

**UNCLASSIFIED**

**Exhibit R-2, RDT&E Budget Item Justification: PB 2017 Defense Health Agency** **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130: <i>Defense Health Program I BA 2: RDT&amp;E</i>	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>
---	---

COST (\$ in Millions)	Prior Years	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	Cost To Complete	Total Cost
Total Program Element	263.991	19.399	19.312	25.340	-	25.340	28.814	24.142	25.370	26.235	Continuing	Continuing
239B: <i>Health Services Data Warehouse (Air Force)</i>	1.112	0.654	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
239F: <i>IM/IT Test Bed (Air Force)</i>	6.065	1.644	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
239G: <i>Clinical Enterprise Intelligence Program (CEIP) (DHA)</i>	0.000	0.000	0.908	0.962	-	0.962	1.436	1.461	1.490	1.520	Continuing	Continuing
239H: <i>IM/IT Test Bed (Air Force) at DHA</i>	0.000	0.000	1.844	1.837	-	1.837	2.222	2.686	2.740	2.795	Continuing	Continuing
283C: <i>Medical Operational Data System (MODS) (Army)</i>	4.856	3.114	2.601	2.678	-	2.678	2.705	2.732	2.759	2.787	Continuing	Continuing
283D: <i>Army Medicine CIO Management Operations</i>	3.605	0.000	0.867	0.794	-	0.794	3.491	4.655	4.729	4.977	Continuing	Continuing
283F: <i>Army Warrior Care and Transition System (AWCTS)</i>	0.488	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
283H: <i>Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)</i>	0.000	0.000	0.080	0.080	-	0.080	0.080	0.080	0.000	0.000	Continuing	Continuing
283I: <i>Workload Management System for Nursing-Internet</i>	0.264	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
283J: <i>Multi-Drug Resistant Surveillance Network (MRSN)</i>	1.374	0.738	0.844	0.878	-	0.878	0.000	0.000	0.000	0.000	Continuing	Continuing
283K: <i>Veterinary Services Systems Management (VSSM)</i>	0.238	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
283L: <i>Pharmacovigilance Defense Application System</i>	0.000	0.274	0.275	0.400	-	0.400	0.350	0.350	0.350	0.350	Continuing	Continuing
283M: <i>Business Intelligence Competency Center (BICC)</i>	1.488	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

**UNCLASSIFIED**

Exhibit R-2, RDT&E Budget Item Justification: PB 2017 Defense Health Agency											Date: February 2016		
Appropriation/Budget Activity					R-1 Program Element (Number/Name)								
0130: Defense Health Program I BA 2: RDT&E					PE 0605013DHA I Information Technology Development								
283N: Corporate Dental System (CDS)	0.709	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
283P: Mobile HealthCare Environment (MHCE)	0.273	0.000	0.362	0.300	-	0.300	0.417	0.331	0.473	0.364	0.364	Continuing	Continuing
385A: Integrated Electronic Health Record Inc 1 (Tri-Service)	135.319	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
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	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	0.000	Continuing	Continuing
423B: Defense Center of Excellence (Army)	0.000	1.116	1.346	0.000	-	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
423C: Defense Center of Excellence (T2T) (DHA)	0.000	0.000	0.000	1.369	-	1.369	1.395	1.422	1.450	1.479	1.479	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	0.000	Continuing	Continuing
446A: Disability Mediation Service (DMS)	0.539	0.348	0.433	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	0.000	Continuing	Continuing
480C: Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)	9.848	3.862	1.933	2.326	-	2.326	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	0.000	6.140	-	6.140	6.025	5.559	6.416	6.901	6.901	Continuing	Continuing
480F: Executive Information/ Decision Support (EI/DS) (Tri-Service)	5.936	0.000	2.551	1.791	-	1.791	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

