

Defense Health Program
Fiscal Year 2006/FY 2007 Budget Estimates
Exhibit R-2, DHP Budget Item Justification

Date: January 2005
R-1 Item Nomenclature: 7
Information Technology Development - 0605013HP

Appropriation/Budget Activity
Defense Health Program/BA-2

| COST (\$ in Millions) | FY 2004 | FY 2005 | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 | FY 2011 |
|---|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | <u>Actual</u> | <u>Estimate</u> |
| Total PE Cost | 84.028 | 71.907 | 128.729 | 91.474 | 55.300 | 86.466 | 94.222 | 83.588 |
| Military Computerized Patient Record | 18.857 | 8.008 | 38.684 | 20.689 | 5.509 | 0.437 | 0.349 | 18.960 |
| Clinical Coupler Integration (included in the Military Computerized Patient Record Captial Investment Report) | 0.700 | 2.700 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| TRICARE On Line | 1.679 | 1.269 | 5.297 | 2.540 | 2.587 | 6.056 | 5.181 | 5.541 |
| Defense Occupational & Environmental Health Readiness System | 0.990 | 0.000 | 0.000 | 0.000 | 0.000 | 0.364 | 1.369 | 0.430 |
| Defense Blood Standard System | 1.647 | 1.259 | 1.500 | 1.500 | 1.500 | 1.500 | 1.530 | 1.561 |
| Executive Information/Decision Support | 1.125 | 1.189 | 15.664 | 10.725 | 8.106 | 8.270 | 11.399 | 5.775 |
| Defense Medical Logistics Standard System | 3.142 | 2.853 | 1.082 | 0.813 | 1.169 | 17.023 | 22.481 | 1.120 |
| Defense Medical Human Resources System (internet) | 0.288 | 0.000 | 3.564 | 5.871 | 0.000 | 16.801 | 6.136 | 0.000 |
| Enterprise Wide Scheduling and Registration | 3.188 | 1.142 | 14.009 | 0.000 | 0.000 | 0.228 | 0.126 | 0.000 |
| Expense Assignment System IV | 0.420 | 0.144 | 0.000 | 0.000 | 0.000 | 0.228 | 12.533 | 24.018 |
| Third Party Outpatient Collection System/Patient Accounting System | 4.432 | 0.965 | 4.743 | 1.110 | 0.304 | 0.298 | 0.126 | 0.000 |
| Theater Medical Information Program | 14.873 | 30.489 | 13.572 | 11.187 | 16.628 | 14.846 | 12.303 | 11.694 |
| TRANSCOM Regulation and Command and Control Evacuation System | 0.000 | 4.100 | 5.279 | 5.652 | 4.352 | 3.167 | 0.000 | 0.000 |
| Joint Plan for the Electronic Health Record | 1.980 | 1.930 | 2.749 | 2.016 | 0.000 | 0.000 | 4.573 | 0.000 |
| Non-Major Initiatives | 3.801 | 3.425 | 6.550 | 16.603 | 3.277 | 2.855 | 0.378 | 0.000 |
| Other Related Technical Activities | 4.615 | 5.198 | 12.386 | 11.778 | 11.698 | 14.393 | 15.738 | 14.489 |
| Health Insurance Portability & Accountability Act | 0.000 | 2.736 | 3.650 | 0.990 | 0.170 | 0.000 | 0.000 | 0.000 |
| Hawaii Federal Healthcare Network | 22.291 | | | | | | | |
| Clinical Coupler Integration | | 2.800 | | | | | | |
| Healthcare Informatics Testbed | | 1.700 | | | | | | |

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The budgeted program for the DHP, RDT&E appropriation resulted from a funding realignment within the Department to fund centrally-managed information technology development, test and evaluation efforts with RDT&E funds. Funds were transferred to Defense Health Program (DHP) RDT&E across the Program Memorandum Objective (POM) from DHP Operation and Maintenance and DHP Procurement appropriations beginning in FY 2001. In addition, various Congressional Adds are received for Information Technology in the year of execution.

