

Defense Health Program  
 Fiscal Year (FY) 2011 Budget Estimates  
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity  
 Defense Health Program/BA: 2

DATE: February 2010  
 R1 Item Nomenclature: 8  
 Information Technology Development  
 0605013HP

COST: (Dollars in Millions)

	2009 Actual	2010 Estimate	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate
<b>Total PE 0605013</b>	169.224	125.379	136.761	175.840	196.437	140.634	88.110
<b>Defense Center of Excellence (FHP&amp;RP)</b>	0.000	0.000	1.205	1.230	1.256	1.282	1.309
<b>Air Force Integrated Healthcare Toolset (AFIFHCT) (Air Force)</b>	0.975	1.000	1.000	0.000	0.000	0.000	0.000
<b>Armed Forces Health Longitudinal Technology Application (AHLTA) (Army)</b>	0.000	1.473	1.556	1.603	1.651	1.684	1.718
<b>Armed Forces Health Longitudinal Technology Application (AHLTA) (TMA)</b>	11.938	6.120	4.467	1.976	1.627	1.340	1.103
<b>Army Medicine CIO Management Operations (Army)</b>	0.800	0.000	0.000	0.000	0.000	0.000	0.000
<b>Army Warrior Care and Transition System (AWCTS) (Army)</b>	0.287	0.000	0.000	0.000	0.000	0.000	0.000

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Health Services Data Warehouse (HSDW) (Air Force)	0.836	1.600	1.665	0.000	0.000	0.000	0.000
Centralized Credentials and Quality Assurance System (CCQAS)(TMA)	0.000	1.400	0.211	0.000	0.000	0.000	0.000
Composite Health Care System (CHCS)(TMA)	9.872	7.936	2.466	2.962	2.963	0.784	0.000
Composite Occupational Health & Operational Risk Tracking System (COHORT) (Air Force)	1.268	1.300	1.400	0.000	0.000	0.000	0.000
CSI-Composite Occupational Health & Risk Tracking (COHORT) (Air Force)	0.000	2.400	0.000	0.000	0.000	0.000	0.000
CSI-Hawaii Federal Healthcare Network (TMA)	3.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI-Pacific Based Joint Information Technology Ctr (JITC) (TMA)	3.880	0.000	0.000	0.000	0.000	0.000	0.000

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 Defense Health Program/BA: 2

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 0605013HP

CSI-Theater Enterprise Wide Logistics System (Army)	2.000	0.000	0.000	0.000	0.000	0.000	0.000
CSI- Regional Telephathy Initiative at Keesler AFB (Air Force)	0.000	1.680	0.000	0.000	0.000	0.000	0.000
Enterprise Blood Management System (EBMS) (TMA)	2.499	6.200	2.925	0.975	0.975	0.975	1.072
Defense Medical Human Resources System (internet) DMHRSI (TMA)	6.347	6.680	0.000	0.000	0.000	0.000	0.000
Defense Medical Logistics Standard Support (DMLSS) (TMA)	16.111	7.727	12.755	9.086	6.572	2.668	0.000
Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRHS-IH) (TMA)	6.229	0.000	3.721	15.632	0.142	3.942	0.000
DOEHRHS HC (TMA)	1.346	0.000	0.000	0.000	0.000	0.000	0.000

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DATE: February 2010  
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 Information Technology Development  
 0605013HP

Appropriation/Budget Activity  
 Defense Health Program/BA: 2

<b>Electronic Health Record (EHR) Way Ahead (Budgeted)(TMA)</b>	0.000	0.000	41.620	86.715	119.700	64.700	11.700
<b>Enterprise Wide Scheduling and Registration (EWS-R) (TMA)</b>	1.712	0.000	0.000	0.000	0.000	0.000	0.000
<b>Executive Information/Decision Support (EI/DS) (TMA)</b>	3.093	4.138	1.949	2.810	2.786	4.914	4.297
<b>Expense Assignment System IV (EAS IV) (TMA)</b>	3.850	8.222	0.000	0.000	0.000	0.000	0.000
<b>IM/IT Development (Army) at TMA-DMLSS</b>	0.900	0.000	0.000	0.000	0.000	0.000	0.000
<b>IM/IT Test Bed (Air Force)</b>	1.852	2.057	2.223	2.300	2.400	2.395	2.501
<b>Integrated Clinical Database (ICDB-AF)</b>	0.731	0.500	0.500	0.000	0.000	0.000	0.000
<b>Joint Electronic Health Record Interoperability (JEHRI) (TMA)</b>	7.522	5.760	0.000	0.000	0.000	0.000	0.000
<b>Joint Theater Trauma Registry (JTTR) (Army)</b>	0.332	0.000	0.000	0.000	0.000	0.000	0.000