**UNCLASSIFIED**

**Exhibit R-2, RDT&E Budget Item Justification: PB 2017 Defense Health Agency** **Date:** February 2016

<b>Appropriation/Budget Activity</b>					<b>R-1 Program Element (Number/Name)</b>								
0130: <i>Defense Health Program I BA 2: RDT&amp;E</i>					PE 0605013DHA / <i>Information Technology Development</i>								
480G: <i>Health Artifact and Image Management Solution (HAIMS) (Tri-Service)</i>	5.828	2.295	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
480K: <i>integrated Federal Health Registry Framework (Tri-Service)</i>	2.591	1.061	0.450	0.000	-	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
480M: <i>Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)</i>	28.731	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
480P: <i>Other Related Technical Activities (Tri-Service)</i>	4.123	0.016	0.000	1.683	-	1.683	3.500	0.000	0.000	0.000	0.000	Continuing	Continuing
480R: <i>Joint Disability Evaluation System IT (DHA)</i>	0.000	0.000	0.000	0.445	-	0.445	0.588	0.666	0.679	0.692	0.692	Continuing	Continuing
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	0.000	Continuing	Continuing
480Z: <i>Patient Assessment Screening Tool Outcome Registry (Tri-Service)</i>	0.000	0.000	0.000	0.828	-	0.828	0.538	0.000	0.000	0.000	0.000	Continuing	Continuing
481A: <i>Theater Enterprise Wide Logistics System (TEWLS) Tri-Service)</i>	5.127	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
482A: <i>E-Commerce (DHA)</i>	5.526	2.277	2.766	2.829	-	2.829	3.704	4.200	4.284	4.370	4.370	Continuing	Continuing
490I: <i>Navy Medicine Chief Information Officer</i>	6.237	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
490J: <i>Navy Medicine Online</i>	1.369	2.000	2.052	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):** 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); Multidrug-Resistant Organism Repository and Surveillance Network (MRSN); Pharmacovigilance Defense Application System; Corporate Dental System (CDS); Mobile HealthCare Environment (MHCE); and the Defense Center of Excellence (DCoE).

UNCLASSIFIED

Exhibit R-2, RDT&E Budget Item Justification: PB 2017 Defense Health Agency Date: February 2016

<b>Appropriation/Budget Activity</b> 0130: <i>Defense Health Program I BA 2: RDT&amp;E</i>	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>
---	---

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.

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.

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.

Defense Health Agency (DHA) Health Information Technology (HIT) [previously known as Tri-Service IM/IT] - DHA HIT activities, under the Military Health System, include: Innovation and Advanced Technology; Infrastructure & Operations; Solution Delivery; Information Delivery; Cyber Security; and Portfolio Management and Customer Relations. RDT&E program includes funding for development/integration, modernization, test and evaluation for the Defense Health Agency initiatives, and any special interest that are shared within all components of the Defense Health Program (DHP), excluding the Integrated Electronic Health Record, Defense Medical Information Exchange and the DoD Healthcare Management System Modernization Program (DHMSM).

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

**UNCLASSIFIED**

<b>Exhibit R-2, RDT&amp;E Budget Item Justification:</b> PB 2017 Defense Health Agency	<b>Date:</b> February 2016
--	----------------------------

<b>Appropriation/Budget Activity</b> 0130: <i>Defense Health Program I BA 2: RDT&amp;E</i>	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>
---	---

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 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>B. Program Change Summary (\$ in Millions)</b>	<b><u>FY 2015</u></b>	<b><u>FY 2016</u></b>	<b><u>FY 2017 Base</u></b>	<b><u>FY 2017 OCO</u></b>	<b><u>FY 2017 Total</u></b>
Previous President's Budget	21.696	19.312	19.679	-	19.679
Current President's Budget	19.399	19.312	25.340	-	25.340
Total Adjustments	-2.297	0.000	5.661	-	5.661
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	2.000	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-2.888	-			
• SBIR/STTR Transfer	-1.409	-			
• FY 2017 Central IM/IT Investment	-	-	5.661	-	5.661

UNCLASSIFIED

Exhibit R-2, RDT&E Budget Item Justification: PB 2017 Defense Health Agency Date: February 2016

<b>Appropriation/Budget Activity</b> 0130: <i>Defense Health Program / BA 2: RDT&amp;E</i>	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>
---	---

**Change Summary Explanation**

FY 2015: Realignment from Defense Health Program, Research, Development, Test and Evaluation (DHP RDT&E), PE 0605013-Information Technology Development (-\$1.409 million) to DHP RDT&E PE 0605502-Small Business Innovation Research (SBIR) / Small Business Technology Transfer (STTR) Program (+\$1.409 million).

