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Exhibit R-2, RDT&E Budget Item Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130: Defense Health Program I BA 2: RDT&E					R-1 Program Element (Number/Name) PE 0605013DHA I Information Technology Development							
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
Total Program Element	283.390	16.024	25.340	25.323	-	25.323	19.487	20.641	21.258	21.683	Continuing	Continuing
239B: Health Services Data Warehouse (Air Force)	1.766	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
239F: IM/IT Test Bed (Air Force)	7.709	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
239G: Clinical Enterprise Intelligence Program (CEIP) (DHA)	0.000	1.877	0.962	1.436	-	1.436	1.461	1.490	1.520	1.550	Continuing	Continuing
239H: IM/IT Test Bed (Air Force) at DHA	0.000	0.000	1.837	2.222	-	2.222	2.686	2.740	2.795	2.851	Continuing	Continuing
283C: Medical Operational Data System (MODS) (Army)	3.114	2.601	2.678	2.705	-	2.705	2.732	2.759	2.787	2.842	Continuing	Continuing
283D: Army Medicine CIO Management Operations	0.120	0.368	0.794	0.000	-	0.000	0.000	0.000	0.000	0.378	Continuing	Continuing
283H: Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)	0.000	0.125	0.080	0.080	-	0.080	0.080	0.000	0.000	0.000	Continuing	Continuing
283J: Antibiotic Resistance Monitoring and Research (ARMoR-D)	0.738	0.844	0.878	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
283L: Pharmacovigilance Defense Application System	0.274	0.350	0.400	0.350	-	0.350	0.350	0.350	0.350	0.350	Continuing	Continuing
283M: Business Intelligence Competency Center (BICC)	1.488	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
283N: Corporate Dental System (CDS)	0.709	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
283P: Mobile HealthCare Environment (MHCE)	0.000	0.362	0.300	0.417	-	0.417	0.331	0.473	0.364	0.000	Continuing	Continuing
385A: Integrated Electronic Health Record Inc 1 (Tri-Service)	146.417	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

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Appropriation/Budget Activity					R-1 Program Element (Number/Name)								
0130: Defense Health Program I BA 2: RDT&E					PE 0605013DHA I Information Technology Development								
386A: Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)	14.464	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	
423A: Defense Center of Excellence (FHP&RP)	3.464	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	
423B: Defense Center of Excellence (Army)	0.996	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	
423C: Defense Center of Excellence (T2T/PBH TERM) (DHA)	0.000	0.000	1.369	1.395	-	1.395	1.422	1.450	1.478	1.509	Continuing	Continuing	
435A: NICOE Continuity Management Tool	2.855	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	
446A: Disability Mediation Service (DMS)	0.887	0.399	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	
480B: Defense Medical Human Resources System (Internet) (DMHRSi) (Tri-Service)	0.585	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	
480C: Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)	13.710	1.780	2.326	2.363	-	2.363	0.000	0.000	0.000	0.000	Continuing	Continuing	
480D: Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)	8.052	0.000	6.140	6.025	-	6.025	5.559	6.416	6.902	7.040	Continuing	Continuing	
480F: Executive Information/ Decision Support (EI/DS) (Tri-Service)	5.936	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	
480G: Health Artifact and Image Management Solution (HAIMS) (Tri-Service)	8.123	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	
480K: Integrated Federal Health Registry Framework (Tri-Service)	3.652	0.413	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing	

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480M: Theather Medical Information Program - Joint (TMIP-J) (Tri-Service)	28.731	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
480P: Other Related Technical Activities (Tri-Service)	4.139	0.000	1.683	3.500	-	3.500	0.000	0.000	0.000	0.000	Continuing	Continuing
480Y: Clinical Case Management (Tri-Service)	2.925	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
481A: Theather Enterprise Wide Logistics System (TEWLS) Tri-Service)	5.127	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
482A: E-Commerce (DHA)	7.803	2.665	2.829	3.704	-	3.704	4.200	4.284	4.370	4.457	Continuing	Continuing
490I: Navy Medicine Chief Information Officer	6.237	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
490J: Navy Medicine Online	3.369	1.890	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
480A: Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) (Tri-Service)	0.000	2.350	1.791	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
480Z: Patient Assessment Screening Tool Outcome Registry (Tri-Service)	0.000	0.000	0.828	0.538	-	0.538	0.000	0.000	0.000	0.000	Continuing	Continuing
480R: Joint Disability Evaluation System IT (DHA)	0.000	0.000	0.445	0.588	-	0.588	0.666	0.679	0.692	0.706	Continuing	Continuing
Program MDAP/MAIS Code:												
Project MDAP/MAIS Code(s): 465												
A. Mission Description and Budget Item Justification												
The Army Medical Command received PE 0605013 funding to identify, explore, and demonstrate key technologies to overcome medical and military unique technology barriers. Programs include Army service level support for the Medical Operational Data System (MODS); Army Medicine CIO Management Operations; Psychological and Behavioral Health – Tools for Evaluation, Risk, and Management (PBH-TERM); Antibiotic Resistance Monitoring and Research (ARMoR-D); Pharmacovigilance Defense Application System (PVDAS); Mobile HealthCare Environment (MHCE); and the Defense Center of Excellence (DCoE).												

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<p>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.</p>		
<p>For the Air Force Medical Service (AFMS), this program element supports IM/IT development requirements within four AFMS Chief Information Officer defined core capabilities as essential to Air Force Medical Service IM/IT mission support. Data warehousing, reporting services, systems integration, and custom application development are featured in almost all IM/IT systems and application requests. The information needs of the AFMS are growing in volume, complexity, and delivery formats. In order to meet future requirements, aggregation of more and varied data sources require increasingly complex data warehousing capabilities. Demand for dynamic analytic capability will require investments in business intelligence, predictive analytic tools, open source research data models, and emerging personalized medicine analysis. Information is still largely produced in an ad hoc manner without standard methodologies, mapping of business requirements, transparent analytic models, and distributed by office productivity software. Centralized production of standard reports, balance sheets, and dynamic query tools would relieve many managers and action officer of routine work and increase leadership decision support. AFMS medical readiness reporting and tracking has set the standard in the DoD for over a decade but multiple applications now encompass what has merged into a common process of tracking unit capability and personal health assessments. Consolidation of medical readiness applications would streamline disability, medical readiness, deployment surveillance, and flying status tracking and reporting who currently must move between multiple applications.</p>		
<p>For the Air Force, the funding in this program element provides for sustainment of the IM/IT Test Bed (IMIT-TB) capability, which is a dedicated OT location and staff encompassing the entire spectrum of healthcare services and products available in MTFs, to provide risk controlled testing of designated core and interim medical applications in a live environment.</p>		
<p>Defense Health Agency (DHA) Health Information Technology (HIT) [previously known as Tri-Service IM/IT] - DHA HIT RDT&E activities includes funding for development/integration, modernization, test and evaluation for the Defense Health Agency initiatives, and any special interest that are shared within all centralized components of the Defense Health Program (DHP).</p>		
<p>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 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</p>		

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Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>
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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 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Previous President's Budget	19.312	25.340	28.814	-	28.814
Current President's Budget	16.024	25.340	25.323	-	25.323
Total Adjustments	-3.288	0.000	-3.491	-	-3.491
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-1.837	-			
• SBIR/STTR Transfer	-1.451	-			
• PDM D2D - realign funds for an enterprise-wide IT function	-	-	-3.491	-	-3.491

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<u>Change Summary Explanation</u> FY 2016: Realignment from Defense Health Program, Research, Development, Test and Evaluation (DHP RDT&E), PE 0605013-Information Technology Development to Small Business Innovation Research (SBIR) / Small Business Technology Transfer (STTR) Program (-\$1.451 million). FY 2017: No Change FY 2018: Realignment from DHP RDT&E PE 0605013-Information Technology Development funds (-\$3.491 million) and manpower to an enterprise-wide IT function within MHS Procurement.		

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Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 239B / Health Services Data Warehouse (Air Force)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
239B: Health Services Data Warehouse (Air Force)	1.766	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
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 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: 239B - Health Services Data Warehouse								0.000	0.000	-	-	-
Description: AFMS will purchase COTS software/licenses and build custom scripts for development of the data warehouse. The COTS software will expedite consolidation and cleansing of data, measure data quality, merge and organize data for reporting tools. These efforts will be used to complete the transition of CDM data into the HSDW.												
FY 2016 Accomplishments: Requirements and funding rolled up under Clinical Enterprise Intelligence Program (CEIP) (DHA) Project Code 239G. Funding transferred to Defense Health Agency Health Information Technology (DHA HIT) from Air Force Medical Information Technology with the stand up of Defense Health Agency beginning in FY 2016.												
FY 2017 Plans: Requirements and funding rolled up under Clinical Enterprise Intelligence Program (CEIP) (DHA) Project Code 239G. Funding transferred to Defense Health Agency Health Information Technology (DHA HIT) from Air Force Medical Information Technology with the stand up of Defense Health Agency beginning in FY 2016.												
Accomplishments/Planned Programs Subtotals								0.000	0.000	-	-	-

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Appropriation/Budget Activity 0130 / 2				R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 239B / <i>Health Services Data Warehouse (Air Force)</i>			
C. Other Program Funding Summary (\$ in Millions)											
			<u>FY 2018</u>	<u>FY 2018</u>	<u>FY 2018</u>					<u>Cost To</u>	
<u>Line Item</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>Base</u>	<u>OCO</u>	<u>Total</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>Complete</u>	<u>Total Cost</u>
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	-	Continuing	Continuing
Remarks											
D. Acquisition Strategy											
N/A											
E. Performance Metrics											
N/A											

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Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 239F / IM/IT Test Bed (Air Force)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
239F: IM/IT Test Bed (Air Force)	7.709	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

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 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: 239F IM/IT Test Bed (Air Force)	0.000	0.000	-	-	-
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 2016 Accomplishments: Conduct realistic, risk controlled testing for the new \$11B DHMSM Electronic Health Record; also Follow on Test and Evaluation for TMIP, DMIX and HAIMS at Initial Operational Capability sites. Continue ongoing capability development & fielding efforts for half a dozen other ACAT III programs. Assist Joint Operational Medicine Information Systems (JOMIS) to develop and test the new EHR OM program at AF SG5T site in Fort Detrick, MD. Complete DIACAP reaccreditation for AF SG5T VPN. Participate in at least half a dozen AF SG HPTs and requirement reviews.					

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B. Accomplishments/Planned Programs (\$ in Millions)	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Operational control of funding was transferred from Air Force Medical Information Technology (IT) to Defense Health Agency Health Information Technology (DHA HIT) with the stand up of Defense Health Agency beginning in FY16. Reported under initiative IM/IT Test Bed (Air Force) at DHA Project Code 239H.					
<i>FY 2017 Plans:</i> Operational control of funding was transferred from Air Force Medical Information Technology (IT) to Defense Health Agency Health Information Technology (DHA HIT) with the stand up of Defense Health Agency beginning in FY16. Reported under initiative IM/IT Test Bed (Air Force) at DHA Project Code 239H. DHA will transfer funds back to Air Force during year of execution.					
Accomplishments/Planned Programs Subtotals	0.000	0.000	-	-	-

C. Other Program Funding Summary (\$ in Millions)											
<u>Line Item</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018 Base</u>	<u>FY 2018 OCO</u>	<u>FY 2018 Total</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>Cost To Complete</u>	<u>Total Cost</u>
• N/A: N/A	0.000	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing
Remarks											
D. Acquisition Strategy N/A											
E. Performance Metrics N/A											

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COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
239G: Clinical Enterprise Intelligence Program (CEIP) (DHA)	0.000	1.877	0.962	1.436	-	1.436	1.461	1.490	1.520	1.550	Continuing	Continuing

A. Mission Description and Budget Item Justification

The goal of the Clinical Enterprise Intelligence Program (CEIP) strategic initiative is to advance patient-centered healthcare delivery through integration of informatics and thus transforming our enterprise to a rapid learning organization. The CEIP platform is a combination of hardware, software and technologists that together deliver the ability to use enterprise clinical data. The collection of these capabilities enables CEIP projects. These capabilities are in the following: Program Management, Data Warehousing, Application Portal; Infrastructure and Operations; Application Support; Business Intelligence; Analytics. Types of projects enabled by this platform include clinical dashboards, reports, data feeds, ad-hoc data requests, and data-mart.

