation/Budget Activity** 0130: *Defense Health Program I BA 2: RDT&E* | | | | | | **R-1 Program Element (Number/Name)** PE 0605013HP *I Information Technology Development* | | | | | | |
| 423B: *Defense Center of Excellence (Army)* | - | - | - | 1.225 | - | 1.225 | 0.942 | 0.959 | 1.255 | 1.421 | Continuing | Continuing |
| 435A: *NICOE Continuity Management Tool* | 2.855 | - | - | - | - | - | - | - | - | - | Continuing | Continuing |
| 446A: *Disability Mediation Service (DMS)* | 0.000 | - | 0.559 | 0.382 | - | 0.382 | 0.433 | 0.445 | 0.588 | 0.666 | Continuing | Continuing |
| 480C: *Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)* | 5.370 | - | - | 3.978 | - | 3.978 | 1.933 | - | - | - | Continuing | Continuing |
| 480D: *Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)* | 3.372 | - | 1.507 | - | - | - | - | 3.633 | 3.694 | 2.803 | Continuing | Continuing |
| 480F: *Executive Information/ Decision Support (EI/DS) (Tri-Service)* | 3.127 | - | 4.932 | - | - | - | 2.551 | 1.791 | - | - | Continuing | Continuing |
| 480G: *Health Artifact and Image Management Solution (HAIMS) (Tri-Service)* | 0.000 | - | 3.884 | 0.304 | - | 0.304 | - | - | - | - | Continuing | Continuing |
| 480K: *integrated Federal Health Registry Framework (Tri-Service)* | 0.000 | - | 2.591 | 1.093 | - | 1.093 | - | - | - | - | Continuing | Continuing |
| 480P: *Other Related Technical Activities (Tri-Service)* | 4.123 | - | 5.162 | 2.990 | - | 2.990 | - | 1.683 | 3.500 | - | Continuing | Continuing |
| 480R: *TMA E-Commerce (TMA)* | 2.934 | - | 5.733 | - | - | - | - | - | - | - | Continuing | Continuing |
| 482A: *E-Commerce (DHA)* | - | - | - | 2.494 | - | 2.494 | 2.766 | 2.829 | 3.704 | 4.200 | Continuing | Continuing |
| 490I: *Navy Medicine Chief Information Officer* | 2.106 | - | 4.286 | 2.192 | - | 2.192 | 2.052 | - | - | - | Continuing | Continuing |
| 490J: *Navy Medicine Online* | 1.369 | - | - | - | - | - | - | - | - | - | Continuing | Continuing |
| 480B: *Defense Medical Human Resources System (internet) (DMHRSi) (Tri-Service)* | 0.585 | - | - | - | - | - | - | - | - | - | Continuing | Continuing |

| **Exhibit R-2**, **RDT&E Budget Item Justification:** PB 2015 Defense Health Program | | | | | | | | | | | **Date:** March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Appropriation/Budget Activity** 0130: *Defense Health Program I* BA 2: *RDT&E* | | | | | **R-1 Program Element (Number/Name)** PE 0605013HP *I Information Technology Development* | | | | | | | |
| 480M: *Theather Medical Information Program - Joint (TMIP-J) (Tri-Service)* | 28.731 | - | - | - | - | - | - | - | - | - | Continuing | Continuing |
| 480Y: *Clinical Case Management (Tri-Service)* | 2.925 | - | - | - | - | - | - | - | - | - | Continuing | Continuing |
| 480Z: *Centralized Credentials and Quality Assurance System (CCQAS) (Tri-Service)* | 1.692 | - | - | - | - | - | - | - | - | - | Continuing | Continuing |
| 481A: *Theather Enterprise Wide Logistics System (TEWLS) Tri-Service)* | 5.127 | - | - | - | - | - | - | - | - | - | Continuing | Continuing |

**MDAP/MAIS Code:**
**Other MDAP/MAIS Code(s):** 465

\# The FY 2015 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 Psychological and Behavioral Health – Tools for Evaluation, Risk, and Management (PBH-TERM), 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

| **Exhibit R-2**, **RDT&E Budget Item Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130: *Defense Health Program I* BA 2: *RDT&E* | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | |

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. 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.

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.

The MHS centrally-managed, Tri-Service IM/IT RDT&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.  Commensurate with the OSD AT&L Acquisition Decision Memorandum (ADM), dated July 21, 2013, the former joint DoD and Department of Veterans Affairs (VA) Integrated Electronic Health Record (iEHR) program has been restructured to pursue two separate but related healthcare information technology efforts, the DoD Healthcare Management System Modernization (DHMSM) program and the joint iEHR program; 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&E funding for mission essential initiatives such as: funding for other related technical activities such as shared services investment and for various Wounded, Ill and Injured (WII) Warrior initiatives like Health Artifact and Image Management Solution (HAIMS), and Federated Registry Framework.

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 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 Document software to provide electronic storage, management, and retrieval of contract files;  Management Tracking and Reporting, utilizing custom software to

| Exhibit R-2, RDT&E Budget Item Justification: PB 2015 Defense Health Program | Date: March 2014 |
|---|---|
| **Appropriation/Budget Activity**<br>0130: *Defense Health Program* I BA 2: *RDT&E* | **R-1 Program Element (Number/Name)**<br>PE 0605013HP I *Information Technology Development* |

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 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.

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.

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.

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. Program Change Summary ($ in Millions) | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total |
|---|---|---|---|---|---|
| Previous President's Budget | 145.268 | 43.135 | 27.937 | - | 27.937 |
| Current President's Budget | 57.314 | 41.928 | 21.696 | - | 21.696 |
| Total Adjustments | -87.954 | -1.207 | -6.241 | - | -6.241 |
| • Congressional General Reductions | -0.191 | - | | | |
| • Congressional Directed Reductions | -82.160 | - | | | |
| • Congressional Rescissions | -0.998 | - | | | |
| • Congressional Adds | - | - | | | |
| • Congressional Directed Transfers | - | - | | | |
| • Reprogrammings | - | - | | | |
| • SBIR/STTR Transfer | -4.605 | -1.207 | | | |
| • Reductions related to IM/IT Departmental Efficiencies | - | - | -6.241 | - | -6.241 |

| **Exhibit R-2**, **RDT&E Budget Item Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130: *Defense Health Program I* BA 2: *RDT&E* | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | |

<u>**Change Summary Explanation**</u>

FY 2013: Realignment from Defense Health Program, Research, Development, Test and Evaluation (DHP RDT&E), PE 0605013-Information Technology Development (-$4.605 million) to DHP RDT&E PE 0605502-Small Business Innovation Research (SBIR) Program (+$4.605 million).

FY2013: General Congressional Reductions (-$0.191 million).

FY 2013: Congressional Directed Reductions (Sequestration) (-$82.160 million).

FY 2013: Congressional Rescission (-$0.998 million).

FY 2014: Realignment from Defense Health Program, Research, Development, Test and Evaluation (DHP RDT&E), PE 0605013-Information Technology Development (-$1.207 million) to DHP RDT&E PE 0605502-Small Business Innovation Research (SBIR) Program (+$1.207 million).

FY 2015: Departmental Fiscal Guidance directed reductions to DHP RDT&E, PE 0605013-Information Technology Development (-$7.466 million).

FY 2015: Transfer between DHP RDT&E Components of the Defense Center of Excellence (FHP&RP) Program, PE 0605013-Information Technology Development from the DHA (-$1.225 million) to Army (+$1.225 million).

