

**Defense Health Program  
Fiscal Year (FY) 2008/2009 Budget Estimates  
Exhibit R-2, DHP RDT&E Budget Item Justification**

Appropriation/Budget Activity  
Defense Health Program/BA: 2

DATE: February 2007  
R1 Item Nomenclature: 7  
Information Technology Development  
0605013HP

COST: (Dollars in Thousands)

	FY 2006 Actuals	FY 2007 Estimate	FY 2008 Estimate	FY 2009 Estimate	FY 2010 Estimate	FY 2011 Estimate	FY 2012 Estimate	FY 2013 Estimate
<b>Total PE 0605013</b>	143.648	86.696	87.661	129.188	85.180	47.178	46.709	43.923
<b>Defense Blood Standard System (DBSS) TMA</b>	1.432	1.462	5.668	3.050	2.725	2.205	2.924	2.986
<b>Defense Medical Human Resources System (internet) DMHRSI</b>	3.360	5.826	0.000	18.753	10.237	0.000	0.000	0.000
<b>Defense Medical Logistics Standard System (DMLSS)</b>	1.063	0.786	6.478	18.448	16.066	11.618	5.424	5.543
<b>Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH)</b>	0.000	0.000	0.220	11.433	5.760	7.088	12.930	6.412
<b>Enterprise Wide Scheduling and Registration (EWS-R)</b>	13.534	6.933	4.387	4.387	0.000	0.000	0.000	0.000
<b>Executive Information/Decision Support (EI/DS)</b>	11.057	9.077	8.868	2.863	2.318	1.771	0.000	0.000

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<b>Expense Assignment System IV (EAS IV)</b>	0.000	0.000	1.596	9.788	12.464	0.000	0.000	0.000
<b>Joint Electronic Health Record Interoperability (JEHRI)</b>	2.790	5.074	8.784	7.522	5.760	0.000	0.000	0.000
<b>MHS CIO Management Operations</b>	3.581	0.992	0.000	0.000	0.000	0.000	0.000	0.000
<b>Military Computer-Based Patient Record (MCPR)</b>	29.788	21.993	7.596	4.888	4.415	2.873	2.737	2.796
<b>Patient Accounting System (PAS)</b>	6.397	3.042	0.000	0.000	0.000	0.000	0.000	0.000
<b>Patient Safety Reporting (PSR)</b>	2.481	0.097	0.000	0.000	0.000	0.000	0.000	0.000
<b>Theater Medical Information Program (TMIP)</b>	25.154	8.813	27.541	31.465	12.877	9.773	10.612	13.918
<b>Tricare on Line (TOL)</b>	3.499	3.721	0.000	0.000	0.000	0.000	0.000	0.000

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Veterinary Service Information Management System (VSIMS)	2.978	1.099	0.000	0.000	0.000	0.000	0.000	0.000
Other Related Technical Activities	2.142	2.259	1.935	2.966	1.860	0.906	0.885	0.813
TRANSCOM Regulation and Command and Control Evacuation System (TRAC2ES)	0.000	5.661	4.356	3.169	0.000	0.000	0.000	0.000
IM/IT Development for TRAC2ES	5.423	0.000	0.000	0.000	0.000	0.000	0.000	0.000
IM/IT Development (Army)	0.132	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Air Force Integrated Framework Toolset	0.483	0.500	1.000	1.000	1.000	1.000	1.000	1.000
Assessment Demonstration Center (Air Force)	0.483	0.500	1.304	1.511	1.600	1.800	2.000	2.100
Composite Occupational Health & Risk Tracking (COHORT)	0.483	1.000	1.200	1.300	1.323	1.438	1.408	1.482

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<b>Enterprise Environmental Safety Occupational Health Mgmt Info System (EESOH-MIS)</b>	1.929	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<b>Enterprise Environmental Safety Occupational Health Mgmt Info System (EESOH-MIS/COHORT)</b>	0.483	1.300	0.000	0.000	0.000	0.000	0.000	0.000
<b>IM/IT Test Bed</b>	0.772	1.200	1.500	1.900	2.200	2.300	2.300	2.300
<b>Integrated Clinical Database (ICDB-AF)</b>	1.158	1.500	1.300	0.750	0.500	0.250	0.250	0.250
<b>MHS CIO Management Operation (Navy)</b>	3.653	3.861	3.928	3.995	4.075	4.156	4.239	4.323
<b>AFSG Server Consolidation Initiative (AF)</b>	2.413	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<b>Assessment &amp; Demo Center for USAF SG (AF)</b>	1.634	0.000	0.000	0.000	0.000	0.000	0.000	0.000

