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<b>Exhibit R-2, RDT&amp;E Budget Item Justification: FY 2018 Defense Health Agency</b>	<b>Date: May 2017</b>
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<b>Appropriation/Budget Activity</b> 0130: Defense Health Program I BA 2: RDT&E	<b>R-1 Program Element (Number/Name)</b> PE 0605025DHA I Theater Medical Information Program - Joint (TMIP-J)
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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
Total Program Element	45.186	21.338	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
445A: Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)	45.186	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
445B: Operational Medicine Support	0.000	21.338	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

**Program MDAP/MAIS Code:**  
**Project MDAP/MAIS Code(s):** M07

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

TMIP-J is a suite of system applications that is currently deployed to all Services as the primary healthcare information technology (IT) system supporting the Warfighter. TMIP-J integrates components of the Service's sustaining base systems and the medical information systems to ensure timely interoperable medical support for mobilization, deployment and sustainment of Theater and deployed forces. 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 provides input to a service member's longitudinal health record. TMIP-J provides information at the point of injury and to the Theater tactical and strategic decision makers through data capture and transmission to a single Theater Management Data Store (TMDS). Using TMDS, TMIP-J provides the integration with external systems for medical logistics, patient movement and tracking, and medical command and control and medical situational awareness. TMIP-J system components integrate to specific tactical requirements, providing for availability in no- and low- communications environment through store and forward capture and transmission technology. The Theater Medical Information Program - Joint (TMIP-J) is in sustainment; Full Deployment declared May 2016.

<b><u>B. Program Change Summary (\$ in Millions)</u></b>	<b><u>FY 2016</u></b>	<b><u>FY 2017</u></b>	<b><u>FY 2018 Base</u></b>	<b><u>FY 2018 OCO</u></b>	<b><u>FY 2018 Total</u></b>
Previous President's Budget	22.100	0.000	0.000	-	0.000
Current President's Budget	21.338	0.000	0.000	-	0.000
Total Adjustments	-0.762	0.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-0.762	-			

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Appropriation/Budget Activity		R-1 Program Element (Number/Name)
0130: Defense Health Program / BA 2: RDT&E		PE 0605025DHA / Theater Medical Information Program - Joint (TMIP-J)
<b>Change Summary Explanation</b>		
FY 2016: Realignment from Defense Health Program, Research, Development, Test and Evaluation (DHP RDT&E), Program Element (PE) 0605025-Theater Medical Information Program - Joint (TMIP-J) (-\$0.762 million) to DHP RDT&E, PE 0605502-Small Business Innovation Research (SBIR) / Small Business Technology Transfer (STTR) Program (+\$0.762 million).		
FY 2017: No change		
FY 2018: No change.		

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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 0605025DHA / Theater Medical Information Program - Joint (TMIP-J)				Project (Number/Name) 445A / 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
445A: Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)	45.186	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
Project MDAP/MAIS Code: M07												
A. Mission Description and Budget Item Justification												
TMIP-J is a suite of system applications that is currently deployed to all Services as the primary healthcare information technology (IT) system supporting the Warfighter. TMIP-J integrates components of the Service’s sustaining base systems and the medical information systems to ensure timely interoperable medical support for mobilization, deployment and sustainment of Theater and deployed forces. 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 provides input to a service member’s longitudinal health record. TMIP-J provides information at the point of injury and to the Theater tactical and strategic decision makers through data capture and transmission to a single Theater Management Data Store (TMDS). Using TMDS, TMIP-J provides the integration with external systems for medical logistics, patient movement and tracking, and medical command and control and medical situational awareness. TMIP-J system components integrate to specific tactical requirements, providing for availability in no- and low- communications environment through store and forward capture and transmission technology. The Theater Medical Information Program - Joint (TMIP-J) is in sustainment; Full Deployment declared May 2016.												
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
Title: Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)										0.000	0.000	0.000
Description: The Theater Medical Information Program - Joint (TMIP-J) is in sustainment; Full Deployment declared May 2016.												
FY 2016 Accomplishments: No Funding Programmed.												
FY 2017 Plans: No Funding Programmed.												
FY 2018 Plans: No Funding Programmed.												
Accomplishments/Planned Programs Subtotals										0.000	0.000	0.000