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | Date: March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>239B *I Health Services Data Warehouse (Air Force)* |

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 239B: *Health Services Data Warehouse (Air Force)* | - | - | 1.175 | 0.717 | - | 0.717 | 0.908 | 0.962 | 1.436 | 1.461 | Continuing | Continuing |

# The FY 2015 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 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| *Title:* 239B - Health Services Data Warehouse<br><br>*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.<br><br>*FY 2013 Accomplishments:*<br>No funding programmed.<br><br>*FY 2014 Plans:*<br>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.<br><br>*FY 2015 Plans:*<br>AFMS will continue to use COTS software to 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. | - | 1.175 | 0.717 |
| **Accomplishments/Planned Programs Subtotals** | - | 1.175 | 0.717 |

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>239B *I Health Services Data Warehouse (Air Force)* |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • BA-1, 0807781HP: *Non-Central Information Management/ Information Technology* | 3.386 | 10.900 | 11.267 | - | 11.267 | 11.435 | 11.398 | 11.569 | - | Continuing | Continuing |

**Remarks**

**D. Acquisition Strategy**

N/A

**E. Performance Metrics**

N/A

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | | | | | | | | | **Date:** March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Appropriation/Budget Activity** 0130 *I* 2 | | | | **R-1 Program Element (Number/Name)** PE 0605013HP *I Information Technology Development* | | | | | **Project (Number/Name)** 239F *I IM/IT Test Bed (Air Force)* | | |
| **COST ($ in Millions)** | **Prior Years** | **FY 2013** | **FY 2014** | **FY 2015 Base** | **FY 2015 OCO #** | **FY 2015 Total** | **FY 2016** | **FY 2017** | **FY 2018** | **FY 2019** | **Cost To Complete** | **Total Cost** |
| 239F: *IM/IT Test Bed (Air Force)* | 3.800 | - | 2.328 | 1.801 | - | 1.801 | 1.844 | 1.837 | 2.222 | 2.686 | Continuing | Continuing |

# The FY 2015 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)

| | **FY 2013** | **FY 2014** | **FY 2015** |
|---|---|---|---|
| ***Title:*** 239F IM/IT Test Bed (Air Force) | - | 2.328 | 1.801 |

***Description:*** 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.

***FY 2013 Accomplishments:***
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

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>239F *I IM/IT Test Bed (Air Force)* |

| **B. Accomplishments/Planned Programs ($ in Millions)** | **FY 2013** | **FY 2014** | **FY 2015** |
|---|---|---|---|
| the acquisition process where they are less costly to fix, and increasing patient safety by fielding operationally tested medical information systems.<br><br>*FY 2014 Plans:*<br>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 information systems.<br><br>*FY 2015 Plans:*<br>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 information systems. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | 2.328 | 1.801 |

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

| Line Item | FY 2013 | FY 2014 | FY 2015<br>Base | FY 2015<br>OCO | FY 2015<br>Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To<br>Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • N/A: *N/A* | - | - | - | - | - | - | - | - | - | Continuing | Continuing |

**Remarks**

**D. Acquisition Strategy**
 N/A

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>239F *I IM/IT Test Bed (Air Force)* |

**E. Performance Metrics**

  N/A

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | | | | | | | | | **Date:** March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | | | | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | | | | **Project (Number/Name)**<br>283C *I Medical Operational Data System (MODS) (Army)* | | | |
| **COST ($ in Millions)** | **Prior Years** | **FY 2013** | **FY 2014** | **FY 2015 Base** | **FY 2015 OCO** # | **FY 2015 Total** | **FY 2016** | **FY 2017** | **FY 2018** | **FY 2019** | **Cost To Complete** | **Total Cost** |
| 283C: *Medical Operational Data System (MODS) (Army)* | 1.472 | - | 3.420 | 3.413 | - | 3.413 | 2.601 | 2.678 | 3.547 | 4.016 | Continuing | Continuing |

# The FY 2015 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 2013** | **FY 2014** | **FY 2015** |
|---|---|---|---|
| **Title:** Medical Operational Data System (MODS)<br><br>**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.<br><br>**FY 2013 Accomplishments:**<br>FY13 certification/funding were utilized for final development increments for Data Warehouse (DW), Three Tier Object-Oriented Architectural Design, Robust Business Intelligence (RBI), and Enterprise Service Bus (ESB). Development work included extensive data privacy protection and auditing. DW development also included descriptive and predictive analytical capabilities for AMEDD data analysts and Subject Matter Experts (SMEs). With the enterprise structure in place, software development is focused on using the ESB framework to build new customer web services. Service capability for cross functional querying was strengthened by building data cubes models to capture information among various applications. Primary data cubes reside within the modernized Data Warehouse Data Marts. Software development mapped data cube capabilities through the RBI for use by MODS customers. In its role as an information broker, MODS customer web services enabled assembly and rapid extraction as well as certification/funding of data tailored to specific information needs of Commanders and Staff. Efforts included modernizing and significantly enhancing existing individual, and/or adding new, MODS applications to support the Army Medical Command, Army, Joint Force and/or Military Health System emerging capabilities and requirements.<br><br>**FY 2014 Plans:**<br>FY14 certification/funding is being 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 (COA) based on MODS operational data. This includes analysis and augmentation of predictive data models made available in the FY13 RBI and Data Warehouse efforts. Adaptation of the RBI capability is being executed to best extrapolate data mining and information discovery regarding various | - | 3.420 | 3.413 |

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | Date: March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>283C *I Medical Operational Data System (MODS) (Army)* |

| B. Accomplishments/Planned Programs ($ in Millions) | FY 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| levels of DoD readiness to include expanded service member population data amid Government and academic cohorts (as deemed appropriate). Three-tier Object Oriented Architectural Design is extending its Extensible Development Framework as a source for AMEDD related rapid application development.<br><br>***FY 2015 Plans:***<br>FY15 certification/funding is slated for expansion of the Three Tier Object-Oriented Architectural Design (3TOOAD); implementing significant enhancement and technical unification of Human Resources, G-3/7, PA&E and 68W capabilities.  Implementation of database activity monitoring, PHI/PII interactive auditing and a web application firewall will also be integrated system-wide through the 3TOOAD effort.  Data brokering will be augmented with cohort data exchanges and rapid messaging capabilities to include schema (framework) validation, XML threat protection, digital signature processing, cryptography (secret code writing), and content transformation.  Data Visualization, a key Data Warehouse facet, will expose prepositioned data objects from proofs-of-concept to proliferation with Demographics, Medical Readiness, Human Resources and Command Management data assimilation at its core. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | 3.420 | 3.413 |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • BA-1, 0807781HP: *Non-Central Information Management/ Information Technology* | 9.024 | 9.295 | 12.689 | - | 12.689 | 13.326 | 13.726 | 14.138 | 14.407 | Continuing | Continuing |
| • BA-3, 0807721HP: *Replacement/Modernizaation* | - | - | 0.420 | - | 0.420 | - | 0.570 | - | - | 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**

1.  MEASURE: Data Warehouse reduces the total number of database maintenance hours.
METRIC: % database maintenance hrs = number of monthly database maintenance hours/total database maintenance hrs of previous year average.

2.  MEASURE: Data Warehouse supports queries and reports with few data errors (information quality-accuracy).

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>283C *I Medical Operational Data System (MODS) (Army)* |

METRIC:  % of reports and queries that contain data errors = total number of reports and queries with data errors /total number of reports and queries.
The METRIC: % of reports and Queries that contain data errors = total number of reports and queries with data errors/total number of reports and queries.

3.  MEASURE: Data Warehouse provides the data needed by users and applications (information quality-completeness).
METRIC: % post-Data Warehouse = total number (post-Data Warehouse) queries and reports/total number (pre + post-Data Warehouse) queries and reports.

4.  MEASURE: Three-Tier Object Oriented Architectural Design (3TOOAD) benefits are reduced costs for implementation of new functionalities.
METRIC: % of labor cost = cost of MSR for functional implementation/average cost of similar MSR from previous year(s).

5.  MEASURE: Organizational and individual impact of Data Warehouse, 3TOOAD, and Robust Business Intelligence.
METRIC: >= 8.5 avg. benchmark score (0 to 10 scale) on quarterly quality and impact surveys from users.

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | | | | | | | | Date: March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|

| Appropriation/Budget Activity<br>0130 I 2 | | | | R-1 Program Element (Number/Name)<br>PE 0605013HP I Information Technology Development | | | | Project (Number/Name)<br>283D I Army Medicine CIO Management Operations | | |
|---|---|---|---|---|---|---|---|---|---|---|

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 283D: Army Medicine CIO Management Operations | 1.492 | - | 4.499 | - | - | - | 2.832 | 2.862 | 3.636 | 4.133 | Continuing | Continuing |

# The FY 2015 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 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| **Title:** 283D - Army Medicine CIO Management Operations | - | 4.499 | - |
| **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.<br><br>**FY 2013 Accomplishments:**<br>The Army Medicine CIO Management Operations completed the requirements analysis, system specification, software development and system design for new Army IM/IT systems initiated in FY13.<br><br>**FY 2014 Plans:**<br>For FY14, 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.<br><br>**FY 2015 Plans:**<br>No funding programmed. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | 4.499 | - |

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>283D *I Army Medicine CIO Management Operations* |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • BA-1, 0807781HP: *Non-Central Information Management/ Information Technology* | 55.500 | 51.638 | 44.370 | - | 44.370 | 44.541 | 42.777 | 42.717 | 43.529 | Continuing | Continuing |
| • BA-3, 0807721HP: *Replacement/Modernization* | 4.000 | 3.219 | 1.014 | - | 1.014 | 3.549 | 1.129 | 3.975 | 4.050 | 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**

Periodic management evaluation based on ability to provide system development, engineering, and testing requirements of new Army medical applications.