FY 2016: No change.

FY 2017: Investment to the Defense Health Program, Research, Development, Test and Evaluation (DHP RDT&E), PE 0605013-Information Technology Development (+\$5.661 million).

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 239B / <i>Health Services Data Warehouse (Air Force)</i>
--	---	--

COST (\$ in Millions)	Prior Years	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	Cost To Complete	Total Cost
239B: <i>Health Services Data Warehouse (Air Force)</i>	1.112	0.654	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 2015	FY 2016	FY 2017
<b>Title:</b> 239B - Health Services Data Warehouse	0.654	0.000	0.000
<b>Description:</b> 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.			
<b>FY 2015 Accomplishments:</b> AFMS will continue to use COTS software to 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.			
Due to funding delays, planned FY15 HSDW accomplishments did not occur in FY15. The funding has been placed on contract, 30 Sep 15, for execution of the planned accomplishment: transition of Clinical Data Mart (CDM) data into the Health Services Data Warehouse (HSDW).			
<b>FY 2016 Plans:</b> 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.			
<b>FY 2017 Plans:</b>			

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 239B / <i>Health Services Data Warehouse (Air Force)</i>
--	---	--

<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>	FY 2015	FY 2016	FY 2017
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.			
<b>Accomplishments/Planned Programs Subtotals</b>	0.654	0.000	0.000

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

Line Item	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	Cost To Complete	Total Cost
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	11.267	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

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency										<b>Date:</b> February 2016		
<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>				<b>Project (Number/Name)</b> 239F / <i>IM/IT Test Bed (Air Force)</i>			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
239F: <i>IM/IT Test Bed (Air Force)</i>	6.065	1.644	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)**

<b>Title:</b> 239F IM/IT Test Bed (Air Force)	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Description:</b> 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.	1.644	0.000	0.000
<b>FY 2015 Accomplishments:</b> Provided realistic, risk controlled testing to \$13B of Central and Service programs. Conducted independent, unbiased assessment of effectiveness, suitability and survivability in Accordance With FAR 46.103, DoD 5000, and AFI 99-103 for the Theater Medical Information Program (TMIP) and Defense Medical Information Exchange (DMIX), both under the Congressional oversight list, and the Enterprise Blood Management System (EBMS). AFMISTB also supported complementary service to existing MHS developmental, integration and interoperability efforts to establish the Defense Health Healthcare Management System Modernization (DHMSM) Operational Medicine (OM) Government Approved Laboratory (GAL) at the AF SG5T Test site at Fort Detrick, MD. Finally, test development and support were provided to half a dozen other ACAT III programs, including the Health Artifact and Imaging Management (HAIMS). Internally, AFMISTB progressed from Initiation to Phase III of the DoD Information			

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 239F / <i>IM/IT Test Bed (Air Force)</i>
--	---	--

<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>	FY 2015	FY 2016	FY 2017
<p>Assurance Certification and Re-accreditation Process for the AF SG5T Virtual Private Network (VPN) Test Enclave at Port San Antonio, Bldg 1. Also, engaged in seven High Performance Team (HPTs) and Requirements Reviews with AF SG offices.</p> <p><b>FY 2016 Plans:</b> 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 &amp; 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.</p> <p>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.</p> <p><b>FY 2017 Plans:</b> 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.</p>			
<b>Accomplishments/Planned Programs Subtotals</b>	1.644	0.000	0.000

<b>C. Other Program Funding Summary (\$ in Millions)</b>										
<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u> <u>Base</u>	<u>FY 2017</u> <u>OCO</u>	<u>FY 2017</u> <u>Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To Complete</u> <u>Total Cost</u>
• N/A: N/A	0.000	0.000	0.000	-	0.000	0.000	-	-	-	Continuing Continuing
<b>Remarks</b>										