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R1 Item Nomenclature: 8  
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Medical Operational Data System (MODS) (Army)	1.454	3.121	3.253	3.350	3.450	3.519	3.589
MHS CIO Management Operations (TMA)	0.000	3.797	1.462	1.462	1.462	1.462	1.109
Navy Medicine CIO Management Operations (Navy)	1.258	3.973	4.156	4.239	4.323	4.409	4.497
Neuro Cognitive Assessment Tool (NCAT) (TMA)	0.000	2.837	2.897	0.000	0.000	0.000	0.000
OCO-Central IM/IT (FHP&RP)	2.028	0.000	0.000	0.000	0.000	0.000	0.000
OCO-Central IM/IT (OCIO)	30.736	0.000	0.000	0.000	0.000	0.000	0.000
Other Related Technical Activities (TMA)	0.000	0.000	1.691	1.702	1.514	1.488	1.480
Patient Accounting System (PAS) (TMA)	0.507	0.000	0.000	0.000	0.000	0.000	0.000
Patient Safety Reporting (PSR) (TMA)	2.722	0.000	0.000	2.294	0.935	0.000	0.000
Remote Patient Home Monitoring (Navy)	0.350	0.000	0.000	0.000	0.000	0.000	0.000

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**ERRATA**

Appropriation/Budget Activity Defense Health Program/BA: 2	DATE: February 2010 R1 Item Nomenclature: 8 Information Technology Development 0605013HP						
<b>Theater Electronics Health Records (TMA)</b>	1.659	0.000	0.000	0.000	0.000	0.000	0.000
<b>Theater Enterprise Wide Logistics System (TEWLS) (Army)</b>	8.559	0.000	0.000	0.000	0.000	0.000	0.000
<b>Theater Medical Information Program (TMIP) (TMA)</b>	21.721	37.232	32.550	28.746	41.227	41.542	50.127
<b>Third Party Outpatient Collection System (TPOCS) (TMA)</b>	0.000	0.507	0.459	0.378	0.000	0.000	0.000
<b>TMA E-Commerce (TMA)</b>	6.334	6.744	5.630	3.380	3.454	3.530	3.608
<b>TRANSCOM Regulating and Command and Control Evacuation System (TRAC2ES) (AF)<sup>1</sup></b>	<del>4.231</del> 2.397	0.000	0.000	0.000	0.000	0.000	0.000
<b>Tricare on Line (TOL) (TMA)</b>	0.285	0.975	0.000	0.000	0.000	0.000	0.000
<b>Universal Immunization Tracking System (UITS) (Air Force)</b>	1.834	0.000	0.000	0.000	0.000	0.000	0.000

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<sup>1</sup> ERRATA – 1 February 2010

Defense Health Program  
 Fiscal Year (FY) 2011 Budget Estimates  
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Appropriation/Budget Activity  
 Defense Health Program/BA: 2

DATE: February 2010  
 R1 Item Nomenclature: 8  
 Information Technology Development  
 0605013HP

Virtual Lifetime Electronic Record (VLER)(Budgeted)(TMA)	0.000	0.000	5.000	5.000	0.000	0.000	0.000
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**A. MISSION DESCRIPTION AND BUDGET ITEM JUSTIFICATION:** The Army Medical Command's focus is to identify, explore, and demonstrate key technologies to overcome medical and military unique technology barriers. Programs include development projects for Army service level support for the Armed Forces Health Longitudinal Technology Application (AHLTA); Army Medical CIO Management Operations (AMCMO) to support development and execution of business intelligence requirements; Army Warrior Care and Transition System (AWCTS) which supports the Warriors in Transition to ensure coordination of care and monitoring as they move through the transition process; the Joint Theater Trauma Registry (JTTR) that support the capture and reporting of theater trauma care information; the Medical Occupational Data System (MODS) that provides a responsive and reliable human resource and readiness information management data system for all categories of military and civilian medical and support personnel; and the Theater Enterprise Wide Medical Logistics System (TEWLS) which ties the national, regional, and deployed units into a single business environment to accomplish essential care in the theater through a single customer facing portal.