The Military Health System (MHS) centrally-managed Information Management/Information Technology (IM/IT) Program incorporates the Medical Program Guidance, the MHS IM/IT Strategic Plan which is directly linked to the overall MHS Strategic Plan; to support military medical readiness and MHS optimization. The MHS IM/IT Program ensures compliance with the MHS Operational Architecture through a mapping of all system requirements to one of the four MHS core business processes (Manage the Business, Access to Care, Population Health Management, and Provision of Health Services). The enterprise strategy, which creates a prioritized Portfolio of requirements, incorporates reengineering and business process improvements, use of innovative acquisition techniques, integration of commercial off-the-shelf products as well as modular development, where necessary; and integration and/or elimination of legacy systems.

The MHS centrally-managed, IM/IT program includes the following major IT initiatives: 1) the Composite Health Care System (CHCS) II, an Acquisition Category IAM program, included in the Military Computerized Patient Record (CPR) initiative, which integrates patient data from different times, providers and sites of care which will contain a Service member's life-long medical record of all illnesses and injuries of the patient, care and inoculations received and exposure to different hazards; 2) Theater Medical Information Program (TMIP), a seamless, interoperable medical system, designed to support theater health services across all echelons of care; and 3) Defense Medical Logistics Standard System (DMLSS), an ACAT I system in sustainment, which is designed to support cataloging, customer logistics, hospital facility operations, property accounting, maintenance of biomedical devices, purchasing and contracting, and inventory management. The Central IM/IT Program also contains the following ACAT III initiatives: Executive Information/Decision Support (EI/DS), the Defense Medical Human Resources System (internet), the Patient Accounting System (PAS)/Third Party Outpatient Collections System (TPOCS), Defense Blood Standard System (DBSS), the Defense Occupational and Environmental Health Readiness System (DOEHRS), TRICARE On Line (TOL), Enterprise Wide Scheduling and Registration (EWS-R), the Transportation Command (TRANSCOM) Regulating and Command and Control Evacuation System (TRAC2ES), and Expense Assignment System (EAS) IV. Joint Plan for the Electronic Health Record (JPEHR), a joint DoD/VA sharing initiative, is also included in the Central IM/IT Program for the DoD portion of this effort.

The Navy Medical Service is responsible for funding the development required for systems such as Shipboard Medical Immunization Tracking and Ophthalmic Production Systems. Integration between DHP components ensure there is no developmental overlap within the DHP.

The Air Force Medical Service's programs resulted from a funding realignment to Defense Health Program (DHP) RDT&E from the DHP Operation and Maintenance appropriations beginning in Fiscal Year 2006 and out. The Information Management/Information Technology (IM/IT) Program incorporates the Air Force Transformation Flight Plan, Air Force CONOPS, and Air Force Medical Service Concept Document, which aligns to DoD Medical Program Guidance, the MHS IM/IT is linked to the overall MHS Strategic Plan; to support military medical readiness and MHS optimization. The AFMS IM/IT Modernization Program ensures compliance with the MHS Operational Architecture through the Strategic Plan which is a mapping of all system requirements to one of the four AFMS core capabilities: 1) Ensure a Fit and Healthy Force; 2) Prevent Casualties; 3) Restore Health; 4) Enhance Human Performance; and to provide for enabling services supporting and connecting these capabilities in the arena of software integration in accordance with the Air Force Enterprise Architecture end-state as defined by the Air Force Integrated Framework within the Global Combat Support Services (GCSS) data services construct. The enterprise strategy, which creates a prioritized Portfolio of requirements, incorporates reengineering and business process improvements, use of innovative acquisition techniques, integration of commercial off-the-shelf products as well as modular development, where necessary; and integration and/or elimination of legacy systems.