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | | | | | | | | | **Date:** March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Appropriation/Budget Activity** 0130 *I* 2 | | | | **R-1 Program Element (Number/Name)** PE 0605013HP *I Information Technology Development* | | | | | | **Project (Number/Name)** 283F *I Army Warrior Care and Transition System (AWCTS)* | |

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 283F: *Army Warrior Care and Transition System (AWCTS)* | 0.488 | - | 0.355 | - | - | - | - | - | - | - | Continuing | Continuing |

# The FY 2015 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 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| *Title:* Army Warrior Care and Transition System (AWCTS) | - | 0.355 | - |

*Description:* A family of systems that allows the integration of multiple business processes under the consolidated oversight of the Warrior Transition Command.

*FY 2013 Accomplishments:*
Completed the continued development and deployment of remaining functionality.  Automated Comprehensive Transition Plan legacy data migrated into AWCTS over the course of the 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 which provides authoritative information for all stakeholders and users.  Additionally, AWCTS completed the interfaces needed in support of the DoD/VA information sharing initiative.

*FY 2014 Plans:*
AWCTS development efforts include adding the following functionality within AWCTS: The Career, Education Readiness pilot functionality from a business process management platform in Army Knowledge Online into AWCTS, the addition of VA information sharing initiative data fields into Warrior Transition Units (WTU) module in accordance with VA/DoD project plans, enhancement of the Soldier portal within the WTU module, and the coordination of business practices within the WTU modules.

*FY 2015 Plans:*
No funding programmed.

| | FY 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| **Accomplishments/Planned Programs Subtotals** | - | 0.355 | - |

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>283F *I Army Warrior Care and Transition System (AWCTS)* |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • BA-1, 0807714HP: *Other Health Activities* | 1.440 | 1.587 | 1.691 | - | 1.691 | 1.776 | 1.865 | 1.958 | 1.995 | 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**

1.  MEASURE: Increase Soldier's ability to access career and education, and communication with transition coordinators.
METRIC: Days from submitting request to an appointment or obtaining information

2.  MEASURE: Provide the capability for staff to be able to gain visibility of a Soldier's transition status.
METRIC:  Days from submitting request to receiving status of Soldier.

3.  MEASURE: Provide the capability for staff to analyze metrics and business processes.
METRIC: Days from requesting metrics/BP reports until receipt of data.

4.  MEASURE: Provide the capability for automated workflow processes to decrease manual and decentralized processes.
METRIC: Percentage of automated processes versus manual processes

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>283H *I Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)* |

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 283H: *Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)* | - | - | - | - | - | - | - | - | - | - | Continuing | Continuing |

# The FY 2015 OCO Request will be submitted at a later date.

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

Psychological and Behavioral Health – Tools for Evaluation, Risk, and Management (PBH-TERM) is a development project for Army service level support. Specifically, PBH-TERM is a web-based psychological and Behavioral Health information technology application, which supports evidence-based, standardized and integrated behaviorial health initiatives and program evaluation.

| **B. Accomplishments/Planned Programs ($ in Millions)** | FY 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| *Title:* Psychological and Behavioral Health – Tools for Evaluation, Risk, and Management (PBH-TERM)<br><br>*Description:* PBH-TERM is a web-based psychological and Behavioral Health (BH) information technology application, which supports evidence-based, standardized and integrated BH initiatives and program evaluation.<br><br>*FY 2013 Accomplishments:*<br>No funding programmed.<br><br>*FY 2014 Plans:*<br>No funding programmed<br><br>*FY 2015 Plans:*<br>No funding programmed | - | - | - |
| **Accomplishments/Planned Programs Subtotals** | - | - | - |

**C. Other Program Funding Summary ($ in Millions)**
 N/A
**Remarks**

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>283H *I Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)* |

**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**

Not specified.

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | Date: March 2014 |
|---|---|---|
| Appropriation/Budget Activity<br>0130 I 2 | R-1 Program Element (Number/Name)<br>PE 0605013HP I *Information Technology Development* | Project (Number/Name)<br>283I I *Workload Management System for Nursing-Internet* |

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 283I: *Workload Management System for Nursing-Internet* | 0.264 | - | - | - | - | - | - | - | - | - | Continuing | Continuing |

# The FY 2015 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 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| *Title:* Workload Management System for Nursing-Internet | - | - | - |
| *Description:* 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.<br><br>*FY 2013 Accomplishments:*<br>No funding programmed.<br><br>*FY 2014 Plans:*<br>No funding programmed.<br><br>*FY 2015 Plans:*<br>No funding programmed. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | - | - |

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

N/A

**Remarks**

**D. Acquisition Strategy**

N/A

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>283I *I Workload Management System for Nursing-Internet* |

**E. Performance Metrics**

  N/A

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | Date: March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>283J *I Multi-Drug Resistant Surveillance Network (MRSN)* |

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 283J: *Multi-Drug Resistant Surveillance Network (MRSN)* | 1.374 | - | - | 0.807 | - | 0.807 | - | - | - | - | Continuing | Continuing |

# The FY 2015 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 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| *Title:* Multi-Drug Resistant Surveillance Network (MRSN)<br><br>*Description:* MRSN is the Enterprise effort to collect and characterize bacterial isolates to inform best practice, such as patient management and antibiotic selection.<br><br>*FY 2013 Accomplishments:*<br>No funds programmed.<br><br>*FY 2014 Plans:*<br>No funds programmed.<br><br>*FY 2015 Plans:*<br>Funding will be used to develop and Test Phase 2 Features of MRSN. Funding will also be used to develop and deploy the First System Update which places the new features into production; and Phase 3 Features. | - | - | 0.807 |
| **Accomplishments/Planned Programs Subtotals** | - | - | 0.807 |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • BA-1, 0807781HP: *Non-Central Information Management/ Information Technology* | - | - | 0.532 | - | 0.532 | 0.544 | 0.757 | 0.775 | 0.790 | Continuing | Continuing |
| • BA-1, 0807714HP: *Other Health Activities* | - | - | 0.060 | - | 0.060 | 0.061 | 0.085 | 0.087 | 0.089 | Continuing | Continuing |

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>283J *I Multi-Drug Resistant Surveillance Network (MRSN)* |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|

**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**

Business metrics:

1.  Turn-around time from receipt of isolate shipment to initial test results being available on MRSN System.
Current Performance : 2 weeks
Target Performance: 4 days
Data Source: Comparison of isolate receipt date and test result date

2.  Time to prepare monthly Antibiogram Report
Current Performance:  8 weeks
Target Performance:  2 weeks
Data Source:  Number of days following the end of the month that the report is distributed/posted

3.  Antibiogram (or other major product) Report Views
Current Performance:  N/A (not currently implemented)
Target Performance:  30 per month
Data Source:  Server logs

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | | | | | | | | | **Date:** March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | | | | | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | | | | | **Project (Number/Name)**<br>283K *I Veterinary Services Systems Management (VSSM)* | |
| **COST ($ in Millions)** | **Prior Years** | **FY 2013** | **FY 2014** | **FY 2015 Base** | **FY 2015 OCO #** | **FY 2015 Total** | **FY 2016** | **FY 2017** | **FY 2018** | **FY 2019** | **Cost To Complete** | **Total Cost** |
| 283K: *Veterinary Services Systems Management (VSSM)* | - | - | 0.238 | - | - | - | - | - | - | - | Continuing | Continuing |

\# The FY 2015 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 2013** | **FY 2014** | **FY 2015** |
|---|---|---|---|
| *Title:* Veterinary Services Systems Management (VSSM) | - | 0.238 | - |
| *Description:* VSSM will capture veterinary health care treatment information in the event of an internet disruption.<br><br>*FY 2013 Accomplishments:*<br>No funding programmed.<br><br>*FY 2014 Plans:*<br>FY14 certification/funding for Veterinary Services Systems Management (VSSM) program will be utilized to provide the additional capability needed for a commercial laboratories interface to electronically exchange laboratory test results data between the VSSM application and all approved commercial laboratories.  ANTECH Laboratory is the only commercial laboratory interface currently supported.  The data from all the other approved commercial laboratories must be either manually entered, which is labor intensive and subject to inaccuracies, or scanned in, which does not provide minable data.   The solution scope will allow Veterinary Services the ability to achieve the business objects of providing a clinically integrated, secure web-based application to support the Veterinary Services mission.<br><br>*FY 2015 Plans:*<br>No funding programmed. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | 0.238 | - |

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>283K *I Veterinary Services Systems Management (VSSM)* |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • BA-1, 0807781HP: *Non-Central Information Management/ Information Technology* | - | 2.068 | 1.689 | - | 1.689 | 1.717 | 1.770 | 1.790 | 1.985 | Continuing | Continuing |
| • BA-3, 0807721HP: *Replacement/Modernization* | - | 0.500 | - | - | - | - | - | - | - | 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**

MEASURE: The success of Commercial Laboratories Interface will be the capability in VSSM to electronically request and receive laboratory test results from approved external commercial laboratories, resulting in minable data.