**D. Acquisition Strategy**  
N/A

**E. Performance Metrics**  
N/A

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency										<b>Date:</b> February 2016		
<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>				<b>Project (Number/Name)</b> 239G / <i>Clinical Enterprise Intelligence Program (CEIP) (DHA)</i>			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
239G: <i>Clinical Enterprise Intelligence Program (CEIP) (DHA)</i>	0.000	0.000	0.908	0.962	-	0.962	1.436	1.461	1.490	1.520	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)**

	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Title:</b> CEIP platform integration	0.000	0.908	0.962
<b>Description:</b> The CEIP platform is a combination of hardware, software and technologists that together deliver the ability to use enterprise clinical data.			
<b>FY 2015 Accomplishments:</b> Previous accomplishment captured under initiative Health Service Data Warehouse Project Code 239B. 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.			
<b>FY 2016 Plans:</b> 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			

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 239G / <i>Clinical Enterprise Intelligence Program (CEIP) (DHA)</i>
--	---	---

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

<p>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 &amp; II, ORISE Fellowship, Health Systems Medical Informatics (HSMI) Infrastructure &amp; 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><b>FY 2017 Plans:</b> 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 &amp; II, ORISE Fellowship, Health Systems Medical Informatics (HSMI) Infrastructure &amp; 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>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Accomplishments/Planned Programs Subtotals</b>	0.000	0.908	0.962

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

<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u> <u>Base</u>	<u>FY 2017</u> <u>OCO</u>	<u>FY 2017</u> <u>Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
• BA-1, 0807793DHA: <i>MHS Tri-Service Information</i>	0.000	31.778	29.435	-	29.435	29.686	26.888	27.408	27.956	Continuing	Continuing

**Remarks**

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 239G / <i>Clinical Enterprise Intelligence Program (CEIP) (DHA)</i>

**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.

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency										<b>Date:</b> February 2016		
<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>				<b>Project (Number/Name)</b> 239H / <i>IM/IT Test Bed (Air Force) at DHA</i>			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
239H: <i>IM/IT Test Bed (Air Force) at DHA</i>	0.000	0.000	1.844	1.837	-	1.837	2.222	2.686	2.740	2.795	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)**

	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Title:</b> Operational Testing Service	0.000	1.844	1.837
<b>Description:</b> 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.			
<b>FY 2015 Accomplishments:</b> Previously reported under initiative IM/IT Test Bed (Air Force) Project Code 239F.			
<b>FY 2016 Plans:</b> DHA will transfer the 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. 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.			
<b>FY 2017 Plans:</b>			

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 239H / <i>IM/IT Test Bed (Air Force) at DHA</i>

<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
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. Continue ongoing capability development & fielding efforts for half a dozen other ACAT III programs. Initiate Risk Management Framework reaccreditation for AF SG5T VPN for virtualization of IT Test Bed. Participate in at least half a dozen AF SG HPTs and requirement reviews.			
<b>Accomplishments/Planned Programs Subtotals</b>	0.000	1.844	1.837

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

N/A

**Remarks**

**D. Acquisition Strategy**

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.

**E. Performance Metrics**

As determined by and based on the requirements for Air Force Medical IT operational testing.

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 283C / <i>Medical Operational Data System (MODS) (Army)</i>
--	---	---

COST (\$ in Millions)	Prior Years	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	Cost To Complete	Total Cost
283C: <i>Medical Operational Data System (MODS) (Army)</i>	4.856	3.114	2.601	2.678	-	2.678	2.705	2.732	2.759	2.787	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 2015	FY 2016	FY 2017
<b>Title:</b> Medical Operational Data System (MODS)	3.114	2.601	2.678
<b>Description:</b> 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.			
<b>FY 2015 Accomplishments:</b> FY 2015 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 MODS Data Warehouse was executed.			
<b>FY 2016 Plans:</b> FY 2016 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.			
<b>FY 2017 Plans:</b> FY 2017 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 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.			
<b>Accomplishments/Planned Programs Subtotals</b>	3.114	2.601	2.678

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 283C / <i>Medical Operational Data System (MODS) (Army)</i>
--	---	---

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

<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u> <u>Base</u>	<u>FY 2017</u> <u>OCO</u>	<u>FY 2017</u> <u>Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	12.461	12.596	12.984	-	12.984	13.385	13.628	13.878	13.937	Continuing	Continuing
• BA-3, 0807721HP: <i>Replacement/Modernization</i>	0.420	0.120	0.620	-	0.620	0.300	0.400	0.200	0.202	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.