For FY09 a Congressional Special Interest (CSI) program was added for the Theater Enterprise Wide Logistics System (TEWLS). Because of the CSI annual structure out-year funding is not programmed.

The Navy Medical IM/IT service RDT&E funds the development required for those systems that are integral to Navy Medicine (i.e. Shipboard Medical Immunization Tracking and Snap Automated Medical System (SAMS)). 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 TMA Central Programs. This year, Navy medicine has taken advantage of World Wide Web (WWW) technology and communications protocols to promote health awareness and problem intervention, remotely verify and disperse prescriptions, and provide physicians a convenient platform to access patient information via a secure connection.

The Air Force Medical Service IM/IT modernization program includes the following initiatives: Air Force - Integrated Clinical Database which integrates disparate systems to provide decision support for Air Force medical clinical and business activities; Composite Occupational Health & Risk Tracking System (COHORT) to monitor disease morbidity factors and alert epidemiologists that an infectious disease could affect a portion of the serviced beneficiary population; AF Integrated Framework Health Care Toolset (AFIFHCT) which provides

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Appropriation/Budget Activity  
Defense Health Program/BA: 2

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R1 Item Nomenclature: 8  
Information Technology Development  
0605013HP

for rapid integration of new advanced toolsets and enhancements to existing automated tools; Assessment Demonstration Center (ADC) builds prototypes for concept and technology demonstration applications of various health related activities; IM/IT Test Bed (IMIT-TB) is a dedicated OT location and staff encompassing the entire spectrum of healthcare services and products available in MTFs, to provide risk controlled testing of designated core and interim medical applications in a live environment.

The MHS centrally-managed, IM/IT program includes RDT&E funding for the following initiatives of special interest: 1) AHLTA, which is DoD's current Electronic Health Record (EHR), serves as one of the world's largest clinical information systems that provides secure, 24x7, worldwide online access to patients' medical records, making it a key enabler of military medical readiness; 2) Electronic Health Record (EHR) Way Ahead is a proposed Major Automated Information System (MAIS) program designed to replace/sunset the current portfolio of systems providing initial EHR capability, AHLTA and CHCS. EHR Way Ahead will establish a comprehensive, longitudinal, electronic health record that is available anytime and anywhere for the lifetime of every patient. This longitudinal electronic health record will support virtual lifetime electronic record (VLER); 3) Theater Medical Information Program-Joint (TMIP-J) integrates the military health information systems to ensure timely interoperable medical support; 4) Defense Medical Logistics Standard Support (DMLSS) provides integrated supply chain and life cycle management for pharmaceuticals, medical supplies, equipment, health facilities, and services; 5) Executive Information/Decision Support (EI/DS) receives and stores data from MHS systems, processes those data through a variety of business rules, and makes the data available for the management of the business of health care; 6) Enterprise Blood Management System (EBMS) is a world-wide AIS for the management of blood donor processing, blood banking, transfusions and inventories. DoD will use the solutions in theater and in CONUS and OCONUS Military Treatment Facilities; and 7) various Wounded, Ill and Injured (WII) Warrior initiatives such as Neuro Cognitive Assessment Tool (NCAT), Behavioral health (BH) notes that will improve BH workflow, and developing a web-based solution for DoD and VA healthcare providers. The Central IM/IT Program also contains RDT&E funding for mission essential initiatives such as: Defense Medical Human Resources System (internet) (DMHRSi), TRICARE On Line (TOL), Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH), Joint Electronic Health Record Interoperability (JEHRI), Expense Assignment System IV (EAS IV), and Third Party Outpatient Collection System (TPOCS).

The DHP, RDT&E appropriation includes the following TMA initiatives: Electronic Commerce System: 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 Comprizon.Buy software to support

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Appropriation/Budget Activity  
 Defense Health Program/BA: 2

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 Information Technology Development  
 0605013HP

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 Documentum 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 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.