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Automated Clinical Practice Guidelines (Army)	1.351	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Healthcare Infomatics Testbed (Army)	1.448	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Directed Mission Upgrades of the Defense Medical Logistics Standard Support System (DMLSS) (TMA)	4.151	0.000	0.000	0.000	0.000	0.000	0.000	0.000
DoD Trauma Registry and Research Database (Army)	3.282	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Protected Health Information Initiative (Army)	1.737	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Supervision Using Electro-Active Optics	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Computer Assisted Medical Diagnostics (Army)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

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<b>Computer Assisted Medical Diagnostics (TMA)</b>	1.448	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<b>Deployment of Environmental and Biological Survey (DEBS)</b>	0.481	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<b>Integrated Clinical Information System (ICIS) Collaboration (Army)</b>	1.448	0.000	0.000	0.000	0.000	0.000	0.000	0.000

Reflects FY 2007 President's Budget Request. Current Continuing Resolution funding for RDT&E is \$379,603 thousand.

**A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION:** For the Army Medical Command its focus is to identify, explore, and demonstrate key technologies to overcome medical and military unique technology barriers. FY 2006 Congressional earmarked funding provided for the following projects to include Protected Health Information Initiative, DoD Trauma Registry and Research Database, Integrated Clinical Information System Collaboration, IM/IT Development, Automated Clinical Practice Guidelines, and Healthcare Informatics Testbed. For the Navy Bureau of Medicine and Surgery (BUMED), the Medical Capabilities Assessment and Status (M-CAST) will manage compliance and implementation of the national strategy outlined in SECNAVINST 3400.11 to develop a set of capabilities to address "all hazards" emergency management programs. M-CAST provides the required matrix and program management to allow integration monitoring at the local and headquarters level.

Dental Common Access System (DENCAS) is an e-business solution designed to facilitate orderly collection, secure storage and transmission and smart card-authenticated access to dental records.

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Navy Medicine Online (NMO) portal was developed to support the DON single integrated enterprise portal structure for organizing, managing and accessing information. NMO is Navy Medicine's mission essential online portal presence and serves a vital role in the overall process of collecting, analyzing and brokering information to and from critical and authoritative data sources. NMO aggregates information into one common operational view for BUMED, Navy and Marine Corps Operational Units and Claimancy 18 activities.

The Air Force Medical Service IM/IT modernization program includes the following initiatives: creation of the Environmental, Safety and Occupational Health management information system, and continued major development efforts 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 08-13 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 and COHORT 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

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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. Air Force Integrated Framework Healthcare Toolset and the Assessment Demonstration Center 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 these efforts directly support DoD and AF guidance and policy for IT Services Consolidation.

For the Military Health System (MHS) centrally-managed Information Management/Information Technology (IM/IT) program, the DHP, RDT&E appropriation funds information technology development, test and evaluation efforts for Tri-Service programs. In addition, various Congressional Adds are received for Information Technology in the year of execution.

The MHS centrally-managed IM/IT program is linked to the overall MHS Strategic Plan and supports military medical readiness and MHS transformation. The MHS IM/IT Program ensures compliance with the Federal Enterprise Architecture, Federal Health Architecture, and the DoD Business Enterprise Architecture through the MHS Enterprise Architecture which is 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 (Acquisition Category (ACAT) I) initiatives: 1) AHLTA (included in the Military Computer-Based Patient Record (MCPR) initiative) integrates patient data from different times, providers and sites of care and will contain a Service member's life-long medical record of all illnesses and injuries, 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