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>				<b>Project (Number/Name)</b> 283D / <i>Army Medicine CIO Management Operations</i>			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
283D: <i>Army Medicine CIO Management Operations</i>	3.605	0.000	0.867	0.794	-	0.794	3.491	4.655	4.729	4.977	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)**

	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Title:</b> 283D - Army Medicine CIO Management Operations	0.000	0.867	0.794
<b>Description:</b> 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.			
<b>FY 2015 Accomplishments:</b> No Funding Programmed.			
<b>FY 2016 Plans:</b> For FY 2016, the Army Medicine CIO Management Operations is 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.			
<b>FY 2017 Plans:</b> For FY 2017, the Army Medicine CIO Management Operations will be developing and enhancing a system that will provide system development, engineering, and testing requirements of Army Medical applications, which will provide realistic, risk controlled testing of designated core and interim medical applications in an operationally realistic environment. These system developments will support the Army's ability to help strengthen the scientific basis for decision-making in patient safety and quality performance within the MHS.			
<b>Accomplishments/Planned Programs Subtotals</b>	0.000	0.867	0.794

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 283D / <i>Army Medicine CIO Management Operations</i>

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

<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2017</u>	<u>FY 2017</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To</u>	
			<u>Base</u>	<u>OCO</u>	<u>Total</u>					<u>Complete</u>	<u>Total Cost</u>
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	37.537	39.323	26.312	-	26.312	27.163	27.345	27.320	27.352	Continuing	Continuing
• BA-1, 0807721HP: <i>Replacement/Modernization</i>	1.665	0.060	3.186	-	3.186	8.792	9.773	10.339	10.560	Continuing	Continuing
• BA-1, 0807798HP: <i>Management Headquarters</i>	3.975	2.463	2.890	-	2.890	2.940	2.992	3.044	3.044	Continuing	Continuing
• BA-1, 0807796HP: <i>Base Operations</i>	2.805	0.498	0.510	-	0.510	0.522	0.536	0.536	0.536	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**

Periodic management evaluation based on ability to provide system development, engineering, and testing requirements of new Army medical applications.

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 283F / <i>Army Warrior Care and Transition System (AWCTS)</i>
--	---	---

COST (\$ in Millions)	Prior Years	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	Cost To Complete	Total Cost
283F: <i>Army Warrior Care and Transition System (AWCTS)</i>	0.488	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 Army Warrior Care and Transition System (AWCTS) program includes development projects for Army service level support. Specifically, the AWCTS is a family of systems that allows the integration of multiple business processes under the consolidated oversight of the Warrior Transition Command.

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

	FY 2015	FY 2016	FY 2017
<b>Title:</b> Army Warrior Care and Transition System (AWCTS)	0.000	0.000	0.000
<b>Description:</b> A family of systems that allows the integration of multiple business processes under the consolidated oversight of the Warrior Transition Command.			
<b>FY 2015 Accomplishments:</b> No funding programmed.			
<b>FY 2016 Plans:</b> No funding programmed.			
<b>FY 2017 Plans:</b> No funding programmed.			
<b>Accomplishments/Planned Programs Subtotals</b>	0.000	0.000	0.000

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

Line Item	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	Cost To Complete	Total Cost
• BA-1, 0807714HP: <i>Other Health Activities</i>	1.691	0.757	0.830	-	0.830	0.416	0.614	0.000	-	Continuing	Continuing
• BA-1, 0807781HP: <i>Non Central IMIT</i>	0.816	-	-	-	-	-	-	-	-	Continuing	Continuing

**Remarks**

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 283F / <i>Army Warrior Care and Transition System (AWCTS)</i>

**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**

1. MEASURE: Increase Soldier's ability to access career and education, and communication with transition coordinators.  
METRIC: Days from submitting request to an appointment or obtaining information
  
2. MEASURE: Provide the capability for staff to be able to gain visibility of a Soldier's transition status.  
METRIC: Days from submitting request to receiving status of Soldier.
  