METRIC: The electronic laboratory test result data will be timely, accurate, and allow alerts for potential disease surveillances to be triggered in VSSM.

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | | | | | | | | | Date: March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | | | | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | | | | | **Project (Number/Name)**<br>283L *I Pharmacovigilance Defense Application System* | | |

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 283L: *Pharmacovigilance Defense Application System* | - | - | - | 0.300 | - | 0.300 | - | - | - | - | Continuing | Continuing |

# The FY 2015 OCO Request will be submitted at a later date.

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

The Pharmacoviligance Defense Application System (PVDAS) provides Military providers Defense Patient Safety reports from the Food and Drug Administration (FDA) after a drug´s release to market.

| B. Accomplishments/Planned Programs ($ in Millions) | FY 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| *Title:* Pharmacoviligance Defense Application System (PVDAS) | - | - | 0.300 |
| *Description:* The Pharmacoviligance Defense Application System (PVDAS) provides Military providers Defense Patient Safety reports from the Food and Drug Administration (FDA) after a drug´s release to market.<br><br>*FY 2013 Accomplishments:*<br>No funding programmed.<br><br>*FY 2014 Plans:*<br>No funding programmed.<br><br>*FY 2015 Plans:*<br>FY15 funding for the Pharmacoviligance Defense Application System will be used to finalize the process improvements to provide improved information for making military health system formulary decisions, better visibility into medical practice for enhancing patient safety, and greater access to drug risk/benefit information for military physicians. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | - | 0.300 |

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

N/A

**Remarks**

**D. Acquisition Strategy**

N/A

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>283L *I Pharmacovigilance Defense Application System* |

**E. Performance Metrics**

  N/A

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | | | | | | | | | Date: March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Appropriation/Budget Activity**<br>0130 I 2 | | | | **R-1 Program Element (Number/Name)**<br>PE 0605013HP I Information Technology Development | | | | | | **Project (Number/Name)**<br>385A I Integrated Electronic Health Record Inc 1 (Tri-Service) | |

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 385A: Integrated Electronic Health Record Inc 1 (Tri-Service) | 80.837 | 49.856 | - | - | - | - | - | - | - | - | Continuing | Continuing |

**MDAP/MAIS Code:** 465

# The FY 2015 OCO Request will be submitted at a later date.

## A. Mission Description and Budget Item Justification

The integrated Electronic Health Record (iEHR) was approved to provide seamless integrated sharing of electronic health data between the DoD and Department of Veterans Affairs (VA).

Commensurate with the OSD AT&L Acquisition Decision Memoranda (ADM), dated July 21, 2013 and January 2, 2014, the former joint DoD and VA iEHR program has been restructured within the DoD to pursue two separate but related healthcare information technology efforts, the DoD Healthcare Management System Modernization (DHMSM) program and a redefined iEHR program. These programs report through the PEO DoD Healthcare Management Systems (DHMS) to the USD (AT&L).

iEHR 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 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| **Title:** Integrated Electronic Health Record (iEHR) Inc 1 (Tri-Service)<br><br>**Description:** The iEHR primary role is health care delivery services.  iEHR is a collaborative effort between the DoD and VA to share Health Care Resources to improve access to, and quality and cost effectiveness of, health care as mandated by law. This investment is deeply embedded in the MHS Enterprise Roadmap as both Departments have need for modernization/ replacement of existing legacy systems. This investment will use a combination of an open architecture approach, and the purchase (in some instances) of GOTS and COTS products.<br><br>**FY 2013 Accomplishments:**<br>• Reached successful VA Project Management Accountability System (PMAS) acquisition Milestone B (Active) review and decision in September 2013, supported by Data Federation Accelerators approved acquisition documents.<br>• Use of data was provided by clinical mobile applications and Janus Joint Legacy Viewer (JLV). JLV was deployed to seven locations and expanded in two cities (approximately 250 users) for joint data at VA Polytrauma sites.<br>• Developed initial Phase of Medical Community of Interest (MED-COI), an enterprise Virtual Private Network (VPN) service providing access to authorized users of DoD and VA. MED-COI reduces latency and increase system responsiveness.<br><br>**FY 2014 Plans:** | 49.856 | - | - |

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | Date: March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>385A *I Integrated Electronic Health Record Inc 1 (Tri-Service)* |

| B. Accomplishments/Planned Programs ($ in Millions) | FY 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| No funding programmed in this program element. | | | |
| *FY 2015 Plans:*<br>No funding programmed in this program element. | | | |
| **Accomplishments/Planned Programs Subtotals** | 49.856 | - | - |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • BA-1, 0807793HP: *MHS Tri-Service Information* | 138.526 | - | - | - | - | - | - | - | - | 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. Program cost, schedule and performance are measured periodically using a systematic approach.

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | | | | | | | | Date: March 2014 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|

| Appropriation/Budget Activity<br>0130 *I* 2 | | | | R-1 Program Element (Number/Name)<br>PE 0605013HP *I Information Technology Development* | | | | Project (Number/Name)<br>386A *I Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)* | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 386A: *Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)* | 7.006 | 7.458 | - | - | - | - | - | - | - | - | Continuing | Continuing |

# The FY 2015 OCO Request will be submitted at a later date.

## A. Mission Description and Budget Item Justification

The primary goal of the VLER Health initiative is to enable the secure sharing of health information (i.e., demographic and clinical data) between DoD and external Federal and private sector partners which meets Meaningful Use (MU) requirements to improve healthcare quality, safety, and efficiency. By electronically sharing health information using national standards, that information can support tracking key clinical conditions, communicating that information to better coordinate care, and engaging patients in their own care. The VLER Health initiative provides clinicians with the most up-to-date information, potentially reducing redundant diagnostic tests, medical errors, paperwork and handling, and overall healthcare costs. These benefits, in turn, align with the MHS quadruple aim by ensuring that the military force is medically ready to deploy; the military beneficiary population remains healthy through focused prevention; patient care is convenient, equitable, safe, and of the highest quality; and the total cost of healthcare is reduced through the reduction of waste and focus on quality.

VLER Health funding will be reflected in the Integrated Electronic Health Record Program Element 0605023 in FY 2014 and out.

| B. Accomplishments/Planned Programs ($ in Millions) | FY 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| *Title:* Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service) | 7.458 | - | - |

*Description:* Work with Department of Veterans Affairs (VA), Department of Health & Human Services (HHS), and Private Sector to expand VLER.

*FY 2013 Accomplishments:*
• VLER Exchange (the DoD system responsible for exchanging health information with both Federal and private healthcare partners) deployed a new release that included technical enhancements (e.g., an upgrade in the CONNECT software from version 2.4.7 to 3.3) to improve its speed and reliability.
• VLER Exchange deployed new functionality at select pilot sites to enable non-active duty medical beneficiaries to opt out from sharing their health information with external partners; to enable DoD to display, approve, and reject SSA authorization forms; and provide the ability to accept and send additional patient health data to and from external partners via structured and unstructured documents in a safe and secure manner, in accordance with DoD privacy and security requirements.
• An opt-in/opt-out policy for non-active duty medical beneficiaries was drafted and will be evaluated and finalized after the new VLER Exchange functionality and technical upgrades deployed at pilot sites are evaluated. The purpose of the pilot is to validate business rules, inform policy, and assess improvements in the system's speed and reliability.

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | Date: March 2014 |
|---|---|---|
| Appropriation/Budget Activity<br>0130 I 2 | R-1 Program Element (Number/Name)<br>PE 0605013HP I *Information Technology Development* | Project (Number/Name)<br>386A I *Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)* |

| B. Accomplishments/Planned Programs ($ in Millions) | FY 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| • VLER Exchange developed functionality for its future release, including the exchange of health information in the C-CDA (Consolidated-Clinical Document Architecture) to meet MU Stage 2 requirements, and made technical modifications to further improve the system's speed and reliability.<br>• The team that supports VLER Health worked closely with HealtheWay and external partners on the eHealth Exchange, including SSA, to collaborate on standards, onboarding, and joint partner testing.<br>• Stage 1 of the VLER Direct pilot project was completed.  This pilot project involved the development of a simple, secure, scalable, and standards-based method to send encrypted, electronic health information directly to known, trusted recipients over the Internet.  This method was tested at Hill Air Force Base by exchanging Clear and Legible Reports (CLRs) – mammography referral results – with a selected network provider, McKay-Dee Hospital.<br><br>*FY 2014 Plans:*<br>No funding programmed in this program element.<br><br>*FY 2015 Plans:*<br>No funding programmed in this program element. | | | |
| Accomplishments/Planned Programs Subtotals | 7.458 | - | - |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • BA-1, 0807793HP: *MHS Tri-Service Information* | 7.439 | - | - | - | - | - | - | - | - | 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.