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> FY 2018 Defense Health Agency								<b>Date:</b> May 2017			
<b>Appropriation/Budget Activity</b> 0130 / 2				<b>R-1 Program Element (Number/Name)</b> PE 0605025DHA / Theater Medical Information Program - Joint (TMIP-J)				<b>Project (Number/Name)</b> 445A / Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)			

**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-1, 0807793DHA: MHS Tri-Service Information	62.170	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
• BA-1, 0807744DHA: Theater Medical Information Program - Joint (TMIP-J)	0.000	49.857	57.326	-	57.326	36.947	32.107	27.049	27.592	Continuing	Continuing
• BA-3, 0807744DHA: Theater Medical Information Program - Joint (TMIP-J)	1.494	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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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> FY 2018 Defense Health Agency										<b>Date:</b> May 2017		
<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605025DHA / Theater Medical Information Program - Joint (TMIP-J)				<b>Project (Number/Name)</b> 445B / Operational Medicine Support			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018 Base</b>	<b>FY 2018 OCO</b>	<b>FY 2018 Total</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
445B: Operational Medicine Support	0.000	21.338	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
<b>A. Mission Description and Budget Item Justification</b> Support Joint Operational Medicine Information System (JOMIS).												
<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>										<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>
<b>Title:</b> Operational Medicine Support  <b>Description:</b> Support Joint Operational Medicine Information System (JOMIS).  <b>FY 2016 Accomplishments:</b> Funding will be used for Joint Operational Medicine Information System (JOMIS).  <ul style="list-style-type: none"> <li>Completed the DHMSM EHR (MHS Genesis) Product Evaluation in support of JOMIS Increment 1</li> <li>Stand-up of the Operational Medicine Government Approved Lab Testing Facility</li> <li>Initiate Test Risk Reduction and Integration activities using the MHS Genesis Product at the Testing Facility</li> </ul> <ul style="list-style-type: none"> <li>Support for the Theater Medical Information Requirements Capability Development Document (TMIR-CDD)</li> <li>Continue business management operations</li> <li>Operate and maintain Operational Medicine Government Approved Lab Testing Facility</li> </ul> JOMIS will be reported under PE 0605045DHA in FY17 and out per Departmental direction for increased transparency.										21.338	0.000	0.000
<b>FY 2017 Plans:</b> No Funding Programmed.												
<b>FY 2018 Plans:</b> No Funding Programmed.												
<b>Accomplishments/Planned Programs Subtotals</b>										21.338	0.000	0.000

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> FY 2018 Defense Health Agency										<b>Date:</b> May 2017	
<b>Appropriation/Budget Activity</b> 0130 / 2				<b>R-1 Program Element (Number/Name)</b> PE 0605025DHA / Theater Medical Information Program - Joint (TMIP-J)				<b>Project (Number/Name)</b> 445B / Operational Medicine Support			
<b>C. Other Program Funding Summary (\$ in Millions)</b>											
			<b>FY 2018</b>	<b>FY 2018</b>	<b>FY 2018</b>					<b>Cost To</b>	
<b>Line Item</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>Base</b>	<b>OCO</b>	<b>Total</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>Complete</b>	<b>Total Cost</b>
• BA-3, 0807744DHA: Theater Medical Information Program - Joint	1.494	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
• BA-1, 0807744DHA **: Theater Medical Information Program - Joint	0.000	49.857	57.326	0.000	57.326	36.947	32.107	27.049	27.592	Continuing	Continuing
<b>Remarks</b>											
<b>D. Acquisition Strategy</b>											
Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.											
<b>E. Performance Metrics</b>											
Each program establishes performance measurements which are usually included in the MHS IT Annual Performance Plan. Program cost, schedule and performance are measured periodically using a systematic approach. The results of these measurements are presented to management on a regular basis in various as part of the Integrated Product and Process Development (IPPD) process, In Process Reviews (IPRs), or other reviews to determine program effectiveness and provide new direction as needed to ensure the efficient use of resources.											