3. MEASURE: Provide the capability for staff to analyze metrics and business processes.  
METRIC: Days from requesting metrics/BP reports until receipt of data.
  
4. MEASURE: Provide the capability for automated workflow processes to decrease manual and decentralized processes.  
METRIC: Percentage of automated processes versus manual processes

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 283H / <i>Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)</i>
--	---	---

COST (\$ in Millions)	Prior Years	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	Cost To Complete	Total Cost
283H: <i>Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)</i>	0.000	0.000	0.080	0.080	-	0.080	0.080	0.080	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 2015	FY 2016	FY 2017
<b>Title:</b> Psychological and Behavioral Health – Tools for Evaluation, Risk, and Management (PBH-TERM)	0.000	0.080	0.080
<b>Description:</b> 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.			
<b>FY 2015 Accomplishments:</b> No Funding Programmed.			
<b>FY 2016 Plans:</b> FY 2016 funds are being used to add self-service functionality with direct input by the eligible beneficiaries, which improve health system visibility.			
<b>FY 2017 Plans:</b> Funding 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.			
<b>Accomplishments/Planned Programs Subtotals</b>	0.000	0.080	0.080

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 283H / <i>Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)</i>
--	---	---

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

<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u> <u>Base</u>	<u>FY 2017</u> <u>OCO</u>	<u>FY 2017</u> <u>Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
• BA-1, 0807781HP: <i>Non-Central Information Management/ Information Technology</i>	0.090	0.000	0.000	-	0.000	0.000	0.000	0.000	-	Continuing	Continuing
• BA-1, 0807714HP: <i>other health Activities</i>	0.040	0.060	0.080	-	0.080	0.080	0.080	0.080	0.082	Continuing	Continuing
• BA-1, 0807793DHA: <i>MHS Tri-Service Information Management/ Information Technology (IM/IT)</i>	0.000	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.

**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**

FY16

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.

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

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>				<b>Project (Number/Name)</b> 2831 / <i>Workload Management System for Nursing-Internet</i>			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
2831: <i>Workload Management System for Nursing-Internet</i>	0.264	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 Workload Management System for Nursing – Internet (WMSNi) program includes development projects for Army service level support. Specifically, the WMSNi supports clinical staff scheduling, based on known and projected patient care needs, for continuous 24x7 hospital operations.

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

<b>Title:</b> Workload Management System for Nursing-Internet	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Description:</b> 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 Workload Management System for Nursing – Internet (WMSNi) program includes development projects for Army service level support. Specifically, the WMSNi supports clinical staff scheduling, based on known and projected patient care needs, for continuous 24x7 hospital operations.	0.000	0.000	0.000
<b>FY 2015 Accomplishments:</b> No Funding Programmed.			
<b>FY 2016 Plans:</b> No funding programmed.			
<b>FY 2017 Plans:</b> No funding programmed.			
<b>Accomplishments/Planned Programs Subtotals</b>	0.000	0.000	0.000

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

<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017 Base</u>	<u>FY 2017 OCO</u>	<u>FY 2017 Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To Complete</u>	<u>Total Cost</u>
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	0.696	0.298	0.297	-	0.297	0.296	0.297	0.298	-	Continuing	Continuing

**Remarks**

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 2831 / <i>Workload Management System for Nursing-Internet</i>

**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**

1. MEASURE: All Tier 2 tickets were resolved as required.

METRIC: Maintain application including software components resolving 100% of all problems resolvable at the Tier 2 level

2. MEASURE: Hosted Environment up time maintained at 98%.

METRIC: Provide an operational readiness up time of 98% for the hosted environment, excluding scheduled maintenance windows

3. MEASURE: Execute required security patches to enterprise systems IAW Army directives.

METRIC: 95% of Security Patches and critical updates executed within required timeframe