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: CEIP Platform Integration	1.877	0.962	1.436	-	1.436
Description: The CEIP platform is a combination of hardware, software and technologists that together deliver the ability to use enterprise clinical data.					
FY 2016 Accomplishments: The Clinical Enterprise Intelligence Program (CEIP) is a support effort for the DHA to provide both comprehensive project management for the Health Informatics programs and subject matter expertise to sustain the clinical information systems. This program enables DHA to continue their operations to monitor, extract, and make available business medical data from constituent military treatment facilities (MTF). The Clinical Enterprise Intelligence Program (CEIP) is an advanced patient-centered healthcare delivery informatics platform that is transforming our enterprise to a rapid learning organization. The CEIP platform is a combination of hardware, software and technologists that together, deliver the ability to use enterprise clinical data. The collection of these capabilities enables CEIP projects. These capabilities are in the following: Program Management, Data Warehousing, Application Portal, Infrastructure, Operations, Application Support, Business Intelligence, and Analytics. Types of projects enabled by this platform include clinical dashboards, reports, data feeds, ad-hoc data requests, and data-marts from the Health Services Data Warehouse and various other data sources. The CEIP contains the Health Informatics Suite (HIS), Population Health Portal(PHP), Diabetes Information Technology System (DITS) , Health Systems Data Warehouse (HSDW) with multiple data marts, Business Intelligence(BI), Composite Occupational Health and Operation Risk Tracking (COHORT), Referral Management System (RMS), CarePoint Application Portal (CAP)(CHAS III) , CHAS I & II, ORISE Fellowship, Health Systems					

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Appropriation/Budget Activity 0130 / 2		R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development		Project (Number/Name) 239G / Clinical Enterprise Intelligence Program (CEIP) (DHA)		
B. Accomplishments/Planned Programs (\$ in Millions)		FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
<p>Medical Informatics (HSMI) Infrastructure & Program Office (PO), BDQAS Support, Community of Responsible Choices(CORC), Service Delivery Assessment (SDA), Electronic Data Quality (eDQ), Analytics, and Business Intelligence Competency Center (BICC). CEIP is also in the process of developing and modernizing the Clinical Data Mart (CDM) and SECDEF MHS Review Performance Management Systems (PMS).</p> <p>FY 2017 Plans: The Clinical Enterprise Intelligence Program (CEIP) is a platform that will enable DHA to continue their operations to monitor, extract, and make available business medical data from constituent military treatment facilities (MTF). With the combination of hardware, software and technologists together, the platform will help use enterprise clinical data. These capabilities are in the following: Program Management, Data Warehousing, Application Portal, Infrastructure, Operations, Application Support, Business Intelligence, and Analytics. Types of projects enabled by this platform include clinical dashboards, reports, data feeds, ad-hoc data requests, and data-marts from the Health Services Data Warehouse and various other data sources. The CEIP contains the Health Informatics Suite (HIS), Population Health Portal(PHP), Diabetes Information Technology System (DITS) , Health Systems Data Warehouse (HSDW) with multiple data marts, Business Intelligence(BI), Composite Occupational Health and Operation Risk Tracking (COHORT), Referral Management System (RMS), CarePoint Application Portal (CAP)(CHAS III) , CHAS I & II, ORISE Fellowship, Health Systems Medical Informatics (HSMI) Infrastructure & Program Office (PO), BDQAS Support, Community of Responsible Choices(CORC), Service Delivery Assessment (SDA), Electronic Data Quality (eDQ), Analytics, and Business Intelligence Competency Center (BICC).</p> <p>FY 2018 Base Plans: CEIP will continue sustainment and maintenance of CEIP including program management, configuration management, technical refresh, commercial software licenses, data maintenance,Ad Hoc report maintenance, product /help desk support, cybersecurity compliance, software maintenance, test and evaluation activities, and cost of operating site personnel. Additionally, Health Services Data Warehouse (HSDW), one of the applications under CEIP, will continue to be modernized for scalability to maintain high performance while consolidating, integrating and storing clinical and administrative data from across the DoD for over 9.4 million beneficiaries. The goal of the CEIP strategic initiative is to advance patient-centered healthcare delivery through integration of informatics and thus transforming our enterprise to a rapid learning healthcare organization. The CEIP platform is a combination of hardware, software and technologists that together deliver the ability to use enterprise clinical</p>						

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency								Date: May 2017				
Appropriation/Budget Activity 0130 / 2				R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 239G / <i>Clinical Enterprise Intelligence Program (CEIP) (DHA)</i>				
B. Accomplishments/Planned Programs (\$ in Millions)								FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
data. Types of projects enabled by this platform include clinical dashboards, reports, data feeds, ad-hoc data requests, data-mart, and work to consolidate the current legacy data into a common data environment.												
Accomplishments/Planned Programs Subtotals								1.877	0.962	1.436	-	1.436
C. Other Program Funding Summary (\$ in Millions)												
Line Item	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost	
• BA-1, 0807793DHA: <i>MHS Tri-Service Information</i>	26.831	29.435	31.191	-	31.191	28.319	28.699	29.248	29.221	Continuing	Continuing	
Remarks												
D. Acquisition Strategy												
Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.												
E. Performance Metrics												
Each program establishes performance measurements which are usually included in the MHS IT Annual Performance Plan. Program cost, schedule and performance are measured periodically using a systematic approach. The results of these measurements are presented to management on a regular basis in various as part of the Integrated Product and Process Development (IPPD) process, In Process Reviews (IPRs), or other reviews to determine program effectiveness and provide new direction as needed to ensure the efficient use of resources. Performance metrics for specific projects may be viewed at the OMB Federal IT Dashboard website.												

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 239H / IM/IT Test Bed (Air Force) at DHA			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
239H: IM/IT Test Bed (Air Force) at DHA	0.000	0.000	1.837	2.222	-	2.222	2.686	2.740	2.795	2.851	Continuing	Continuing

A. Mission Description and Budget Item Justification

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.

Previously reported under initiative IM/IT Test Bed (Air Force) Project Code 239F. Operational control of funding was transferred from Air Force Medical Information Technology (IT) to Defense Health Agency Health Information Technology (DHA HIT) with the stand up of Defense Health Agency beginning in FY16. However, functionality for operational testing will remain with Air Force Medical IT. Funding will be transferred to Air Force Medical IT during year of execution.

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Operational Testing Service	0.000	1.837	2.222	-	2.222
Description: A dedicated operational testing service, Test Bed conduct tests on various Air Force Medical Systems (AFMS). It provides risk controlled testing for designated core & interim medical applications in an operationally realistic environment.					
FY 2016 Accomplishments: DHA transferred funding back to Air Force Medical IT during year of execution. Air Force Medical IT will conduct realistic, risk controlled testing for the new \$11B DHMSM Electronic Health Record; also Follow on Test and Evaluation for TMIP, DMIX and HAIMS at Initial Operational Capability sites. Capability development & fielding efforts for half a dozen other ACAT III programs have continued as well as assisting Joint Operational Medicine Information Systems (JOMIS) to develop and test the new EHR OM program at AF SG5T site in Fort Detrick, MD.					
FY 2017 Plans:					

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency				Date: May 2017		
Appropriation/Budget Activity 0130 / 2		R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>		Project (Number/Name) 239H / <i>IM/IT Test Bed (Air Force) at DHA</i>		
<u>B. Accomplishments/Planned Programs (\$ in Millions)</u>						
		FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
<p>DHA will transfer the funding back to Air Force Medical IT during year of execution. Air Force Medical IT will continue realistic, risk controlled testing for \$13B Central and Air Force programs including: DHMSM Electronic Health Record, JOMIS, Legacy TMIP, DMIX and HAIMS. Multi-Service Operational Test and Evaluation(s) will be conducted for the DHMSM Fixed Facility sites and the JOMIS Operational Medicine locations. Plans are to continue capability development & fielding efforts for half a dozen other ACAT III programs, initiate the Risk Management Framework reaccreditation for AF SG5T VPN for virtualization of IT Test Bed, and participate in at least half a dozen AF SG HPTs and requirement reviews.</p> <p><i>FY 2018 Base Plans:</i> As in prior years, DHA will transfer funding to AF Medical IT during year of execution. AF will continue to test the DHMSM Electronic Health Record, JOMIS, Legacy TMIP, DMIX and HAIMS. Multi-Service Operational Test and Evaluation(s) will be conducted for the DHMSM Fixed Facility sites and the JOMIS Operational Medicine locations. Plans are to continue capability development & fielding efforts for half a dozen other ACAT III programs, initiate the Risk Management Framework reaccreditation for AF SG5T VPN for virtualization of IT Test Bed, and participate in at least half a dozen AF SG HPTs and requirement reviews, similar to FY17.</p>						
Accomplishments/Planned Programs Subtotals		0.000	1.837	2.222	-	2.222
<u>C. Other Program Funding Summary (\$ in Millions)</u> N/A						
<u>Remarks</u>						
<u>D. Acquisition Strategy</u> Operational control of funding was transferred from Air Force Medical Information Technology (IT) to Defense Health Agency Health Information Technology (DHA HIT) with the stand up of Defense Health Agency beginning in FY16. However, functionality for operational testing will remain with Air Force Medical IT. Funding will be transferred to Air Force Medical IT during year of execution.						
<u>E. Performance Metrics</u> As determined by and based on the requirements for Air Force Medical IT operational testing.						