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | | | | | | | | | **Date:** March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Appropriation/Budget Activity** 0130 *I* 2 | | | | **R-1 Program Element (Number/Name)** PE 0605013HP *I Information Technology Development* | | | | | **Project (Number/Name)** 423A *I Defense Center of Excellence (FHP&RP)* | | |
| **COST ($ in Millions)** | **Prior Years** | **FY 2013** | **FY 2014** | **FY 2015 Base** | **FY 2015 OCO** # | **FY 2015 Total** | **FY 2016** | **FY 2017** | **FY 2018** | **FY 2019** | **Cost To Complete** | **Total Cost** |
| 423A: *Defense Center of Excellence (FHP&RP)* | 1.177 | - | 1.259 | - | - | - | - | - | - | - | Continuing | Continuing |

# The FY 2015 OCO Request will be submitted at a later date.

<u>Note</u>
 In FY15, transferred from FHP&R (Project Code 423A) to Army (Project Code 423B).

<u>A. Mission Description and Budget Item Justification</u>
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.

| <u>B. Accomplishments/Planned Programs ($ in Millions)</u> | **FY 2013** | **FY 2014** | **FY 2015** |
|---|---|---|---|
| *Title:* Defense Center Of Excellence (FHP&RP) | - | 1.259 | - |
| *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 2013 Accomplishments:* | | | |

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>423A *I Defense Center of Excellence (FHP&RP)* |

| **B. Accomplishments/Planned Programs ($ in Millions)** | **FY 2013** | **FY 2014** | **FY 2015** |
|---|---|---|---|
| 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.<br><br>*FY 2014 Plans:*<br>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.<br><br>*FY 2015 Plans:*<br>No funding Programmed. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | 1.259 | - |

**C. Other Program Funding Summary ($ in Millions)**
 N/A
**Remarks**

**D. Acquisition Strategy**
 N/A

**E. Performance Metrics**
 N/A

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | | | | | | | | | Date: March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Appropriation/Budget Activity** 0130 *I* 2 | | | | **R-1 Program Element (Number/Name)** PE 0605013HP *I Information Technology Development* | | | | | **Project (Number/Name)** 423B *I Defense Center of Excellence (Army)* | | |

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 423B: *Defense Center of Excellence (Army)* | - | - | - | 1.225 | - | 1.225 | 0.942 | 0.959 | 1.255 | 1.421 | Continuing | Continuing |

# The FY 2015 OCO Request will be submitted at a later date.

**Note**
 Transferred from FHP&R (Project Code 423A) to Army (Project Code 423B) in FY15.

**A. Mission Description and Budget Item Justification**
 The Army Medical Command's focus is to identify, explore, and demonstrate key technologies to overcome medical and military unique technology barriers.  Programs include development projects for Army service level support.  The Defense Center of Excellence (DCoE) programs and products are used to drive innovation across the continuum of care by identifying treatment options and other clinical and research methods.

| B. Accomplishments/Planned Programs ($ in Millions) | FY 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| *Title:* Defense Center of Excellence (Army) | - | - | 1.225 |
| *Description:* The Army Medical Command's focus is to identify, explore, and demonstrate key technologies to overcome medical and military unique technology barriers.  Programs include development projects for Army service level support.  The Defense Center of Excellence (DCoE) programs and products are used to drive innovation across the continuum of care by identifying treatment options and other clinical and research methods<br><br>*FY 2013 Accomplishments:*<br>Accomplishments noted and funded under Project 423A.<br><br>*FY 2014 Plans:*<br>Plans noted and funded under Project 423A.<br><br>*FY 2015 Plans:*<br>FY15 funds will be used to continue the finalization of the multi-phase upgrades and redesigns of the afterdeployment.org website. This website will provide 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 multi-media applications. Funds will also be used to continue the final phase of development for the T2 Toolkit (T2T) that was focused on the new generation of PH Mobile Apps that enhanced many areas of PH for DoD service members, family, and veterans. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | - | 1.225 |

PE 0605013HP: *Information Technology Development*
Defense Health Program

R-1 Line #8

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>423B *I Defense Center of Excellence (Army)* |

**C. Other Program Funding Summary ($ in Millions)**
  N/A

**Remarks**

**D. Acquisition Strategy**
  N/A

**E. Performance Metrics**
  N/A

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | | | | | | | | | Date: March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|---|

| Appropriation/Budget Activity 0130 I 2 | | | | R-1 Program Element (Number/Name) PE 0605013HP I *Information Technology Development* | | | | | Project (Number/Name) 435A I *NICOE Continuity Management Tool* | | |
|---|---|---|---|---|---|---|---|---|---|---|---|

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 435A: *NICOE Continuity Management Tool* | 2.855 | - | - | - | - | - | - | - | - | - | Continuing | Continuing |

# The FY 2015 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.

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).
The NICoE's missions are to:

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>435A *I NICOE Continuity Management Tool* |

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;

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

3) Train the next generation of providers in the most effective approaches to prevention, detection, and treatment options.

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.

| **B. Accomplishments/Planned Programs ($ in Millions)** | **FY 2013** | **FY 2014** | **FY 2015** |
|---|---|---|---|
| *Title:* NICOE Continuity Management Tool | - | - | - |
| *Description:* 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.<br><br>*FY 2013 Accomplishments:*<br>All activities and milestones are ongoing.<br><br>*FY 2014 Plans:*<br>No funding programmed.<br><br>*FY 2015 Plans:*<br>No Funding Programmed. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | - | - |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • 4187 807783: *NCMT* | - | - | - | - | - | - | - | - | - | Continuing | Continuing |
| • 4187 807781: *NCMT* | 3.683 | 3.819 | 3.961 | - | 3.961 | 4.107 | 4.259 | 4.332 | - | Continuing | Continuing |
| • 1690 807781: *HEIS* | 28.524 | - | - | - | - | - | - | - | - | Continuing | Continuing |
| • 4859 807781: *JMED* | - | - | - | - | - | - | - | - | - | Continuing | Continuing |
| • 4940 807781: *JTFCMI* | - | 39.170 | 40.792 | - | 40.792 | 41.610 | 42.395 | 43.267 | - | Continuing | Continuing |
| • 4940 807720: *JTFCMI* | - | - | 4.600 | - | 4.600 | - | - | - | - | Continuing | Continuing |

**UNCLASSIFIED**

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | | | | | | | | Date: March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|

| Appropriation/Budget Activity<br>0130 *I* 2 | R-1 Program Element (Number/Name)<br>PE 0605013HP *I Information Technology Development* | Project (Number/Name)<br>435A *I NICOE Continuity Management Tool* |
|---|---|---|

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • 4273 807781: *Engineering and Deployment* | - | - | - | - | - | - | - | - | - | Continuing | Continuing |
| • 4280 807721: *Engineering and Deployment* | 2.030 | - | - | - | - | - | - | - | - | Continuing | Continuing |
| • 4361 807781: *IA Operational Resiliency* | - | - | - | - | - | - | - | - | - | Continuing | Continuing |
| • 4126 807781: *Computer Network Defense* | - | - | - | - | - | - | - | - | - | Continuing | Continuing |
| • 4111 807781: *Computer Network Defense* | - | 0.463 | 0.473 | - | 0.473 | 0.482 | 0.492 | 0.502 | - | Continuing | Continuing |
| • 4165 807781: *Computer Network Defense* | - | - | - | - | - | - | - | - | - | Continuing | Continuing |
| • 4177 807781: *Computer Network Defense* | - | - | - | - | - | - | - | - | - | Continuing | Continuing |
| • 4364 807781: *Workforce Development* | - | - | - | - | - | - | - | - | - | 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
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

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>435A *I NICOE Continuity Management Tool* |

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
Orientation phase and program to introduce Government personnel, programs, and users to the Contractor's team, tools, methodologies, and business processes
Disposition of Contractor purchased Government owned assets, including facilities, equipment, furniture, phone lines, computer equipment, etc.
Transfer of Government Furnished Equipment (GFE) and Government Furnished Information (GFI), and GFE inventory management assistance
Applicable TMA debriefing and personnel out-processing procedures
Turn-in of all government keys, ID/access cards, and security codes.