**B. PROGRAM CHANGE SUMMARY:**

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
FY11 Budget Estimate RDT&E	164.512	124.410	90.141	84.125
Change Proposal	0.000	0.000	46.620	91.715
CSI	0.000	4.080	0.000	0.000
Reprogram	1.756	0.000	0.000	0.000
SBIR	-0.044	-3.111	0.000	0.000
Transfer	3.000	0.000	0.000	0.000
FY11 Budget Submission RDT&E	169.224	125.379	136.761	175.840

**PROGRAM CHANGE SUMMARY EXPLANATION:**

FY 09:

- Prior Approval Reprogramming, FY 09-26 PA, for Congressional Special Interest item Enterprise Wide Scheduling and Registration (EWS-R) (+\$1.756 million)

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 0605013HP

SBIR Transfer from DHP RDT&E, PE 0605013-Information Technology Development to DHP RDT&E PE 0605502-SBIR (-\$0.044 million).

Transfer of partial Congressional Special Interest item Hawaii Federal Healthcare Network to DHP RDT&E PE 0605013-Information Technology Development from DHP RDT&E PE 0603115-Medical Technology Development (-\$3.000 million).

FY10:

- DoD Appropriation Act, FY 2010 (P.L. 111-118) increase for Congressional Special Interest items (+\$4.080 million).

SBIR Transfer from DHP RDT&E PE 0605013-IM/IT Development to DHP RDT&E PE 0605502-SBIR (-\$3.111 million).

FY11:

Change Proposal increase to DHP RDT&E PE 0605013-IM/IT Development for Electronic Health Record Way Ahead (+\$46.620 million).

FY12:

Change Proposal increase to DHP RDT&E PE 0605013-IM/IT Development for Electronic Health Record Way Ahead (+\$91.715 million).

**C. OTHER PROGRAM FUNDING SUMMARY:**

	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>
	<u>Estimate</u>						
<b>DHP Operation &amp; Maintenance</b>	<b>735.681</b>	<b>717.483</b>	<b>840.076</b>	<b>832.044</b>	<b>886.993</b>	<b>909.979</b>	<b>791.273</b>
BA-1, PE 0807709	0.000	0.000	0.000	0.000	0.000	0.000	0.000
BA-1, PE 0807714	1.180	1.215	1.252	0.000	0.000	0.000	0.000
BA-1, PE 0807715	0.000	0.000	0.000	0.000	0.000	0.000	0.000

Defense Health Program  
 Fiscal Year (FY) 2011 Budget Estimates  
 Exhibit R-2, DHP RDT&E Budget Item Justification

Appropriation/Budget Activity  
 Defense Health Program/BA: 2

DATE: February 2010  
 R1 Item Nomenclature: 8  
 Information Technology Development  
 0605013HP

BA-1, PE 0807724	5.668	0.000	0.000	0.000	0.000	0.000	0.000
BA-1, PE 0807752	13.526	15.957	11.772	11.950	12.212	12.481	12.756
BA-1, PE 0807781	222.255	209.375	214.835	212.700	214.224	219.754	226.639
BA-1, PE 0807783	0.000	0.000	0.000	0.000	0.000	0.000	0.000
BA-1, PE 0807793	474.335	469.637	590.963	586.064	639.058	655.788	529.457
BA-1, PE 0807795	16.476	18.214	18.154	18.213	18.366	18.753	19.146
BA-1, PE 0807798	0.000	0.000	0.000	0.000	0.000	0.000	0.000
BA-1, PE 0807995	2.241	3.085	3.100	3.117	3.133	3.203	3.275
BA-1, PE 0901200	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<b>DHP Procurement</b>	<b>66.022</b>	<b>36.557</b>	<b>179.639</b>	<b>255.411</b>	<b>159.402</b>	<b>207.071</b>	<b>15.029</b>
BA-3, PE 0807721	65.522	36.047	179.119	254.881	158.861	206.519	14.466
BA-3, PE 0807720	0.500	0.510	0.520	0.530	0.541	0.552	0.563

**D. ACQUISITION STRATEGY:** Not Required.

**E. PERFORMANCE METRICS:**

Program cost, schedule and performance are measured using a systematic approach. The results of these measurements are presented to management on a regular basis to determine program effectiveness and provide new direction as needed to ensure the efficient use of resources. Program performances are highlighted within each project's plans and accomplishments.