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(DMLSS), designed to support cataloging, customer logistics, hospital facility operations, property accounting, maintenance of biomedical devices, purchasing and contracting, and inventory management. DMLSS is in sustainment with pre-planned product improvements; and 4) Executive Information/Decision Support (EI/DS), which provides support information used by managers, clinicians, and analysts to manage the business of health care within the MHS. EI/DS is in sustainment with pre-planned product improvements. The Central IM/IT Program also contains funding for ACAT III initiatives such as the following: the Defense Medical Human Resources System (internet) (DMHRSi), the Patient Accounting System (PAS), Defense Blood Standard System (DBSS), TRICARE On Line (TOL), Enterprise Wide Scheduling and Registration (EWS-R), the Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH), and Patient Safety Reporting (PSR). The Joint Electronic Health Record Interoperability (JEHRI), a joint DoD/VA sharing effort, is also included in the Central IM/IT Program for the DoD portion of this effort.

**B. PROGRAM CHANGE SUMMARY:**

	<u>FY 2006</u>	<u>FY 2007</u>	<u>FY 2008</u>
FY08 Budget Estimate RDT&E	141.695	88.457	87.661
Reprogram	1.978	0.000	0.000
SBIR	-0.049	0.000	0.000
Transfer	-2.120	0.000	0.000
FY08 Budget Submission RDT&E	141.504	88.457	87.661

**PROGRAM CHANGE SUMMARY EXPLANATION:**

Congressional Add for Deployment of Environmental and Biological Surveillance (DEBS) was reprogrammed from RDT&E, Air Force (-\$0.493M) to DHP, RDT&E PEC 0605013HP-IT Development (+\$0.493M) for proper execution.

Congressional Add for Integrated Clinical Information System (ICIS) was reprogrammed from DHP, O&M (-\$1.485M) to DHP, RDT&E PEC 0605013HP-IT Development (+\$1.485M) for proper execution.

Small Business Innovation Research (SBIR) was transferred from DHP, RDT&E PEC 0605013HP-IT Development for DEBS (-\$0.012M) and for ICIS (-\$0.037M) to DHP, RDT&E PEC 0605502HP-SBIR (+\$0.049M) for proper execution.

Congressional Add for Supervision Using Electro-Active Optics was transferred from DHP, RDT&E PEC 0605013HP-IT Development (\$-3.378M) to DHP, RDT&E PEC 0603115HP-Medical Development (\$+3.378M) to match 08PB controls.

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Congressional Add for Computer Assisted Medical Diagnostics (CAMD) was transferred from DHP, RDT&E PEC 0603115HP-Medical Development (\$-1.448M) to DHP, RDT&E PEC 0605013HP-IT Development (\$+1.448M) to match 08PB controls.

**C. OTHER PROGRAM FUNDING SUMMARY:**

	<b>FY 2006</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>	<b>FY 2012</b>	<b>FY 2013</b>
	<u>Actual</u>	<u>Estimate</u>						
<b>DHP Operation &amp; Maintenance</b>	<b>713.915</b>	<b>675.717</b>	<b>681.634</b>	<b>732.892</b>	<b>806.805</b>	<b>820.973</b>	<b>819.057</b>	<b>816.636</b>
BA-1, PE 0807714	2.900	2.900	2.900	2.900	2.900	2.900	2.900	2.900
BA-1, PE 0807724	1.700	1.700	1.700	1.700	1.700	1.700	1.700	1.700
BA-1, PE 0807781	91.785	118.098	121.256	123.131	124.681	126.243	127.827	129.433
BA-1, PE 0807793	592.447	527.169	529.417	578.295	650.355	662.657	658.849	654.512
BA-1, PE 0807795	20.408	21.033	21.450	21.860	22.107	22.355	22.606	22.859
BA-1, PE 0807995	4.675	4.817	4.911	5.006	5.062	5.118	5.175	5.232
<b>DHP Procurement</b>	<b>172.840</b>	<b>210.222</b>	<b>171.792</b>	<b>132.465</b>	<b>117.308</b>	<b>153.896</b>	<b>160.764</b>	<b>158.865</b>
BA-3, PE 0807720		2.000	0.500	0.500	0.510	0.520	0.530	0.541
BA-3, PE 0807721	172.840	208.222	171.292	131.965	116.798	153.376	160.234	158.324

**D. ACQUISITION STRATEGY:** Not required

**E. PERFORMANCE METRICS:** Not required