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | | | | | | | | | Date: March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Appropriation/Budget Activity<br>0130 *I* 2 | | | | R-1 Program Element (Number/Name)<br>PE 0605013HP *I Information Technology Development* | | | | | | Project (Number/Name)<br>446A *I Disability Mediation Service (DMS)* | |

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 446A: *Disability Mediation Service (DMS)* | - | - | 0.559 | 0.382 | - | 0.382 | 0.433 | 0.445 | 0.588 | 0.666 | Continuing | Continuing |

# The FY 2015 OCO Request will be submitted at a later date.

## A. Mission Description and Budget Item Justification

"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.

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.

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. Accomplishments/Planned Programs ($ in Millions) | FY 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| *Title:* Disability Mediation Service (DMS) | - | 0.559 | 0.382 |
| *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.<br>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. | | | |

PE 0605013HP: *Information Technology Development*
Defense Health Program

R-1 Line #8

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>446A *I Disability Mediation Service (DMS)* |

| **B. Accomplishments/Planned Programs ($ in Millions)** | **FY 2013** | **FY 2014** | **FY 2015** |
|---|---|---|---|
| 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."<br><br>*FY 2013 Accomplishments:*<br>Realignment in FY 2014<br><br>*FY 2014 Plans:*<br>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.<br><br>*FY 2015 Plans:*<br>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. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | 0.559 | 0.382 |

**C. Other Program Funding Summary ($ in Millions)**
 N/A
**Remarks**

**D. Acquisition Strategy**
 N/A

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>446A *I Disability Mediation Service (DMS)* |

**E. Performance Metrics**

  To be determined when an approach has been determined.

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | | | | | | | | | **Date:** March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Appropriation/Budget Activity** 0130 *I* 2 | | | | **R-1 Program Element (Number/Name)** PE 0605013HP *I Information Technology Development* | | | | | **Project (Number/Name)** 480C *I Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)* | | |

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 480C: *Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)* | 5.370 | - | - | 3.978 | - | 3.978 | 1.933 | - | - | - | Continuing | Continuing |

# The FY 2015 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 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| *Title:* Defense Medical Logistics Standard Support (DMLSS) (Tri-Service) | - | - | 3.978 |
| *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 2013 Accomplishments:* Funding was reduce due to Sequestration. Pre-Sequestration plans were to: | | | |

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | Date: March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>480C *I Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)* |

| B. Accomplishments/Planned Programs ($ in Millions) | FY 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| -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.<br>-Continued efforts on Common Operating Picture (COP) dashboard in Joint Medical Asset Repository (JMAR) to provide a top down visibility of service contract data across the Defense Medical Logistics Enterprise.<br><br>*FY 2014 Plans:*<br>No funding programmed.<br><br>*FY 2015 Plans:*<br>Development/integration efforts that support additional shared services for logistics, enabling new business processes for pharmaceutical management. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | - | 3.978 |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • BA-1, 0807793HP: *MHS Tri-Service Information* | 28.633 | 29.637 | 30.291 | - | 30.291 | 30.889 | 31.416 | 31.961 | 32.506 | Continuing | Continuing |
| • BA-3, 0807721HP: *Replacement/Modernization* | - | - | - | - | - | - | - | - | - | 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.

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | | | | | | | | | Date: March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | | | | | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | | | | | **Project (Number/Name)**<br>480D *I Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)* | |

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 480D: *Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)* | 3.372 | - | 1.507 | - | - | - | - | 3.633 | 3.694 | 2.803 | Continuing | Continuing |

\# The FY 2015 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 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| *Title:* Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)<br><br>*Description:* Configure, enhance and interface DOEHRS-IH modules.<br><br>*FY 2013 Accomplishments:*<br>Funding was reduce due to Departmental Fiscal Guidance.<br><br>*FY 2014 Plans:*<br>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.<br><br>*FY 2015 Plans:*<br>No funding programmed. | - | 1.507 | - |
| **Accomplishments/Planned Programs Subtotals** | - | 1.507 | - |

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>480D *I Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)* |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • BA-1, 0807793HP: *MHS Tri-Service Information* | - | 8.474 | - | - | - | 8.126 | 8.333 | 8.610 | 8.765 | Continuing | Continuing |
| • BA-3, 0807721HP: *Replacement/Modernization* | - | - | - | - | - | 0.113 | - | - | - | 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.

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | Date: March 2014 | |
|---|---|---|---|

| Appropriation/Budget Activity<br>0130 I 2 | R-1 Program Element (Number/Name)<br>PE 0605013HP I Information Technology Development | Project (Number/Name)<br>480F I Executive Information/Decision Support (EI/DS) (Tri-Service) |
|---|---|---|

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 480F: Executive Information/ Decision Support (EI/DS) (Tri-Service) | 3.127 | - | 4.932 | - | - | - | 2.551 | 1.791 | - | - | Continuing | Continuing |

# The FY 2015 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 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| Title: Executive Inforamtion/Decision Support (EI/DS) (Tri-Service) | - | 4.932 | - |

Description: Development, modernization, upgrades and testing for various EI/DS modules.

FY 2013 Accomplishments:
Funding was reduced due to Departmental Fiscal Guidance.

FY 2014 Plans:
Upgrade the EIDS M2 application to a new client component - WEBi and WEBi Rich.  BOXI provides the platform for accessing and analyzing embedded data from multiple sources - data are presented as reports.

Replace COGNOS with Business Objects Common Services (BCS) and business intelligence functions within EI/DS TED/PEPR application, in support of a new software solution being integrated into the existing suite of applications.

Begin implementation of an Integrated Dashboard & Fused Detection Algorithm within ESSENCE that 'fuses' signals across all data sources and applies differential weighting and advanced statistical approach .

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | Date: March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>480F *I Executive Information/Decision Support (EI/DS) (Tri-Service)* |

| B. Accomplishments/Planned Programs ($ in Millions) | FY 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| Provide the capability to download the National Plan and Provider Enumeration System (NPPES) file and to match the National Provider Identifier (NPI) and Provider Record within TED; as well as development associated with the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE).<br><br>Additionally, MDR plans to upgrade the SAS Computing Environment to utilize the SAS Office Analytics software suite, which includes SAS Enterprise Guide.  This upgrade will provide a much enhanced user interface for MDR users.<br><br>*FY 2015 Plans:*<br>No funding programmed. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | 4.932 | - |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • BA-1, 0807793HP: *MHS Tri-Service Information* | - | 43.353 | 29.940 | - | 29.940 | 31.070 | 32.080 | 32.586 | 33.298 | Continuing | Continuing |
| • BA-3, 0807721HP: *Replacement/Modernization* | - | 0.108 | - | - | - | - | - | - | - | Continuing | Continuing |
| • BA-1, 0807752HP: *Miscellaneous Support Activities* | - | 15.695 | 16.040 | - | 16.040 | 16.333 | 16.632 | 16.935 | 17.257 | 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.

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | Date: March 2014 |
|---|---|---|

| Appropriation/Budget Activity<br>0130 *I* 2 | R-1 Program Element (Number/Name)<br>PE 0605013HP *I Information Technology Development* | Project (Number/Name)<br>480G *I Health Artifact and Image Management Solution (HAIMS) (Tri-Service)* |
|---|---|---|

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 480G: *Health Artifact and Image Management Solution (HAIMS) (Tri-Service)* | - | - | 3.884 | 0.304 | - | 0.304 | - | - | - | - | Continuing | Continuing |

# The FY 2015 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 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| *Title:* Health Artifact and Image Management Solution (HAIMS) (Tri-Service) | - | 3.884 | 0.304 |

*Description:* Integrate new functionality into HAIMS.

*FY 2013 Accomplishments:*
Funding was reduced due to Departmental Fiscal Guidance.

*FY 2014 Plans:*
Develop Graphical User Interface (GUI) for asset preview capability.

Provide full functionality with one account (w/o multiple logins).

Interface with Veterans Benefits Administration.

Reduce Social Security Numbers in the application.

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 / 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP / *Information Technology Development* | **Project (Number/Name)**<br>480G / *Health Artifact and Image Management Solution (HAIMS) (Tri-Service)* |

| **B. Accomplishments/Planned Programs ($ in Millions)** | **FY 2013** | **FY 2014** | **FY 2015** |
|---|---|---|---|
| Develop interfaces for Health Readiness Record, additional Picture Archiving and Communications System (PACS) based systems, additional non-PACS systems, and dental repositories.<br><br>***FY 2015 Plans:***<br>Complete interface activities began in FY14 RDT&E. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | 3.884 | 0.304 |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • BA-1, 0807793HP: *MHS Tri-Service Information* | - | 13.555 | 14.953 | - | 14.953 | 16.024 | 17.304 | 18.690 | 19.717 | Continuing | Continuing |
| • BA-3, 0807721HP: *Replacement/Modernization* | - | 6.928 | 1.870 | - | 1.870 | 6.298 | 11.726 | 12.043 | 13.732 | 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.