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 283C / Medical Operational Data System (MODS) (Army)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
283C: Medical Operational Data System (MODS) (Army)	3.114	2.601	2.678	2.705	-	2.705	2.732	2.759	2.787	2.842	Continuing	Continuing
A. Mission Description and Budget Item Justification												
The Army Medical Command received PE 0605013 funding for the Medical Operational Data System (MODS) to deploy modernized data visualization capabilities to enhance Army Unit and Individual Medical Readiness Reporting. MODS provides Army leadership with a responsive and reliable human resource and readiness information management data system for all categories of military and civilian medical and support personnel. MODS provide Tri-Service support through applications such as Electronic Profile, Behavioral Health, and Medical Education.												
B. Accomplishments/Planned Programs (\$ in Millions)								FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Medical Operational Data System (MODS)								2.601	2.678	2.705	-	2.705
Description: Information management system to provide responsive and reliable human resource and medical readiness data for all categories of military and civilian medical and support personnel.												
FY 2016 Accomplishments: FY 2016 certification/funding made it possible for the MODS program to complete developmental design of the Electronic Profile System using the Three-Tiered Object-Oriented Architecture. In addition, all design processes and products were verified and validated by a senior Federally-Funded Research and Development (FFRDC) Team – MITRE. The Human Resources suite of applications used this model in parallel. Additionally, the full production increment of Medical Readiness Transformation and ESB Pilot was executed.												
FY 2017 Plans: FY 2017 funds are being used to respond to Milestone Decision Authority decisions to add new capabilities, significantly enhance, and technically upgrade existing capabilities, and use federally funded research and development center resources for system engineering and acquisition effectiveness services. These technology upgrades will support the system’s ability to help strengthen the scientific basis for decision-making in patient safety and quality performance within the MHS.												
FY 2018 Base Plans: FY 2018 funds will be used to respond to Milestone Decision Authority decisions to add new capabilities, significantly enhance, and technically upgrade existing capabilities, and use federally funded research and development center resources for system engineering and acquisition effectiveness services. These technology												

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017	
Appropriation/Budget Activity 0130 / 2				R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 283C / <i>Medical Operational Data System (MODS) (Army)</i>			

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
upgrades will support the system's ability to help strengthen the scientific basis for decision-making in patient safety and quality performance within the MHS.					
Accomplishments/Planned Programs Subtotals	2.601	2.678	2.705	-	2.705

C. Other Program Funding Summary (\$ in Millions)											
<u>Line Item</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018 Base</u>	<u>FY 2018 OCO</u>	<u>FY 2018 Total</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>Cost To Complete</u>	<u>Total Cost</u>
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	12.596	12.984	13.385	-	13.385	13.628	13.878	13.937	14.076	Continuing	Continuing
• BA-3, 0807721HP: <i>Replacement/Modernization</i>	0.120	0.620	0.300	-	0.300	0.400	0.200	0.202	0.204	Continuing	Continuing
Remarks											
D. Acquisition Strategy											
Select the business, technical, and contract actions that will minimize cost, reduce program risk, and remain within schedule while meeting program objectives.											
E. Performance Metrics											
1. MEASURE: Data Warehouse reduces total number of database maintenance hours. METRIC: % database maintenance hours = number of monthly database maintenance hours/total database maintenance hours of previous year average.											
2. MEASURE: Data Warehouse supports queries and reports with few data errors (information quality/accuracy). 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.											

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 283D / Army Medicine CIO Management Operations			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
283D: Army Medicine CIO Management Operations	0.120	0.368	0.794	0.000	-	0.000	0.000	0.000	0.000	0.378	Continuing	Continuing
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 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: 283D - Army Medicine CIO Management Operations								0.368	0.794	0.000	-	0.000
Description: The Army Medicine CIO Management Operations will provide system development, engineering, and testing requirements of interim Army medical applications in an operationally realistic, risk controlled test environment to comply with Congressional, Office of Management and Budget, DoD, and Military Health System requirements.												
FY 2016 Accomplishments: For FY 2016, the funding was used in developing and enhancing a system that will provide system development, engineering, and testing requirements of Army Medical applications, which provides realistic, risk controlled testing of designated core and interim medical applications in an operationally realistic environment.												
FY 2017 Plans: For FY 2017, the funding are being used to develop and enhance a system that provides 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. These system developments support the Army's ability to help strengthen the scientific basis for decision-making in patient safety and quality performance within the Military Health System.												
FY 2018 Base Plans: No funding programmed.												
Accomplishments/Planned Programs Subtotals								0.368	0.794	0.000	-	0.000

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017	
Appropriation/Budget Activity 0130 / 2				R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 283D / <i>Army Medicine CIO Management Operations</i>			
C. Other Program Funding Summary (\$ in Millions)											
Line Item	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	37.730	25.070	25.820	-	25.820	17.110	20.730	22.500	22.950	Continuing	Continuing
• BA-1, 0807721HP: <i>Replacement/Modernization</i>	0.060	3.186	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
• BA-1, 0807798HP: <i>Management Headquarters</i>	2.463	2.890	2.784	-	2.784	2.830	2.880	2.879	2.882	Continuing	Continuing
• BA-1, 0807796HP: <i>Base Operations</i>	0.498	0.510	0.522	-	0.522	0.536	0.536	0.536	0.536	Continuing	Continuing
Remarks Controls for AMCMO were reduced to support the Desktop to Datacenter initiative that transferred funding to DHA HIT, per the FY18 POM MOA.											
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.											

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 283H / Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
283H: Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)	0.000	0.125	0.080	0.080	-	0.080	0.080	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

The US Army Medical Command (MEDCOM) and Defense Centers of Excellence (DCoE) have partnered to develop this information technology project for joint Service level support. The PBH-TERM platform addresses two congressionally mandated initiatives including the behavioral health management within the Warrior Transition Command (GH risk Management module/BHRM and within primary care settings (FIRST-STEPS). Further development efforts allow expansion of capabilities to deliver ongoing user support and training via web-based modules within PBH-TERM and will provide costs casings in terms of staffing requirements, conferencing and reporting.

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Psychological and Behavioral Health – Tools for Evaluation, Risk, and Management (PBH-TERM)	0.125	0.080	0.080	-	0.080
Description: PBH-TERM is a web-based psychological and Behavioral Health (BH) information technology platform, which supports evidence-based, standardized and integrated BH risk and case management initiatives as well as program evaluation for the Warrior Transition Command and Patient/Soldier-Centered BH (PCBH) care in primary care settings.					
FY 2016 Accomplishments: FY 2016 funds were used to add self-service functionality with direct input by the eligible beneficiaries, which improve health system visibility. RDT&E funding of \$125K was used to support a web-based system hosted on the US Army Medical Information Technology Center (USAMITC) server. PBH-TERM is an existing certified web-based platform for primary care behavioral case management tracking and evaluation.					
FY 2017 Plans: FY 2017 funds are being used to continue to modify the self-service functionality through adding a “view” only feature, which allows enhanced visibility by authorized BH providers. Adds program management module for marriage and family therapy program. These system enhancements support the Army’s ability to help effective diagnostic and treatment methodologies with the aim of improved mental health.					
FY 2018 Base Plans:					

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency			Date: May 2017
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 283H / <i>Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)</i>	

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
FY 2018 funds will be used to continue to modify the self-service functionality through adding a “view” only feature, which allows enhanced visibility by authorized BH providers. Adds program management module for marriage and family therapy program. These system enhancements will support the Army’s ability to help effective diagnostic and treatment methodologies with the aim of improved mental health.					
Accomplishments/Planned Programs Subtotals	0.125	0.080	0.080	-	0.080

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

Line Item	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
• BA-1, 0807781HP: <i>Non-Central Information Management/ Information Technology</i>	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
• BA-1, 0807714HP: <i>other health Activities</i>	0.060	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
• BA-1, 0807793DHA: <i>MHS Tri-Service Information Management/ Information Technology (IM/IT)</i>	0.074	0.074	0.074	-	0.074	0.074	0.074	0.074	0.074	Continuing	Continuing

Remarks

BAG 104 funding moved to DHA starting on 01 Oct 2015 per FY 2016 POM MOA.
 BAG 103 funding moved to DHA starting on 01 Oct 2016 per FY 2017 POM MOA. Moving DCoE to DHA (BA-1, 0807714HP)

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 congressional mandates and program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.

E. Performance Metrics

FY 2016
 Measure: Improved user efficiencies through automation of support/training modules and guidelines.
 Baseline: January 2014, 25% user efficiency rating.
 Target: March 2018, 90% user efficiency rating.

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency		Date: May 2017
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 283H / <i>Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)</i>

Source: Audits and analysis performed by Defense Centers of Excellence, Patient-Centered Behavioral Health personnel.

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 283J / Antibiotic Resistance Monitoring and Research (ARMoR-D)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
283J: Antibiotic Resistance Monitoring and Research (ARMoR-D)	0.738	0.844	0.878	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
Note In FY 2018, the title of project code 283J is changed from "Multi-Drug Resistant Surveillance Network (MSRN)" to "Antibiotic Resistance Monitoring and Research (ARMoR-D)".												
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 Antibiotic Resistance Monitoring and Research (ARMoR-D) program includes development projects for Army Service level support. Specifically, the ARMoR-D is the Enterprise Antibiotic Resistant Bacteria program, which collects, characterizes, and conducts epidemiologic surveillance of highly resistant bacteria. ARMoR-D promotes best clinical practices, enhances performance improvement, and focuses infection control strategies.												
B. Accomplishments/Planned Programs (\$ in Millions)								FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Antibiotic Resistance Monitoring and Research (ARMoR-D)								0.844	0.878	0.000	-	0.000
Description: ARMoR-D is the Enterprise effort to collect and characterize bacterial isolates to inform best practice, such as patient management and antibiotic selection.												
FY 2016 Accomplishments: Continued the development and testing of First System Update of the Phase 3 features of ARMoR-D that were deployed into production during FY 2015.												
FY 2017 Plans: Funding is being used to finalize the development and deployment of system updates, which places Phase 3 features into production. These system developments support the Army’s ability to assist in the rapid, point-of-care diagnostics for decision-making for antibiotic treatment.												
FY 2018 Base Plans: No Funding Programmed.												
Accomplishments/Planned Programs Subtotals								0.844	0.878	0.000	-	0.000

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017	
Appropriation/Budget Activity 0130 / 2				R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 283J / <i>Antibiotic Resistance Monitoring and Research (ARMoR-D)</i>			
C. Other Program Funding Summary (\$ in Millions)											
			<u>FY 2018</u>	<u>FY 2018</u>	<u>FY 2018</u>					<u>Cost To</u>	
<u>Line Item</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>Base</u>	<u>OCO</u>	<u>Total</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>Complete</u>	<u>Total Cost</u>
• BA-1, 0807781HP: <i>Non-Central Information Management/ Information Technology</i>	0.565	0.544	0.757	-	0.757	0.775	0.790	0.812	0.830	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											
Business metrics:											
1. Turn-around time from receipt of isolate shipment to initial test results being available on ARMoR-D 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 Antibigram 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. Antibigram (or other major product) Report Views											
Current Performance: N/A (not currently implemented)											
Target Performance: 30 per month											
Data Source: Server logs											

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 283L / Pharmacovigilance Defense Application System			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
283L: Pharmacovigilance Defense Application System	0.274	0.350	0.400	0.350	-	0.350	0.350	0.350	0.350	0.350	Continuing	Continuing
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 Pharmacovigilance 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 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Pharmacovigilance Defense Application System (PVDAS)								0.350	0.400	0.350	-	0.350
Description: The Pharmacovigilance 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.												
FY 2016 Accomplishments: Funding allowed the Pharmacovigilance Center to finalize the process that provides improved information for making Military Health System formulary decisions, better visibility into medical practice enhancing patient safety, and greater access to drug risk/benefit information for military physicians.												
FY 2017 Plans: Funds are being used to continue the process that will provide improved information for making Military Health System formulary decisions. This process improvement also provides better visibility into medical practice enhancing patient safety, and greater access to drug risk/benefit information for military physicians.												
FY 2018 Base Plans: Funding will be used to start the planning to refine the drug surveillance capabilities and data visualization capabilities of PVDAS.												
Accomplishments/Planned Programs Subtotals								0.350	0.400	0.350	-	0.350

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017	
Appropriation/Budget Activity 0130 / 2				R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 283L / Pharmacovigilance Defense Application System			
C. Other Program Funding Summary (\$ in Millions)											
Line Item	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
• BA-1, 0807781HP: Non-Central Information Management/Information Technology	1.205	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
• BA-1, 0807714HP: Other Health Activities	0.000	0.980	0.974	-	0.974	1.036	2.048	1.134	1.222	Continuing	Continuing
• BA-1, 0807798HP: Management Headquarters	1.220	1.500	1.550	-	1.550	1.600	1.650	1.700	1.700	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											
There are two metrics we applied. First was to maintain application including software components resolving 100% of all problems resolvable at the Tier 2 level. The resulting measure is that all Tier 2 tickets were resolved as required. The second metric was to provide an operational readiness up time of 98% for the hosted environment, where the application is never inoperable for longer than 3 business days. Hosted environment up time was maintained at 98%.											