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The Air Force Medical Service centrally-managed, IM/IT modernization program includes the following IT initiatives: webification and redevelopment of all client-server applications for migration to the Air Force Portal, creation of the Environmental, Safety and Occupational Health management information system, and continued major development efforts (currently funded with O&M) to construct the Integrated Clinical Database - Air Force, in addition to building and transitioning web applications to the Air Force Portal as solutions to the existing validated requirements generating more than \$30M in other software development funding requirements over the program 06-11 life-cycle. The Integrated Clinical Database offers the following capabilities: Enterprise Application Integration (EAI) lays the foundation to get various "stovepipe" systems to share information and processing power. It does so by providing the ability to integrate not only data but also methods and objects. This adds "intelligence" to the ICDB translating to agile functionality and rapid deployment that benefits the enterprise as a whole while leveraging low cost grass root capabilities designed and developed by the users. EAI for the ICDB translates to more robust capabilities, more data where it is needed and decision support in a timely manner allowing the ICDB to provide solutions to validated Air Force Medical requirements such as a more robust immunization and personnel readiness tracking application. Data Analysis Capability: The ICDB provides an operational data store that allows for automated capabilities not found in existing source databases. This is achieved through ease of integration allowing development efforts to focus on the user's needs vs. the technical requirements to extract the data. The capabilities are largely clinical and operational in nature but open the door to population and business management. Through the use of data analysis, the ICDB as a clinical technology development platform and test bed can provide the basis for additional capabilities that will give tools to non-clinicians to enhance their abilities to increase the health of patient populations and business operations. The adoption of several key technologies expands the infrastructure to support development of clinical and business tools for all types of healthcare workers. Microsoft's .Net framework incorporated in architecture specifically designed by the ICDB PO eases the integration of functionality onto one platform. This equates to substantially lower costs and much more rapid deployment of capabilities. Implementation of a common data standard XML provides secure and simple access to data from existing and future automated systems for requirements not yet known. Enhanced Hardware Capacity: With the ever growing demand for new capabilities in the ICDB, enhancing the current configuration provides long term capacity to meet these needs. As the ICDB becomes the standard platform of choice for systems development, providing the necessary hardware infrastructure is crucial to keeping the platform available for efforts as they are completed. Future applications are expected to make novel use of data elements currently not in production like images and video to support validated Air Force telehealth and telemedicine requirements. AF Family of Web Applications (AFMWAP) supports the research, development, test and evaluation of AF Medical Service web-based software requirements. Efforts include conversion of existing client-server based applications to cost-effective web-based solutions as well as new software development from approved requirements. Conversion of existing applications consolidates disparate systems into enterprise-wide applications. Benefits include significant savings over client-server systems, improved access to information by all levels of leadership, and vastly improved security. In addition AFMWAP directly supports DoD and AF guidance and policy for IT Services Consolidation.

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B. Program Change Summary:

| COST (\$ in Millions) | FY 2004 | FY 2005 | FY 2006 | FY 2007 |
|---|---------------|-----------------|-----------------|-----------------|
| | <u>Actual</u> | <u>Estimate</u> | <u>Estimate</u> | <u>Estimate</u> |
| FY06 Budget Estimate Submission RDT&E | 84.000 | 67.400 | 82.800 | 73.000 |
| FY06 Budget Estimates RDT&E | 84.000 | 71.900 | 128.700 | 91.400 |
| Total Adjustments | 0.000 | 4.500 | 45.900 | 18.400 |
| Congressional Program actions | | | | |
| Congressional rescissions | | | | |
| Congressional increases | | 4.500 | | |
| Reprogrammings | | | | |
| FY06 POM Adjustments | | | 45.900 | 18.400 |
| SBIR/STTR Transfer - year of execution at | | | | |
| Internal Adjustment | | | | |

C. Other Program Funding Summary:

| | FY 2004 | FY 2005 | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 | FY 2011 |
|-----------------------------|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | <u>Actual</u> | <u>Estimate</u> |
| DHP Operation & Maintenance | 497.119 | 555.769 | 598.509 | 651.722 | 650.817 | 705.297 | 700.150 | 732.316 |
| BA-1, PE 08077XX | 497.119 | 555.769 | 598.509 | 651.722 | 650.817 | 705.297 | 700.150 | 732.316 |
| DHP Procurement | | | | | | | | |
| BA-3, PE 0807721 | 163.397 | 215.755 | 175.092 | 210.530 | 215.867 | 182.604 | 194.654 | 188.105 |