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | Date: March 2014 |
|---|---|---|

| Appropriation/Budget Activity<br>0130 I 2 | R-1 Program Element (Number/Name)<br>PE 0605013HP I Information Technology Development | Project (Number/Name)<br>480K I integrated Federal Health Registry Framework (Tri-Service) |
|---|---|---|

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 480K: integrated Federal Health Registry Framework (Tri-Service) | - | - | 2.591 | 1.093 | - | 1.093 | - | - | - | - | Continuing | Continuing |

\# The FY 2015 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 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| Title: Federated Registry Framework (Tri-Service) | - | 2.591 | 1.093 |
| Description: Develop, integrate and test a common registry. | | | |
| FY 2013 Accomplishments:<br>Funding was reduced due to Departmental Fiscal Guidance. | | | |
| FY 2014 Plans:<br>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. | | | |
| FY 2015 Plans:<br>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 | - | 2.591 | 1.093 |

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>480K *I integrated Federal Health Registry Framework (Tri-Service)* |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • BA-1, 0807793HP: *MHS Tri-Service Information* | - | 0.898 | 1.320 | - | 1.320 | 1.505 | 1.552 | 1.601 | 1.630 | 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.

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | | | | | | | | | **Date:** March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | | | | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | | | | **Project (Number/Name)**<br>480P *I Other Related Technical Activities (Tri-Service)* | | | |

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO [#] | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 480P: *Other Related Technical Activities (Tri-Service)* | 4.123 | - | 5.162 | 2.990 | - | 2.990 | - | 1.683 | 3.500 | - | Continuing | Continuing |

[#] The FY 2015 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 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| **Title:** Other Related Technical Activities (Tri-Service) | - | 5.162 | 2.990 |
| **Description:** Develop, integrate, test of activities common to multiple or all Tri-Service IT activities.<br><br>**FY 2013 Accomplishments:**<br>Funding was reduce due to Departmental Fiscal Guidance.<br><br>**FY 2014 Plans:**<br>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.<br><br>**FY 2015 Plans:**<br>Funding in support of Health Information Technology Shared Services investment. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | 5.162 | 2.990 |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • BA-1, 0807793HP: *MHS Tri-Service Information* | - | - | - | - | - | - | - | - | - | Continuing | Continuing |
| • BA-3, 0807721HP: *Replacement/Modernization* | - | - | 2.100 | - | 2.100 | - | 2.310 | 2.730 | - | Continuing | Continuing |

PE 0605013HP: *Information Technology Development*
Defense Health Program

R-1 Line #8

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>480P *I Other Related Technical Activities (Tri-Service)* |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|

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

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | Date: March 2014 |
|---|---|---|

| Appropriation/Budget Activity<br>0130 I 2 | R-1 Program Element (Number/Name)<br>PE 0605013HP I Information Technology Development | Project (Number/Name)<br>480R I TMA E-Commerce (TMA) |
|---|---|---|

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 480R: TMA E-Commerce (TMA) | 2.934 | - | 5.733 | - | - | - | - | - | - | - | Continuing | Continuing |

# The FY 2015 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)** | FY 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| **Title:** TMA E-Commerce (TMA) | - | 5.733 | - |

**Description:** 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,

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | Date: March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 / 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP / *Information Technology Development* | **Project (Number/Name)**<br>480R / *TMA E-Commerce (TMA)* |

| B. Accomplishments/Planned Programs ($ in Millions) | FY 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| 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.<br><br>*FY 2013 Accomplishments:*<br>Funding was reduce due Departmental Fiscal Guidance. Plans were:<br><br>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.<br><br>*FY 2014 Plans:*<br>- 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 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.<br><br>*FY 2015 Plans:*<br>-Program transfer in FY 2015 to project 482A. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | 5.733 | - |

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>480R *I TMA E-Commerce (TMA)* |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • BA-1, 0807752HP: *Miscellaneous Support Activities* | 16.404 | 12.857 | - | - | - | - | - | - | - | Continuing | Continuing |
| • BA-3, 0807721HP: *Replacement/Modernization* | - | - | - | - | - | - | - | - | - | - | - |

**Remarks**

**D. Acquisition Strategy**

 N/A

**E. Performance Metrics**

 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.

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | | | | | | | | | Date: March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | | | | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | | | | | **Project (Number/Name)**<br>482A *I E-Commerce (DHA)* | | |

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 482A: *E-Commerce (DHA)* | - | - | - | 2.494 | - | 2.494 | 2.766 | 2.829 | 3.704 | 4.200 | Continuing | Continuing |

# The FY 2015 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)

| | FY 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| *Title:* E-Commerce (DHA) | - | - | 2.494 |
| *Description:* 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, | | | |

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity** 0130 / 2 | **R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development* | **Project (Number/Name)** 482A / *E-Commerce (DHA)* |

| **B. Accomplishments/Planned Programs ($ in Millions)** | **FY 2013** | **FY 2014** | **FY 2015** |
|---|---|---|---|
| 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.<br><br>*FY 2013 Accomplishments:*<br>Accomplishments noted and funded under Project 480R.<br><br>*FY 2014 Plans:*<br>Plans noted and funded under Project Project 480R.<br><br>*FY 2015 Plans:*<br>- 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 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.  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. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | - | 2.494 |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • BA-1, 0807752HP: *Miscellaneous Support Activities* | - | - | 14.443 | - | 14.443 | 14.615 | 14.933 | 14.438 | 14.286 | Continuing | Continuing |

**Remarks**
Program transfer from project 480R.

**D. Acquisition Strategy**
N/A

**E. Performance Metrics**
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.

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | | | | | | | | | **Date:** March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Appropriation/Budget Activity** 0130 *I* 2 | | | | **R-1 Program Element (Number/Name)** PE 0605013HP *I Information Technology Development* | | | | | **Project (Number/Name)** 490I *I Navy Medicine Chief Information Officer* | | |

| **COST ($ in Millions)** | **Prior Years** | **FY 2013** | **FY 2014** | **FY 2015 Base** | **FY 2015 OCO** [#] | **FY 2015 Total** | **FY 2016** | **FY 2017** | **FY 2018** | **FY 2019** | **Cost To Complete** | **Total Cost** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 490I: *Navy Medicine Chief Information Officer* | 2.106 | - | 4.286 | 2.192 | - | 2.192 | 2.052 | - | - | - | Continuing | Continuing |

[#] The FY 2015 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 2013** | **FY 2014** | **FY 2015** |
|---|---|---|---|
| *Title:* Navy Medicine Chief Information Officer (CIO) Management Operations | - | 4.286 | 2.192 |

*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 2013 Accomplishments:*
No accomplishments were realized.  FY13 funding was removed due to Departmental Fiscal Guidance.

*FY 2014 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 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.

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.

The development/integration of the Corporate Dental System (CDS) will replace the current Navy Dental system, Dental Common Access System (DENCAS).   The CDS is the Military Health System Enterprise solution providing for the accurate collection,

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity** 0130 *I* 2 | **R-1 Program Element (Number/Name)** PE 0605013HP *I Information Technology Development* | **Project (Number/Name)** 490I *I Navy Medicine Chief Information Officer* |

| B. Accomplishments/Planned Programs ($ in Millions) | FY 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| processing, and presentation of dental workload, readiness, scheduling, and digital radiographic information for both treatment operations and the oversight of management activities at all levels of the dental enterprise. | | | |
| *FY 2015 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. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | 4.286 | 2.192 |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • BA-1, 0807781HP: *Non-Central Information Management/ Information Technology* | 160.684 | 163.298 | 161.066 | - | 161.066 | 163.743 | 164.111 | 167.035 | 157.471 | Continuing | Continuing |
| • BA-1, PE 0807795HP: *Base Communications - CONUS* | 13.546 | 16.508 | 16.783 | - | 16.783 | 17.094 | 17.400 | 17.695 | 18.014 | Continuing | Continuing |
| • BA-1, PE 0807995HP: *Base Communications - OCONUS* | 2.448 | 2.417 | 2.459 | - | 2.459 | 2.506 | 2.550 | 2.596 | 2.643 | Continuing | Continuing |
| • BA-3, PE 0807720HP: *Initial Outfitting* | 0.544 | - | - | - | - | - | - | - | - | Continuing | Continuing |
| • BA-3, PE 0807721HP: *Replacement/Modernization* | 6.205 | 2.782 | - | - | - | - | 2.557 | 2.835 | 3.041 | Continuing | Continuing |