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 283M / Business Intelligence Competency Center (BICC)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
283M: Business Intelligence Competency Center (BICC)	1.488	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
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 Business Intelligence Competency Center (BICC) is the business intelligence capability and management processes, focused on providing actionable data at the point of service that facilitates provisioning of actionable information for MTF Commanders, AMEDD Leadership and end users.												
B. Accomplishments/Planned Programs (\$ in Millions)								FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Business Intelligence Competency Center (BICC)								0.000	0.000	0.000	-	0.000
Description: The Business Intelligence Competency Center (BICC) is the business intelligence capability and management processes, focused on providing actionable data at the point of service that facilitates provisioning of actionable information for MTF Commanders, AMEDD Leadership and end users.												
FY 2016 Accomplishments: No Funding Programmed.												
FY 2017 Plans: No Funding Programmed.												
FY 2018 Base Plans: No Funding Programmed.												
Accomplishments/Planned Programs Subtotals								0.000	0.000	0.000	-	0.000
C. Other Program Funding Summary (\$ in Millions)												
Line Item	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost	
• BA-1, 0807781HP: Non-Central Information Management/Information Technology	0.000	0.000	0.000	-	0.000	0.000	0.000	-	-	Continuing	Continuing	
• BA-3, 0807721HP: Replacement/Modernization	0.000	0.000	0.000	-	0.000	0.000	0.000	-	-	Continuing	Continuing	

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency			Date: May 2017
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 283M / <i>Business Intelligence Competency Center (BICC)</i>	

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

<u>Line Item</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u> <u>Base</u>	<u>FY 2018</u> <u>OCO</u>	<u>FY 2018</u> <u>Total</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
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Remarks

O&M Funding transferred to DHA starting on 01OCT2015, per FY16POM MOA.

D. Acquisition Strategy

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

E. Performance Metrics

N/A

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 283N / Corporate Dental System (CDS)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
283N: Corporate Dental System (CDS)	0.709	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
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 Corporate Dental System (CDS) is the Dental digital web based DICOM image capture and viewing application.												
B. Accomplishments/Planned Programs (\$ in Millions)								FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Corporate Dental System (CDS)								0.000	0.000	-	-	-
Description: The Corporate Dental System (CDS) is the Dental digital web based DICOM image capture and viewing application.												
FY 2016 Accomplishments: No Funding Programmed.												
FY 2017 Plans: No Funding Programmed.												
Accomplishments/Planned Programs Subtotals								0.000	0.000	-	-	-
C. Other Program Funding Summary (\$ in Millions)												
Line Item	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost	
• BA-1, 0807781HP: Non-Central Information Managment/ Information Technology	1.438	0.111	0.112	-	0.112	0.114	0.115	0.117	-	Continuing	Continuing	
• BA-1, 0807715HP: Dental Care Activities	8.758	12.772	13.051	-	13.051	13.386	13.656	13.851	-	Continuing	Continuing	
• BA-3, 0807721HP: Replacement/Modernization	2.541	0.600	0.600	-	0.600	0.600	0.600	0.600	-	Continuing	Continuing	
Remarks												

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency		Date: May 2017
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development	Project (Number/Name) 283N / Corporate Dental System (CDS)
D. Acquisition Strategy Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.		
E. Performance Metrics N/A		

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 283P / Mobile HealthCare Environment (MHCE)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
283P: Mobile HealthCare Environment (MHCE)	0.000	0.362	0.300	0.417	-	0.417	0.331	0.473	0.364	0.000	Continuing	Continuing
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 Mobile HealthCare Environment (MHCE) is the capability of secure, bidirectional messaging and data exchange between patients, providers and clinics using any electronic device.												
B. Accomplishments/Planned Programs (\$ in Millions)								FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Mobile HealthCare Environment (MHCE)								0.362	0.300	0.417	-	0.417
Description: The Mobile HealthCare Environment (MHCE) is the capability of secure, bidirectional messaging and data exchange between patients, providers and clinics using any electronic device.												
FY 2016 Accomplishments: FY 2016 were utilized to expand the MHCE functionality to include data exchange with other systems, specifically a patient's personal health record, and enterprise systems such as their electronic health record.												
FY 2017 Plans: FY 2017 certification/funding are being utilized to continue the expanding of the MHCE functionality deployed in FY 2016, which is the data exchange with other systems, specifically a patient's personal health record, and enterprise systems such as their electronic health record. These system enhancements support the Army's ability to help strengthen the scientific basis for decision-making in patient safety and quality performance within the Military Health System.												
FY 2018 Base Plans: FY 2018 certification/funding will be utilized to continue the expanding of the MHCE functionality deployed in FY 2017, which will be the data exchange with other systems, specifically a patient's personal health record, and enterprise systems such as their electronic health record. These system enhancements will support the Army's ability to help strengthen the scientific basis for decision-making in patient safety and quality performance within the Military Health System.												
Accomplishments/Planned Programs Subtotals								0.362	0.300	0.417	-	0.417

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017	
Appropriation/Budget Activity 0130 / 2				R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 283P / <i>Mobile HealthCare Environment (MHCE)</i>			
C. Other Program Funding Summary (\$ in Millions)											
			<u>FY 2018</u>	<u>FY 2018</u>	<u>FY 2018</u>					<u>Cost To</u>	
<u>Line Item</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>Base</u>	<u>OCO</u>	<u>Total</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>Complete</u>	<u>Total Cost</u>
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	1.285	1.350	1.416	-	1.416	1.477	1.551	1.561	1.571	Continuing	Continuing
Remarks											
D. Acquisition Strategy											
Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.											
E. Performance Metrics											
N/A											

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 385A / Integrated Electronic Health Record Inc 1 (Tri-Service)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
385A: Integrated Electronic Health Record Inc 1 (Tri-Service)	146.417	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
Project MDAP/MAIS Code: 465												
A. Mission Description and Budget Item Justification												
<p>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).</p> <p>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).</p> <p>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.</p>												
B. Accomplishments/Planned Programs (\$ in Millions)								FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Integrated Electronic Health Record (iEHR) Inc 1 (Tri-Service)								0.000	0.000	-	-	-
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.												
FY 2016 Accomplishments: No Funding Programmed.												
FY 2017 Plans: No Funding Programmed.												
Accomplishments/Planned Programs Subtotals								0.000	0.000	-	-	-

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017	
Appropriation/Budget Activity 0130 / 2				R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 385A / <i>Integrated Electronic Health Record Inc 1 (Tri-Service)</i>			
C. Other Program Funding Summary (\$ in Millions)											
			FY 2018	FY 2018	FY 2018					Cost To	
Line Item	FY 2016	FY 2017	Base	OCO	Total	FY 2019	FY 2020	FY 2021	FY 2022	Complete	Total Cost
• BA-1, 0807793HP: <i>MHS Tri-Service Information</i>	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	-	0.00	0.00
Remarks											
D. Acquisition Strategy											
N/A											
E. Performance Metrics											
None planned.											

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 386A / <i>Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)</i>			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
386A: <i>Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)</i>	14.464	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
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 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)								0.000	0.000	-	-	-
Description: Work with Department of Veterans Affairs (VA), Department of Health & Human Services (HHS), and Private Sector to expand VLER.												
FY 2016 Accomplishments: No Funding Programmed.												
FY 2017 Plans: No Funding Programmed.												
Accomplishments/Planned Programs Subtotals								0.000	0.000	-	-	-
C. Other Program Funding Summary (\$ in Millions)												
Line Item	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost	
• BA-1, 0807793HP: <i>MHS Tri-Service Information</i>	-	-	-	-	-	-	-	-	-			

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency			Date: May 2017
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 386A / <i>Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)</i>	

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

<u>Line Item</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u> <u>Base</u>	<u>FY 2018</u> <u>OCO</u>	<u>FY 2018</u> <u>Total</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
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.

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 423A / <i>Defense Center of Excellence (FHP&RP)</i>			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
423A: <i>Defense Center of Excellence (FHP&RP)</i>	3.464	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

Note

In FY15, transferred from FHP&R (Project Code 423A) to Army (Project Code 423B).

A. Mission Description and Budget Item Justification

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) is a United States Department of Defense (DoD) organization that provides guidance across DoD programs related to psychological health (PH) and traumatic brain injury (TBI) issues. The organization's mission statement is: "DCoE assesses, validates, oversees and facilitates prevention, resilience, identification, treatment, outreach, rehabilitation, and reintegration programs for PH and TBI to ensure the Department of Defense meets the needs of the USA's military communities, warriors and families." DCoE focuses on education and training; clinical care; prevention; research; and service member, family and community outreach. In collaboration with the Department of Veterans Affairs, the organization supports the Department of Defense's commitment of caring for service members from the time they enter service and throughout the completion of their service. DCoE also seeks to mitigate the stigma that still deters some from reaching out for help for problems such as post-traumatic stress disorder and TBI. The organization has a leadership role in collaborating with a national network of external entities[1] including non-profit organizations,[2] other DoD agencies, academia, Congress,[3] military services and other federal agencies.[4] Public health service and civil service workers, including personnel from the Department of Veterans Affairs and individuals from all the military services as well as contract personnel comprise the staff of DCoE. DCoE's goals include providing the necessary resources to facilitate the care of service members who experience TBI or PH concerns and ensuring that appropriate standards of care exist and are maintained across the Department of Defense. DCoE seeks to create, identify and share best practices, conducting necessary pilot or demonstration projects to better inform quality standards when best practices or evidence based recommendations are not readily available. Other DCoE goals include ensuring that program standards are executed and quality is consistent and creating a system in which individuals across the United States expect and receive the same level and quality of service regardless of their service branch, component, rank or geographic location. DCoE comprises eight directorates and six component centers responsible for TBI/PH issues. These DCoE entities execute programs, provide clinical care, conduct research, identify and share best practices and provide strategic planning for PH and TBI across the DoD.

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

	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Defense Center Of Excellence (FHP&RP)	0.000	0.000	-	-	-
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 2016 Accomplishments:					

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency				Date: May 2017	
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 423A / <i>Defense Center of Excellence (FHP&RP)</i>			
<u>B. Accomplishments/Planned Programs (\$ in Millions)</u>					
	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
No Funding Programmed.					
<i>FY 2017 Plans:</i> No Funding Programmed.					
Accomplishments/Planned Programs Subtotals	0.000	0.000	-	-	-
<u>C. Other Program Funding Summary (\$ in Millions)</u> N/A					
<u>Remarks</u>					
<u>D. Acquisition Strategy</u> N/A					
<u>E. Performance Metrics</u> N/A					

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 423B / <i>Defense Center of Excellence (Army)</i>			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
423B: <i>Defense Center of Excellence (Army)</i>	0.996	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

Note

Transferred from FHP&R (Project Code 423A) to Army (Project Code 423B) in FY 2015.
Transferred from Army (Project Code 423B) to DHA (Project Code 423C) in FY 2017.

A. Mission Description and Budget Item Justification

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury is administratively managed under the US Army Medical Command (MEDCOM) that provides guidance across DoD programs related to psychological health (PH) and traumatic brain injury (TBI) issues. 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, DCoE supports the DoD'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 to include: 1- Non-profit organizations, 2- Other DoD agencies, academia, and Congress, 3- Military services and other federal agencies and, 4- Public Health Service and civil service workers, to include personnel from the Department of Veterans Affairs and individuals from all military services as well as contractor personnel assigned to DCoE. DCoE's goals include providing the necessary resources to facilitate the care of Service members who experience TBI and/or PH concerns and ensuring that appropriate standards of care exist and are maintained across the DoD. 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 available. Additional goals include ensuring that program standards are executed and quality is consistent for all individuals throughout the United States so that they receive the same level and quality of service regardless of service branch, component, rank, or location. DCoE is comprised of a HQs element and three component centers responsible for PH/TBI issues. These DCoE directorates and centers execute programs, provide clinical care, conduct research, and identify and share best practices and provide strategic planning for all PH and TBI throughout the DoD. Management of IMIT funds are transferred from Army to DHA effective in FY 2017.

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

	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Defense Center of Excellence (Army)	0.000	0.000	0.000	-	0.000
Description: DCoE programs and products are developed and implemented to drive innovation across the continuum of care by identifying treatment options and other clinical and research methods that deliver superior healthcare outcomes. Products range from tools customized for healthcare providers to electronic resources such as online games and mobile apps for Service Members and their Families.					
FY 2016 Accomplishments:					

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency			Date: May 2017		
Appropriation/Budget Activity 0130 / 2		R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>		Project (Number/Name) 423B / <i>Defense Center of Excellence (Army)</i>	

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

	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
FY 2016 funds were used to complete the development and transition to sustainment for the electronic capabilities listed above. The T2 toolkit and its sub-components were more fully developed in order to allow for further collaboration and remote access to tools. RDT&E funding were utilized to continue development of mobile applications, 3D games, websites, and other applications. In addition, the DHCC FIRST STEPS module were continued to evolve and develop capabilities to tailor reporting, track data by individual Service, and monitor conditions such as smoking cessation and obesity/weight management. This program also added healthcare facilitators in behavioral activation and motivational interviewing techniques with patients. FY 2017 Plans: Management of funds is transferred from Army (423B) to DHA (423C) effective in FY 2017. FY 2018 Base Plans: No funding programmed.					
Accomplishments/Planned Programs Subtotals	0.000	0.000	0.000	-	0.000

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

<u>Line Item</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018 Base</u>	<u>FY 2018 OCO</u>	<u>FY 2018 Total</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>Cost To Complete</u>	<u>Total Cost</u>
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	-	-	-	-	-	-	-	-	-	-	-
• BA-1, 0807724HP: <i>Military Unique - Other Medical</i>	-	-	-	-	-	-	-	-	-	-	-

Remarks

O&M Dollars were transferred back to DCoE during the 16PB BCP, which took effect on 01OCT2015.

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.

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 423C / Defense Center of Excellence (T2T/PBH TERM) (DHA)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
423C: Defense Center of Excellence (T2T/PBH TERM) (DHA)	0.000	0.000	1.369	1.395	-	1.395	1.422	1.450	1.478	1.509	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) provides the Military Health System with current and emerging psychological health and traumatic brain injury clinical and educational information. DCOE identifies gaps and prioritize needs in psychological health and TBI research, and then translate that research into clinical practice to improve patient outcomes.

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
<div>Title: Defense Center of Excellence (DHA) T2T and PBH TERM</div> <div>Description: DCoE programs and products are developed and implemented to drive innovation across the continuum of care by identifying treatment options and other clinical and research methods that deliver superior healthcare outcomes. Products range from tools customized for healthcare providers to electronic resources such as online games and mobile apps for Service Members and their Families. Telehealth and Technology Toolkit (T2T):This project will organize a toolkit of components in the areas of PH and telehealth that can be used both within and outside DoD. The focus of the toolkit is NOT to develop duplicative components, but allow room for collaboration and remote access to tools. The T2 Toolkit consists of mobile applications, 3-Dimensional applications (apps) , and supporting websites. These applications will combine to create a system that covers many areas of Psychological Health (PH) for the Department of Defense, family members.</div> <div>Psychological and Behavioral Health – Tools for Evaluation, Risk and Management (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.</div> <div>FY 2016 Accomplishments: Funding and accomplishments are reported under the DCOE (Army) project codes. Funding and management was transferred from Army to DHA beginning in FY2017.</div> <div>FY 2017 Plans:</div>	0.000	1.369	1.395	-	1.395

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017	
Appropriation/Budget Activity 0130 / 2				R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 423C / <i>Defense Center of Excellence (T2T/ PBH TERM) (DHA)</i>			
B. Accomplishments/Planned Programs (\$ in Millions)											
				FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total			
<p>T2T funding will be used to develop and deploy 3-4 mobile apps per year and the deployment of mobile apps with wearables. Other funding will be used in the sustainment of mobile apps, the sustainment of the T2health.dcoe.mil website, and the retirement of designated mobile apps.</p> <p>PBH TERM: FY17 RDT&E funding (\$135K) will be used for requirements which will be used in support of DoD Strategic Management Plan (SMP) Objective 3 – Increased Health Information Technology (HIT) Effectiveness and DHA Strategic Objective IP8 – Improve Comprehensive Primary Care. Other O&M funding (\$65K) in support of PBH TERM system for improved HIT tools for Behavioral HealthCare Facilitators (BHCF), social workers, healthcare providers, and health system program managers to enable better case tracking, warnings for patient severity data, caseload management, and reduction of costs.</p> <p><i>FY 2018 Base Plans:</i> FY18 plans to continue the development and deployment of 3-4 mobile applications each year. Remaining funding will be used for application sustainment of the mobile applications, T2health.dcoe.mil website, and the retirement of specific mobile applications. PBH TERM funding will be used to support the DoD Strategic Management Plan Objective 3 – Increased HIT Effectiveness and DHA Strategic Objective IP8 – Improve Comprehensive Primary Care.</p>											
Accomplishments/Planned Programs Subtotals				0.000	1.369	1.395	-	1.395			
C. Other Program Funding Summary (\$ in Millions)											
Line Item	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
• BA-1, 0807793DHA: <i>MHS Tri-Service Information Management/ Information Technology (IM/IT)</i>	0.000	2.159	2.198	-	2.198	2.239	0.000	0.000	0.000	Continuing	Continuing
• BA-1, 0807724DHA: <i>Military Unique Requirements - Other Medical - Health Care</i>	0.000	3.733	3.768	-	3.768	3.808	6.147	6.270	6.458	Continuing	Continuing
Remarks											
D. Acquisition Strategy											
Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.											

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency		Date: May 2017
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 423C / <i>Defense Center of Excellence (T2T/ PBH TERM) (DHA)</i>

E. Performance Metrics

Each program establishes performance measurements. Program cost, schedule and performance are measured periodically using a systematic approach.

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 435A / NICOE Continuity Management Tool			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
435A: NICOE Continuity Management Tool	2.855	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

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:

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency				Date: May 2017							
Appropriation/Budget Activity 0130 / 2		R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development		Project (Number/Name) 435A / 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 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total			
Title: NICOE Continuity Management Tool				0.000	0.000	-	-	-			
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.											
FY 2016 Accomplishments: No Funding Programmed.											
FY 2017 Plans: No Funding Programmed.											
Accomplishments/Planned Programs Subtotals				0.000	0.000	-	-	-			
C. Other Program Funding Summary (\$ in Millions)											
Line Item	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
• 4187 807783: NCMT	0.000	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing
• 4187 807781: NCMT	4.107	4.259	4.332	-	4.332	-	-	-	-	Continuing	Continuing
• 1690 807781: HEIS	0.000	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing
• 4859 807781: JMED	0.000	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing
• 4940 807781: JTFCMI	41.610	42.395	43.267	-	43.267	-	-	-	-	Continuing	Continuing
• 4940 807720: JTFCMI	0.000	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing
• 4273 807781: Engineering and Deployment	0.000	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017	
Appropriation/Budget Activity 0130 / 2				R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 435A / <i>NICOE Continuity Management Tool</i>			
C. Other Program Funding Summary (\$ in Millions)											
Line Item	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
• 4280 807721: <i>Engineering and Deployment</i>	0.000	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing
• 4361 807781: <i>IA Operational Resiliency</i>	0.000	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing
• 4126 807781: <i>Computer Network Defense</i>	0.000	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing
• 4111 807781: <i>Computer Network Defense</i>	0.482	0.492	0.502	-	0.502	-	-	-	-	Continuing	Continuing
• 4165 807781: <i>Computer Network Defense</i>	0.000	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing
• 4177 807781: <i>Computer Network Defense</i>	0.000	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing
• 4364 807781: <i>Workforce Development</i>	0.000	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing
Remarks											
D. Acquisition Strategy											
This requirement is currently contracted through the USA Medical Research Activity. The vender is Evolvent Technologies Inc.											
E. Performance Metrics											
This performance metrics or milestones shall include, but is not limited to:											
Coordination with Government representatives Review, evaluation and transition of current support services Transition of historic data to new contractor system Government-approved training and certification process Transfer of hardware warranties and software licenses 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 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											

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency		Date: May 2017
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 435A / <i>NICOE Continuity Management Tool</i>
<p>engineer, previously not familiar with the source code can understand and efficiently work with the source code. In addition, this contractor will provide for 30 days, a software engineer (or person of comparable work level) with significant experience working with the source code, to assist the new contractor</p> <p>Orientation phase and program to introduce Government personnel, programs, and users to the Contractor's team, tools, methodologies, and business processes</p> <p>Disposition of Contractor purchased Government owned assets, including facilities, equipment, furniture, phone lines, computer equipment, etc.</p> <p>Transfer of Government Furnished Equipment (GFE) and Government Furnished Information (GFI), and GFE inventory management assistance</p> <p>Applicable TMA debriefing and personnel out-processing procedures</p> <p>Turn-in of all government keys, ID/access cards, and security codes.</p>		

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 446A / Disability Mediation Service (DMS)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
446A: Disability Mediation Service (DMS)	0.887	0.399	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
A. Mission Description and Budget Item Justification												
<p>Disability Mediation Service (DMS): The VTA (Veteran’s Tracking Application) has been the primary system to track, record, and report data for the IDES (Integrated Disability Evaluation System) process. The VTA is scheduled to sun-set, by VA (Veterans Affairs), and the data is being moved to another application. Migration of VTA to another application creates the requirement to allow data exchange between Service non-medical case management and new VA DES (Disability Evaluation System) IT application. The BEC (Benefits Executive Council) is looking to create a DMS (Disability Mediation Service), which is an integrator between the Services and VA. The DMS will facilitate the improvement of non-medical case management tracking and IDES data/information management. It will eliminate redundant data entry within DoD (Department of Defense), improving data quality by capturing more data for operational reporting from the Services and WCP, decrease backlog by eliminating data entry duplication, and minimize impact to DoD Services by allowing the Services to continue using their existing/planned systems without requiring retraining on a new applications.</p> <p>The DMS will be created from existing technology. It will provide a mediation service to help isolate each system from changes and uniqueness in the other systems and allow the Services and WCP to report and drill down on data that we capture during the exchange. This IT solution will not replace current DoD systems, but will require some modifications and enhancements to those systems to support the date exchange. WCP will support development costs for these efforts. Services will assume responsibility and POM costs for modifications, enhancements, and maintenance in the out years."</p>												
B. Accomplishments/Planned Programs (\$ in Millions)								FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Disability Mediation Service (DMS)								0.399	0.000	0.000	-	0.000
Description: The VTA (Veteran’s Tracking Application) has been the primary system to track, record, and report data for the IDES (Integrated Disability Evaluation System) process. The VTA is scheduled to sun-set, by VA (Veterans Affairs), and the data is being moved to another application. Migration of VTA to another application creates the requirement to allow data exchange between Service non-medical case management and new VA DES (Disability Evaluation System) IT application. The BEC (Benefits Executive Council) is looking to create a DMS (Disability Mediation Service), which is an integrator between the Services and VA. The DMS will facilitate the improvement of non-medical case management tracking and IDES data/information management. It will eliminate redundant data entry within DoD (Department of Defense), improving data quality by capturing more data for operational reporting from the Services and WCP, decrease backlog by eliminating data entry duplication, and minimize impact 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												