**Remarks**

**D. Acquisition Strategy**

N/A

**E. Performance Metrics**

N/A

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | Date: March 2014 |
|---|---|---|
| Appropriation/Budget Activity<br>0130 / 2 | R-1 Program Element (Number/Name)<br>PE 0605013HP / Information Technology Development | Project (Number/Name)<br>490J / Navy Medicine Online |

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 490J: Navy Medicine Online | 1.369 | - | - | - | - | - | - | - | - | - | Continuing | Continuing |

# The FY 2015 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)

| | FY 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| **Title:** Navy Medicine Online (NMO)<br><br>**Description:** 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.<br><br>**FY 2013 Accomplishments:**<br>Funding was reduced due to Departmental Fiscal Guidance. This 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.<br><br>**FY 2014 Plans:**<br>No funding programmed.<br><br>**FY 2015 Plans:**<br>No funding programmed. | - | - | - |
| **Accomplishments/Planned Programs Subtotals** | - | - | - |

PE 0605013HP: Information Technology Development
Defense Health Program

R-1 Line #8

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>490J *I Navy Medicine Online* |

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

| Line Item | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|
| • BA-1, PE 0807781HP: *Non-Central Information Management/ Information Technology* | 1.763 | 1.851 | 1.930 | - | 1.930 | 1.983 | 2.042 | 2.079 | 2.116 | Continuing | Continuing |

**Remarks**

**D. Acquisition Strategy**

 N/A

**E. Performance Metrics**

 N/A

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | | | | | | | | | **Date:** March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | | | | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | | | | | **Project (Number/Name)**<br>480B *I Defense Medical Human Resources System (internet) (DMHRSi) (Tri-Service)* | | |
| **COST ($ in Millions)** | **Prior Years** | **FY 2013** | **FY 2014** | **FY 2015 Base** | **FY 2015 OCO #** | **FY 2015 Total** | **FY 2016** | **FY 2017** | **FY 2018** | **FY 2019** | **Cost To Complete** | **Total Cost** |
| 480B: *Defense Medical Human Resources System (internet) (DMHRSi) (Tri-Service)* | 0.585 | - | - | - | - | - | - | - | - | - | Continuing | Continuing |

\# The FY 2015 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 2013** | **FY 2014** | **FY 2015** |
|---|---|---|---|
| **Title:** Defense Medical Human Resources System (internet) (DMHRSi) (Tri-Service)<br><br>**Description:** 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.<br><br>**FY 2013 Accomplishments:**<br>No funding programmed.<br><br>**FY 2014 Plans:**<br>No funding programmed.<br><br>**FY 2015 Plans:**<br>No funding programmed. | - | - | - |
| **Accomplishments/Planned Programs Subtotals** | - | - | - |

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>480B *I Defense Medical Human Resources System (internet) (DMHRSi) (Tri-Service)* |

**C. Other Program Funding Summary ($ in Millions)**
 N/A

**Remarks**

**D. Acquisition Strategy**
 N/A

**E. Performance Metrics**
 N/A

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | Date: March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>480M *I Theather Medical Information Program - Joint (TMIP-J) (Tri-Service)* |

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 480M: *Theather Medical Information Program - Joint (TMIP-J) (Tri-Service)* | 28.731 | - | - | - | - | - | - | - | - | - | Continuing | Continuing |

# The FY 2015 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 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| *Title:* Theather Medical Information Program - Joint (TMIP-J) (Tri-Service) | - | - | - |
| *Description:* 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 | | | |

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>480M *I Theather Medical Information Program - Joint (TMIP-J) (Tri-Service)* |

| **B. Accomplishments/Planned Programs ($ in Millions)** | **FY 2013** | **FY 2014** | **FY 2015** |
|---|---|---|---|
| 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.<br><br>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.<br><br>***FY 2013 Accomplishments:***<br>Funding reduced due to Departmental Fiscal Guidance.<br><br>***FY 2014 Plans:***<br>No funding programmed.<br><br>***FY 2015 Plans:***<br>No funding programmed. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | - | - |

**C. Other Program Funding Summary ($ in Millions)**
 N/A
**Remarks**

**D. Acquisition Strategy**
 N/A

**E. Performance Metrics**
 N/A

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | | | **Date:** March 2014 | |
|---|---|---|---|---|---|

| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>480Y *I Clinical Case Management (Tri-Service)* |
|---|---|---|

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 480Y: *Clinical Case Management (Tri-Service)* | 2.925 | - | - | - | - | - | - | - | - | - | Continuing | Continuing |

# The FY 2015 OCO Request will be submitted at a later date.

**A. Mission Description and Budget Item Justification**
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. Accomplishments/Planned Programs ($ in Millions)** | **FY 2013** | **FY 2014** | **FY 2015** |
|---|---|---|---|
| *Title:* Clinical Case Management (Tri-Service) | - | - | - |
| *Description:* 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.<br><br>*FY 2013 Accomplishments:*<br>No funding programmed.<br><br>*FY 2014 Plans:*<br>No funding programmed.<br><br>*FY 2015 Plans:*<br>No funding programmed. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | - | - |

**C. Other Program Funding Summary ($ in Millions)**
 N/A
**Remarks**

**D. Acquisition Strategy**
 N/A

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>480Y *I Clinical Case Management (Tri-Service)* |

**E. Performance Metrics**

  N/A

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>480Z *I Centralized Credentials and Quality Assurance System (CCQAS) (Tri-Service)* |

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 480Z: *Centralized Credentials and Quality Assurance System (CCQAS) (Tri-Service)* | 1.692 | - | - | - | - | - | - | - | - | - | Continuing | Continuing |

# The FY 2015 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 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| **Title:** Centralized Credentials and Quality Assurance System (CCQAS) (Tri-Service) | - | - | - |
| **Description:** 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.<br><br>**FY 2013 Accomplishments:**<br>No funding programmed.<br><br>**FY 2014 Plans:**<br>No funding programmed.<br><br>**FY 2015 Plans:**<br>No funding programmed. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | - | - |

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity**<br>0130 *I* 2 | **R-1 Program Element (Number/Name)**<br>PE 0605013HP *I Information Technology Development* | **Project (Number/Name)**<br>480Z *I Centralized Credentials and Quality Assurance System (CCQAS) (Tri-Service)* |

**C. Other Program Funding Summary ($ in Millions)**
 N/A

**Remarks**

**D. Acquisition Strategy**
 N/A

**E. Performance Metrics**
 N/A

| Exhibit R-2A, RDT&E Project Justification: PB 2015 Defense Health Program | | | | | | | | | | **Date:** March 2014 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Appropriation/Budget Activity** 0130 *I* 2 | | | | **R-1 Program Element (Number/Name)** PE 0605013HP *I Information Technology Development* | | | | | **Project (Number/Name)** 481A *I Theather Enterprise Wide Logistics System (TEWLS) Tri-Service)* | | |

| COST ($ in Millions) | Prior Years | FY 2013 | FY 2014 | FY 2015 Base | FY 2015 OCO # | FY 2015 Total | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Cost To Complete | Total Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 481A: *Theather Enterprise Wide Logistics System (TEWLS) Tri-Service)* | 5.127 | - | - | - | - | - | - | - | - | - | Continuing | Continuing |

# The FY 2015 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 2013 | FY 2014 | FY 2015 |
|---|---|---|---|
| **Title:** Theather Enterprise Wide Logistics System (TEWLS) Tri-Service) | - | - | - |
| **Description:** 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. **FY 2013 Accomplishments:** No funding programmed. **FY 2014 Plans:** No funding programmed. **FY 2015 Plans:** No funding programmed. | | | |
| **Accomplishments/Planned Programs Subtotals** | - | - | - |

| **Exhibit R-2A**, **RDT&E Project Justification:** PB 2015 Defense Health Program | | **Date:** March 2014 |
|---|---|---|
| **Appropriation/Budget Activity** 0130 *I* 2 | **R-1 Program Element (Number/Name)** PE 0605013HP *I Information Technology Development* | **Project (Number/Name)** 481A *I Theather Enterprise Wide Logistics System (TEWLS) Tri-Service)* |

**C. Other Program Funding Summary ($ in Millions)**
  N/A

**Remarks**


**D. Acquisition Strategy**
  N/A


**E. Performance Metrics**
  N/A