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency				Date: May 2017		
Appropriation/Budget Activity 0130 / 2		R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>		Project (Number/Name) 446A / <i>Disability Mediation Service (DMS)</i>		
B. Accomplishments/Planned Programs (\$ in Millions)						
		FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
<p>data that we capture during the exchange. This IT solution will not replace current DoD systems, but will require some modifications and enhancements to those systems to support the date exchange. WCP will support development costs for these efforts. Services will assume responsibility and POM costs for modifications, enhancements, and maintenance in the out years."</p> <p><i>FY 2016 Accomplishments:</i> FY16 accomplishments include the refinement and further development of JDES-IT functional requirements and initiating the identification and documentation for "As Is" and "To Be" business workflows.</p> <p><i>FY 2017 Plans:</i> No Funding Programmed.</p> <p><i>FY 2018 Base Plans:</i> No Funding Programmed.</p>						
Accomplishments/Planned Programs Subtotals		0.399	0.000	0.000	-	0.000
C. Other Program Funding Summary (\$ in Millions)						
N/A						
Remarks						
D. Acquisition Strategy						
N/A						
E. Performance Metrics						
N/A						

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 480B / Defense Medical Human Resources System (Internet) (DMHRSi) (Tri-Service)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
480B: Defense Medical Human Resources System (Internet) (DMHRSi) (Tri-Service)	0.585	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
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 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Defense Medical Human Resources System (internet) (DMHRSi) (Tri-Service)								0.000	0.000	0.000	-	0.000
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.												
FY 2016 Accomplishments: No Funding Programmed.												
FY 2017 Plans: No Funding Programmed.												
FY 2018 Base Plans: No Funding Programmed.												
Accomplishments/Planned Programs Subtotals								0.000	0.000	0.000	-	0.000

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency		Date: May 2017
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development	Project (Number/Name) 480B / 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		

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 480C / Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
480C: Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)	13.710	1.780	2.326	2.363	-	2.363	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

Purpose: DMLSS provides a standard Department of Defense (DoD) medical logistics system. DMLSS suite of applications provides healthcare driven capability to support medical logistics needs for critical medical commodities - pharmaceuticals and medical/surgical supplies across continuum of care from the battlefield to tertiary care at a major DoD military treatment facility (MTF). This capability is enabled by the partnership of the Defense Logistics Agency (DLA) – Troop Support Medical and the Military Health System (MHS) providing an industry to practitioner supply chain for the medical commodity. The DMLSS DLA Wholesale (DMLSS-W) applications are funded by DLA while the garrison medical treatment facilities and theater applications are funded by the Defense Health Program.

Goal: The current DMLSS system provides full spectrum capability for medical logistics management.

Benefits: 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 MTF physical plant and supports the Joint Commission accreditation requirements. DMLSS, in coordination with Joint Operational Medicine Information Systems (JOMIS), is providing to Services and Combatant Commanders the logistics capabilities necessary to rapidly project and sustain joint medical capabilities for medical logistics management of theater medical materiel operations. Products 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 lower levels of care, and allows non-logisticians to electronically exchange catalog, order, and status information with their supply activity. The Joint Medical Asset Repository (JMAR) provides Enterprise asset visibility and business intelligence tool. JMAR is web-based application that provides Enterprise medical logistics (MEDLOG) asset visibility, transactional data and business intelligence (BI) and Decision Support (DS) across the MHS.

Stakeholders: MHS and DLA troop support. Customers: medical logisticians, biomedical technicians, clinical staff, and facilities management personnel in MTFs

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

	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)	1.780	2.326	2.363	-	2.363
Description: Development, integration and modernization of DMLSS modules.					
FY 2016 Accomplishments:					
Used to continue the development of a federated regional logistics capability. They will also be used to update the Medical Vendor product and pricing management routines. They will also be used to continue the					

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency								Date: May 2017			
Appropriation/Budget Activity 0130 / 2				R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 480C / <i>Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)</i>			

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
<p>development of enhanced enterprise lifecycle/equipment management functionality. They will also be used to continue to enhance functionality identified during the Prime Vendor Gen IV enhancements.</p> <p><i>FY 2017 Plans:</i> Modernization funds will be used to begin the development of a secure drug and medical device supply chain traceability capability. They will also be used to begin the development of a patient safety / FDA recall alerts medical material quality control capability. They will also be used to continue to update the Medical Vendor product and pricing management routines.</p> <p><i>FY 2018 Base Plans:</i> Continue the development of a secure drug and medical device supply chain traceability capability. And, also continue the development of a patient safety / FDA recall alerts medical material quality control capability. They will also be used to continue to update the Medical Vendor product and pricing management routines.</p>					
Accomplishments/Planned Programs Subtotals	1.780	2.326	2.363	-	2.363

C. Other Program Funding Summary (\$ in Millions)											
Line Item	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
• BA-1, 0807793DHA: <i>MHS Tri-Service Information</i>	31.007	35.014	35.624	-	35.624	36.233	35.952	35.797	36.508	Continuing	Continuing
Remarks											
D. Acquisition Strategy											
Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.											
E. Performance Metrics											
Each program establishes performance measurements which are usually included in the MHS IT Annual Performance Plan. Program cost, schedule and performance are measured periodically using a systematic approach. The results of these measurements are presented to management on a regular basis in various as part of the Integrated Product and Process Development (IPPD) process, In Process Reviews (IPRs), or other reviews to determine program effectiveness and provide new direction as needed to ensure the efficient use of resources. Performance metrics for specific projects may be viewed at the OMB Federal IT Dashboard website.											

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 480D / Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
480D: Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)	8.052	0.000	6.140	6.025	-	6.025	5.559	6.416	6.902	7.040	Continuing	Continuing
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 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)								0.000	6.140	6.025	-	6.025
Description: Configure, enhance, and interface DOEHRS-IH modules.												
FY 2016 Accomplishments: No Funding Programmed.												
FY 2017 Plans: Modernization funds will be used to continue to address a backlog of Critical User Enhancements that will dramatically increase the ease of use and data integrity of the DOEHRS-IH application. They will also be used to develop configuration of HazMat Product Hazard Data - Material Safety Data Sheets (MSDS), as mandated by Occupational Safety and Health Administration (OSHA) 29 CFR 1910.120.												
FY 2018 Base Plans: Modernization funds will be used to continue to address a backlog of Critical User Enhancements that will dramatically increase the ease of use and data integrity of the DOEHRS-IH application. They will also be used												

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency			Date: May 2017
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 480D / <i>Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)</i>	

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

	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
to implement an interface to DOEHRs-Hearing Conservation (HC) to support an automated capability to rapidly access, extract and incorporate information from DOEHRs-HC. This will assist occupational and environmental health (OEH) personnel in providing guidance in the prevention and treatment of noise exposures and injuries. In addition this funding will support a Data Entry User Interface, which will support a new graphical user interface (GUI) that enables the user to more efficiently and accurately enter data in the system and retrieve information to determine potential exposures.					
Accomplishments/Planned Programs Subtotals	0.000	6.140	6.025	-	6.025

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

Line Item	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
• BA-1, 0807793DHA: <i>MHS Tri-Service Information</i>	8.290	12.262	14.835	-	14.835	14.886	15.864	17.030	17.371	Continuing	Continuing
• BA-3, 0807721DHA: <i>Replacement/Modernization</i>	0.113	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

Remarks

D. Acquisition Strategy

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

E. Performance Metrics

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

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 480F / Executive Information/Decision Support (EI/DS) (Tri-Service)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
480F: Executive Information/Decision Support (EI/DS) (Tri-Service)	5.936	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
A. Mission Description and Budget Item Justification												
EI/DS was 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. EI/DS has been broken apart into 4 separate initiatives beginning in FY17. These initiatives are (1) ESSENCE), (2) PHIMT, (3) CEIS, and (PCOS).												
B. Accomplishments/Planned Programs (\$ in Millions)								FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Executive Information/Decision Support (EI/DS) (Tri-Service)								0.000	0.000	0.000	-	0.000
Description: Development, modernization, upgrades and testing for various EI/DS modules. EI/DS has been broken apart into 4 separate initiatives beginning in FY17. These initiatives are (1) ESSENCE), (2) PHIMT, (3) CEIS, and (PCOS).												
FY 2016 Accomplishments: No Funding Programmed.												
FY 2017 Plans: No Funding Programmed.												
FY 2018 Base Plans: No Funding Programmed.												
Accomplishments/Planned Programs Subtotals								0.000	0.000	0.000	-	0.000
C. Other Program Funding Summary (\$ in Millions)												
N/A												

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency		Date: May 2017
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development	Project (Number/Name) 480F / Executive Information/Decision Support (EI/DS) (Tri-Service)
C. Other Program Funding Summary (\$ in Millions)		
Remarks		
D. Acquisition Strategy Not applicable.		
E. Performance Metrics Not applicable.		

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 480G / Health Artifact and Image Management Solution (HAIMS) (Tri-Service)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
480G: Health Artifact and Image Management Solution (HAIMS) (Tri-Service)	8.123	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
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).												
B. Accomplishments/Planned Programs (\$ in Millions)								FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Health Artifact and Image Management Solution (HAIMS) (Tri-Service)								0.000	0.000	0.000	-	0.000
Description: Integrate new functionality into HAIMS.												
FY 2016 Accomplishments: No Funding Programmed.												
FY 2017 Plans: No Funding Programmed.												
FY 2018 Base Plans: No Funding Programmed.												
Accomplishments/Planned Programs Subtotals								0.000	0.000	0.000	-	0.000
C. Other Program Funding Summary (\$ in Millions)												
Line Item	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost	
• BA-1, 0807793DHA: MHS Tri-Service Information	17.575	25.634	25.298	-	25.298	22.398	22.919	23.377	31.663	Continuing	Continuing	

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency			Date: May 2017
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 480G / <i>Health Artifact and Image Management Solution (HAIMS) (Tri-Service)</i>	

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

<u>Line Item</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u> <u>Base</u>	<u>FY 2018</u> <u>OCO</u>	<u>FY 2018</u> <u>Total</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
• BA-3, 0807721DHA: <i>Replacement/Modernization</i>	9.500	12.500	12.604	-	12.604	13.732	14.007	14.287	6.755	Continuing	Continuing

Remarks

D. Acquisition Strategy

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

E. Performance Metrics

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

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 480K / Integrated Federal Health Registry Framework (Tri-Service)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
480K: Integrated Federal Health Registry Framework (Tri-Service)	3.652	0.413	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

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; Defense Health Agency-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 National Capital Region-National Intrepid Center of Excellence). Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.

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

	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: integrated Health Registry Framework (Tri-Service)	0.413	0.000	0.000	-	0.000
Description: Develop, integrate and test a common registry.					
FY 2016 Accomplishments: FY16 accomplishments include: completed System Integration Testing (SIT), completed the development of iHRF version 1.0 based on the SIT results. Yet to complete with FY16 funding are the Interoperability (IOP) testing and Operational Test and Evaluation (OT&E).					
FY 2017 Plans: No Funding Programmed.					
FY 2018 Base Plans: No Funding Programmed.					
Accomplishments/Planned Programs Subtotals	0.413	0.000	0.000	-	0.000

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017	
Appropriation/Budget Activity 0130 / 2				R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 480K / <i>Integrated Federal Health Registry Framework (Tri-Service)</i>			
C. Other Program Funding Summary (\$ in Millions)											
			<u>FY 2018</u>	<u>FY 2018</u>	<u>FY 2018</u>					<u>Cost To</u>	
<u>Line Item</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>Base</u>	<u>OCO</u>	<u>Total</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>Complete</u>	<u>Total Cost</u>
• BA-1, 0807793DHA: <i>MHS Tri-Service Information</i>	2.838	2.865	2.913	-	2.913	0.000	0.000	0.000	0.000	Continuing	Continuing
• BA-3, 0807721DHA: <i>Replacement/Modernization</i>	0.015	0.094	0.066	-	0.066	0.000	0.000	0.000	0.000	Continuing	Continuing
Remarks											
D. Acquisition Strategy											
Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.											
E. Performance Metrics											
Program cost, schedule and performance are measured periodically using a systematic approach as required for Major Automated Information Systems (MAIS) per DoD Directives and Instructions.											

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 480M / Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
480M: Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)	28.731	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

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 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)	0.000	0.000	-	-	-
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					

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency				Date: May 2017		
Appropriation/Budget Activity 0130 / 2		R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>		Project (Number/Name) 480M / <i>Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)</i>		
<u>B. Accomplishments/Planned Programs (\$ in Millions)</u>						
		FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
<p>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.</p> <p>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.</p> <p><i>FY 2016 Accomplishments:</i> No Funding Programmed.</p> <p><i>FY 2017 Plans:</i> No Funding Programmed.</p>						
Accomplishments/Planned Programs Subtotals		0.000	0.000	-	-	-
<u>C. Other Program Funding Summary (\$ in Millions)</u> N/A						
<u>Remarks</u>						
<u>D. Acquisition Strategy</u> N/A						
<u>E. Performance Metrics</u> N/A						

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 480P / Other Related Technical Activities (Tri-Service)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
480P: Other Related Technical Activities (Tri-Service)	4.139	0.000	1.683	3.500	-	3.500	0.000	0.000	0.000	0.000	Continuing	Continuing
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 cannot be associated with any one individual Tri-Service initiative, which includes enterprise Messaging and other common IT services requirements. Additionally, in standing up the new Defense Health Agency (DHA) on October 1, 2013, one of the signature efforts of the reorganization is the establishment of a Shared Services model for the delivery of enterprise-wide support services to the Military Health System (MHS). One of the five shared services in DHA is Health Information Technology (HIT). The MHS Shared Services Portfolio Rationalization (MHS SSPR) is an initiative to capture those costs which need to be called out separately to implement the share services HIT portfolio rationalization.												
B. Accomplishments/Planned Programs (\$ in Millions)								FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Other Related Technical Activities (Tri-Service)								0.000	1.683	3.500	-	3.500
Description: Activities common to multiple or all Tri-Service systems/programs and cannot be associated with any one individual Tri-Service initiative, which includes MHS SSPR.												
FY 2016 Accomplishments: No Funding Programmed.												
FY 2017 Plans: FY17 plans are to support funding of the Health Information Technology Shared Services investment.												
FY 2018 Base Plans: In FY18, funding requirements will continue to support the Health Information Technology Shared Services investment.												
Accomplishments/Planned Programs Subtotals								0.000	1.683	3.500	-	3.500
C. Other Program Funding Summary (\$ in Millions)												
Line Item	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost	
• BA-3, 0807721DHA: Replacement/Modernization	0.000	2.310	2.730	-	2.730	0.000	0.000	0.000	0.000	Continuing	Continuing	

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency							Date: May 2017		
Appropriation/Budget Activity 0130 / 2				R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>			Project (Number/Name) 480P / <i>Other Related Technical Activities (Tri-Service)</i>		

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

<u>Line Item</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u> <u>Base</u>	<u>FY 2018</u> <u>OCO</u>	<u>FY 2018</u> <u>Total</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
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 multiple initiatives, performance metrics of the common activities are part of and/or contributing factors in the measurement of the performance metrics of the individual initiatives.

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 480Y / <i>Clinical Case Management (Tri-Service)</i>			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
480Y: <i>Clinical Case Management (Tri-Service)</i>	2.925	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

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.

<u>B. Accomplishments/Planned Programs (\$ in Millions)</u>	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
<p><i>Title:</i> Clinical Case Management (Tri-Service)</p> <p><i>Description:</i> 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.</p> <p><i>FY 2016 Accomplishments:</i> No Funding Programmed.</p> <p><i>FY 2017 Plans:</i> No Funding Programmed.</p> <p><i>FY 2018 Base Plans:</i> No Funding Programmed.</p>	0.000	0.000	0.000	-	0.000
Accomplishments/Planned Programs Subtotals	0.000	0.000	0.000	-	0.000

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

Remarks

D. Acquisition Strategy
 N/A

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency		Date: May 2017
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 480Y / <i>Clinical Case Management (Tri-Service)</i>

E. Performance Metrics

N/A

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 481A / Theater Enterprise Wide Logistics System (TEWLS) Tri-Service)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
481A: Theater Enterprise Wide Logistics System (TEWLS) Tri-Service)	5.127	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
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 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Theater Enterprise Wide Logistics System (TEWLS) Tri-Service)								0.000	0.000	-	-	-
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 2016 Accomplishments: No Funding Programmed.												
FY 2017 Plans: No Funding Programmed.												
Accomplishments/Planned Programs Subtotals								0.000	0.000	-	-	-
C. Other Program Funding Summary (\$ in Millions)												
N/A												

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency		Date: May 2017
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development	Project (Number/Name) 481A / Theater Enterprise Wide Logistics System (TEWLS) Tri-Service
C. Other Program Funding Summary (\$ in Millions)		
Remarks		
D. Acquisition Strategy		
N/A		
E. Performance Metrics		
N/A		

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 482A / E-Commerce (DHA)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
482A: E-Commerce (DHA)	7.803	2.665	2.829	3.704	-	3.704	4.200	4.284	4.370	4.457	Continuing	Continuing

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 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: E-Commerce (DHA)	2.665	2.829	3.704	-	3.704
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-					

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency				Date: May 2017		
Appropriation/Budget Activity 0130 / 2		R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development		Project (Number/Name) 482A / E-Commerce (DHA)		
B. Accomplishments/Planned Programs (\$ in Millions)		FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
<p>Commerce includes 5 major subsystems and over 60 servers supporting development, test, and production. The system will be utilized by several hundred users in more than 7 different organizations. Project oversight and coordination must be provided to ensure that the needs of the disparate organizations are met without impacting the system performance or support to any individual user. Server configurations must be kept current in terms of security policies, user authorizations, and interactions with other systems and functions. All of these activities must be managed and coordinated on a daily basis.</p> <p>FY 2016 Accomplishments: FY16 accomplishments pared down initiatives for centralized collection, integration, and reporting of accurate purchased care contracting and financial data.</p> <p>FY 2017 Plans: FY17 plans include compliance enhancements and modernization of healthcare financial processing, contract operations, and financial reporting. In addition, improve application functionality to respond to changes in healthcare policy and guidance, to improve operational efficiency, and to continue providing DHA operational personnel with effective financial, contract management, and acquisition management capabilities, improve healthcare claims and financial processing to accommodate new healthcare contracts, to support processing changes in healthcare requirements, and to improve private sector care contractor performance assessment and deliverable processing, and enhance accounting and finance capabilities to improve the tracking of pharmaceutical manufacturer refunds, dispute handling, collections, and case management. Plans also include improvements to support healthcare accounting operations, financial audit support, financial reporting, and private sector care budget management and the implementation of software changes, mandated by Congress and the DoD, to accommodate financial application healthcare policy modifications, BEA SFIS changes, and PDS compliance.</p> <p>FY 2018 Base Plans: In FY18, plans include more modernization to healthcare financial processing, contracts, and reporting as well as adapting to health care policy and guidance. This funding will help to improve operational efficiency for DHA personnel in areas of new health care contracts, processing changes to requirements, and improving private sector care assessments and deliverable processing. Other plans include accounting improvements and better budget management. There will also be software changes, mandated by Congress and the DoD to accommodate financial application policy modifications, BEA SFIS changes, and PDS compliance.</p>						
Accomplishments/Planned Programs Subtotals		2.665	2.829	3.704	-	3.704

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017	
Appropriation/Budget Activity 0130 / 2				R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 482A / <i>E-Commerce (DHA)</i>			
C. Other Program Funding Summary (\$ in Millions)											
			<u>FY 2018</u>	<u>FY 2018</u>	<u>FY 2018</u>					<u>Cost To</u>	
<u>Line Item</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>Base</u>	<u>OCO</u>	<u>Total</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>Complete</u>	<u>Total Cost</u>
• BA-1, 0807752HP:	14.615	14.933	14.438	-	14.438	14.286	14.543	-	-	Continuing	Continuing
<i>Miscellaneous Support Activities</i>											
• BA-3, 0807721HP:	0.000	0.000	0.000	-	0.000	0.549	0.560	-	-	Continuing	Continuing
<i>Replacement/Modernization</i>											
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.											

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 490I / Navy Medicine Chief Information Officer			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
490I: Navy Medicine Chief Information Officer	6.237	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
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 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Navy Medicine Chief Information Officer (CIO) Management Operations								0.000	0.000	-	-	-
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 2016 Accomplishments: No Funding Programmed.												
FY 2017 Plans: No Funding Programmed.												
Accomplishments/Planned Programs Subtotals								0.000	0.000	-	-	-
C. Other Program Funding Summary (\$ in Millions)												
Line Item	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost	
• BA-1, 0807781HP: Non-Central Information Management/Information Technology	82.274	82.427	83.778	-	83.778	68.129	71.102	72.458	-	Continuing	Continuing	
• BA-1, PE 0807795HP: Base Communications - CONUS	16.835	17.153	17.458	-	17.458	17.793	18.151	18.505	-	Continuing	Continuing	
• BA-1, PE 0807995HP: Base Communications - OCONUS	2.505	2.552	2.599	-	2.599	2.646	2.696	2.750	-	Continuing	Continuing	
• BA-3, PE 0807721HP: Replacement/Modernization	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	-	Continuing	Continuing	

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2				R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 4901 / <i>Navy Medicine Chief Information Officer</i>				
C. Other Program Funding Summary (\$ in Millions)												
	<u>Line Item</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u> <u>Base</u>	<u>FY 2018</u> <u>OCO</u>	<u>FY 2018</u> <u>Total</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
<u>Remarks</u>												
D. Acquisition Strategy N/A												
E. Performance Metrics N/A												

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 490J / Navy Medicine Online			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
490J: Navy Medicine Online	3.369	1.890	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
A. Mission Description and Budget Item Justification The Navy Medicine Online System (NMO) is the designated data broker for Navy Medicine. Previous to FY 2016 Navy used funding to provide support on various initiatives. Funding transferred to Defense Health Agency starting in FY 2016. FY 2016 funding will be used for application platform usability and interoperability to deliver apps for patients and staff.												
B. Accomplishments/Planned Programs (\$ in Millions)								FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Navy Medicine Online (NMO) Description: The Navy Medicine Online System (NMO) is the designated data broker for Navy Medicine. Funding transferred to Defense Health Agency starting in FY 2016. FY 2016 Accomplishments: Funding transferred from Navy Medical Information Technology to Defense Health Agency Health Information Technology in FY 2016. RDT&E funds used for application platform usability and interoperability to deliver apps for patients and staff. FY 2017 Plans: No Funding Programmed. FY 2018 Base Plans: No Funding Programmed. FY 2018 OCO Plans: No Funding Programmed.								1.890	0.000	0.000	0.000	0.000
Accomplishments/Planned Programs Subtotals								1.890	0.000	0.000	0.000	0.000
C. Other Program Funding Summary (\$ in Millions) N/A Remarks D. Acquisition Strategy N/A												

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency		Date: May 2017
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 490J / <i>Navy Medicine Online</i>
E. Performance Metrics N/A		

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 480A / Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) (Tri-Service)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
480A: Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) (Tri-Service)	0.000	2.350	1.791	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

ESSENCE is the global, MHS monitoring capability for the early detection of health threats to force readiness. The Armed Forces Health Surveillance Center (AFHSC), the Service-specific public health centers, and Medical Treatment Facilities (MTFs) worldwide use ESSENCE on a daily basis to monitor the health status of the Military Health System (MHS) population in a time of concerns about possible biomedical terrorist attack and naturally occurring emerging infections. ESSENCE monitors the direct care MHS population, containing data on over 9 million lives. ESSENCE facilitates recognition and investigation of Tri-Service Reportable Medical Events and permits access to aggregate data and individual data to analyze the epidemiologic characteristics of health events of interest for Medical situational awareness.

This initiative is a split investment from the original Executive Information/Decision Support (EI/DS) initiative for reporting purposes.

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

	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)	2.350	1.791	0.000	-	0.000
Description: Web-based syndromic surveillance used worldwide to identify rapid or unusual increases in certain syndromes. Automatically alerts users to these unusual increases and uses geographic information system mapping to display occurrences geographically.					
FY 2016 Accomplishments: FY16 accomplishments include the continued development of Enhanced Query capabilities which will substantially expand the scope of the current query functionality. The enhanced query functionality will allow user to include parameters from all current and future data sources to create specific disease case definitions. The query will also enable the user to define a specific population, e.g., one or more MTFs, age-groups, etc. This enhanced functionality will expand ESSENCE's scope beyond the existing broad syndromes and allow users to monitor specific diseases, e.g., influenza.					
FY 2017 Plans: FY17 plans include the final development and deployment of the Enhanced Query capability and test the Enhanced Data Storage which will expand the data storage capability from 18 months to 5 years. The expansion					

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency			Date: May 2017
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development	Project (Number/Name) 480A / Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) (Tri-Service)	

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
of data available will improve the near real time health surveillance, allowing comparisons between the same season and other defined periods of time across multiple years. Without comparison data, unnecessary investigations from false alarms and can result.					
In addition, plans are to deploy a GIS Capability enabling advanced geospatial analysis. This will restore functionality that does not work properly following application of a STIG during the development of ESSENCE Block III. The GIS capability will allow ESSENCE users to build queries that identify and locate zip codes and MTFs and highlight, zoom to, and center on the results of queries.					
<i>FY 2018 Base Plans:</i> No funding programmed.					
Accomplishments/Planned Programs Subtotals	2.350	1.791	0.000	-	0.000

C. Other Program Funding Summary (\$ in Millions)										
<u>Line Item</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018 Base</u>	<u>FY 2018 OCO</u>	<u>FY 2018 Total</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>Cost To Complete</u>
• BA-1: 0807793DHA: MHS <i>Tri-Service Information</i>	5.147	6.459	6.609	0.000	6.609	6.729	6.863	7.000	7.140	Continuing

Remarks

D. Acquisition Strategy

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

E. Performance Metrics

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

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 480Z / <i>Patient Assessment Screening Tool Outcome Registry (Tri-Service)</i>			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
480Z: <i>Patient Assessment Screening Tool Outcome Registry (Tri-Service)</i>	0.000	0.000	0.828	0.538	-	0.538	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

PASTOR is a GOTS system based recommendations from the Pain Management Taskforce (PMTF) to adopt a clinical information system that provides standardized pain assessment with an outcome registry to promote consistency in pain care delivery, and from National Institute of Health (NIH) Patient-Reported Outcomes Measurement Information System (PROMIS) to deliver computerized adaptive testing through various information communication modalities and provide decision support for patients and clinical staffs.

When deployed, PASTOR will support tracking/reporting of Warrior Transition Care, prescription opioid analgesics usage, poly-pharmacy, and sole prescriber program. PASTOR will also be used to evaluate performance/impact of Pain Departments, Interdisciplinary Pain Management Centers, and pain management programs in Patient Centered Medical Home. It will provide clinicians and MHS decision makers with data related to the appropriateness and effectiveness of a spectrum of Pain Management procedures and techniques. It will also provide a capability to meet emerging Joint Commission requirements for measuring and reporting patient reported outcomes. This initiative will enable more consistent pain treatment; greater accuracy in modeling requirements for pain medicine, personnel, equipment and space, specialty care referrals; and greater fidelity on impact of pain on Traumatic Brain Injury (TBI) and co-morbid behavioral health conditions.

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

	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Patient Assessment Screening Tool Outcome Registry (PASTOR) (Tri-Service)	0.000	0.828	0.538	-	0.538
Description: Current capabilities completed with advanced concept technology re-modernization funding, reported under the MHS Information Technology Research Projects (MHSITRP) initiative, at pilot facilities include: <ul style="list-style-type: none"> • Capability to create, store, deliver, and maintain patient reported responses to outcome measurement questions. • Capability for patient to complete questionnaire with computer adaptive testing on self-entered electronic data device either through the internet, via a patient portal or in the clinic setting. • Capability for staff to view the patient self- entered data (ie. dashboard, visual representation, trends reports, and summaries). • Capability to provide decision support for staff based on data collected from patient (i.e. identify risk or potential problems, summarizing key information, follow trends over time, medication order sets, evaluate effectiveness of interventions). 					

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017	
Appropriation/Budget Activity 0130 / 2				R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 480Z / <i>Patient Assessment Screening Tool Outcome Registry (Tri-Service)</i>			
B. Accomplishments/Planned Programs (\$ in Millions)											
						FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	
<p>• Capability to identify and enroll patients in a pain management registry (which is a part of the PASTOR package and maintained at Madigan).</p> <p><i>FY 2016 Accomplishments:</i> No funding programmed.</p> <p><i>FY 2017 Plans:</i> FY17 plans include the development/integration to provide pain patient focused outcomes data to improve clinical decision making, develop data driven and military specific clinical practice guidelines, obtain critical data to assure needs based alignment of resources, and integrate existing validated outcome measures into PASTOR (data is collected and is waiting on analysis).</p> <p><i>FY 2018 Base Plans:</i> FY18 plans include the continuation of the building and integration to provide pain patient focused outcomes data to improve clinical decision making, develop data driven and military specific clinical practice guidelines, obtain critical data to assure needs based alignment of resources, and integrate existing validated outcome measures into PASTOR (data is collected and is waiting on analysis). In addition, the plan is to complete enterprise deployment of PASTOR to Pain Departments, Interdisciplinary Pain Management Centers, and in support of pain management care in Patient Centered Medical Homes in the MHS and to continue sustainment and maintenance of all deployed sites.</p>											
Accomplishments/Planned Programs Subtotals						0.000	0.828	0.538	-	0.538	
C. Other Program Funding Summary (\$ in Millions)											
Line Item	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
• BA-1: 0807793DHA: MHS Tri-Service Information	0.000	1.138	1.221	0.000	1.221	0.000	0.000	0.000	0.000	Continuing	Continuing
• BA-3: 0807721DHA: Other Procurement, Replacement/Modernization	0.000	0.864	0.065	0.000	0.065	0.000	0.000	0.000	0.000	Continuing	Continuing
Remarks											
D. Acquisition Strategy N/A											

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency		Date: May 2017
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 480Z / <i>Patient Assessment Screening Tool Outcome Registry (Tri-Service)</i>
<u>E. Performance Metrics</u> N/A		

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Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency										Date: May 2017		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 480R / Joint Disability Evaluation System IT (DHA)			
COST (\$ in Millions)	Prior Years	FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total	FY 2019	FY 2020	FY 2021	FY 2022	Cost To Complete	Total Cost
480R: Joint Disability Evaluation System IT (DHA)	0.000	0.000	0.445	0.588	-	0.588	0.666	0.679	0.692	0.706	Continuing	Continuing
A. Mission Description and Budget Item Justification												
JDES-IT will provide case level management, tracking and reporting capability that will provide Disability Evaluation System (DES) processors and stakeholders increased transparency of a case through an automated IT solution. Case files and DES information will be electronically transferred and shared within Service components, between the Services, and with Veterans Affairs. The future environment would also include information exchange capability with existing Human Resources (HR) and medical systems to reduce duplicative entry. Funding previously reported under Disability Mediation Service prior to finalize decision on the JDES-IT.												
B. Accomplishments/Planned Programs (\$ in Millions)								FY 2016	FY 2017	FY 2018 Base	FY 2018 OCO	FY 2018 Total
Title: Joint Disability Evaluation System IT (JDES-IT)								0.000	0.445	0.588	-	0.588
Description: JDES-IT will provide case level management, tracking and reporting capability that will provide Disability Evaluation System (DES) processors and stakeholders increased transparency of a case through an automated IT solution.												
FY 2016 Accomplishments: Funding not programmed for this project in FY 2016.												
FY 2017 Plans: In FY17, plans include the identification and documentation of "As Is" and "To Be" business workflows, analysis of JDES-IT requirements support the "To Be" business workflows, finalization of JDES-IT functional requirements, and identification of JDES-IT technical requirements and solution alternatives.												
FY 2018 Base Plans: In FY18 plans include funding the below requirements intended to reduce technology risks associated with the JDES-IT product solution and to develop a sufficient understanding of a solution baseline to make sound business decisions on initiating a formal acquisition: 1. Review and validate final capability requirements. 2. Review and validate final system requirements. 3. Complete preliminary product design and reviews. 4. Start critical design.												

UNCLASSIFIED

Exhibit R-2A, RDT&E Project Justification: FY 2018 Defense Health Agency				Date: May 2017	
Appropriation/Budget Activity 0130 / 2		R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>		Project (Number/Name) 480R / <i>Joint Disability Evaluation System IT (DHA)</i>	
B. Accomplishments/Planned Programs (\$ in Millions)				FY 2016	FY 2017
				FY 2018 Base	FY 2018 OCO
				FY 2018 Total	
5. Review test readiness requirements.					
Accomplishments/Planned Programs Subtotals				0.000	0.445
				0.588	-
C. Other Program Funding Summary (\$ in Millions)					
N/A					
Remarks					
D. Acquisition Strategy					
N/A					
E. Performance Metrics					
N/A					