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 283J / <i>Multi-Drug Resistant Surveillance Network (MRSN)</i>
--	---	--

COST (\$ in Millions)	Prior Years	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	Cost To Complete	Total Cost
283J: <i>Multi-Drug Resistant Surveillance Network (MRSN)</i>	1.374	0.738	0.844	0.878	-	0.878	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 Multi-Drug Resistant Surveillance Network (MRSN) program includes development projects for Army service level support. Specifically, the MRSN is the Enterprise effort to collect and characterize bacterial isolates to inform best practice, such as patient management and antibiotic selection.

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

	FY 2015	FY 2016	FY 2017
<b>Title:</b> Multi-Drug Resistant Surveillance Network (MRSN)	0.738	0.844	0.878
<b>Description:</b> MRSN is the Enterprise effort to collect and characterize bacterial isolates to inform best practice, such as patient management and antibiotic selection.			
<b>FY 2015 Accomplishments:</b> Completed the development and testing of the Phase 2 features of MRSN. Also, started to develop and deploy the First System Update which places the Phase 3 features into production.			
<b>FY 2016 Plans:</b> Funding is being used to continue the development and testing of the Phase 3 features of MRSN that were deployed in FY 2015.			
<b>FY 2017 Plans:</b> Funding will be used to finalize the development and deployments of the System Updates which places the new Phase 3 features into production. These system developments will support the Army's ability to assist in the rapid, point-of-care diagnostics for decision-making for antibiotic treatment.			
<b>Accomplishments/Planned Programs Subtotals</b>	0.738	0.844	0.878

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

<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017 Base</u>	<u>FY 2017 OCO</u>	<u>FY 2017 Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To Complete</u>	<u>Total Cost</u>
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	0.565	0.565	0.544	-	0.544	0.757	0.775	0.790	0.790	Continuing	Continuing

**Remarks**

UNCLASSIFIED

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 283J / <i>Multi-Drug Resistant Surveillance Network (MRSN)</i>

**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 MRSN 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 Antibiogram 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. Antibiogram (or other major product) Report Views

Current Performance: N/A (not currently implemented)

Target Performance: 30 per month

Data Source: Server logs

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>				<b>Project (Number/Name)</b> 283K / <i>Veterinary Services Systems Management (VSSM)</i>			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
283K: <i>Veterinary Services Systems Management (VSSM)</i>	0.238	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 Veterinary Services Systems Management (VSSM) program includes development projects for Army service level support. Specifically, the VSSM will capture veterinary health care treatment information to include laboratory findings from various medical institutions.

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

	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Title:</b> Veterinary Services Systems Management (VSSM)	0.000	0.000	0.000
<b>Description:</b> VSSM is a worldwide web access application capable of capturing veterinary health care treatment information to include laboratory findings of Military working dogs, all government owned animals, and dependent owned animals, and dependent owned animals.			
<b>FY 2015 Accomplishments:</b> No Funding Programmed.			
<b>FY 2016 Plans:</b> No Funding Programmed.			
<b>FY 2017 Plans:</b> No Funding Programmed.			
<b>Accomplishments/Planned Programs Subtotals</b>			0.000

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

<b>Line Item</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	1.208	0.000	0.000	-	0.000	0.000	0.000	0.000	-	Continuing	Continuing
• BA-3, 0807721HP: <i>Replacement/Modernization</i>	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	-	Continuing	Continuing

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 283K / <i>Veterinary Services Systems Management (VSSM)</i>

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

<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u> <u>Base</u>	<u>FY 2017</u> <u>OCO</u>	<u>FY 2017</u> <u>Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
------------------	----------------	----------------	-------------------------------	------------------------------	--------------------------------	----------------	----------------	----------------	----------------	-----------------------------------	-------------------

**Remarks**  
O&M and Procurement Funding Transferred to DHA starting on OCT2015, per FY16 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**  
MEASURE: The success of Commercial Laboratories Interface will be the capability in VSSM to electronically request and receive laboratory test results from approved external commercial laboratories, resulting in minable data.  
  
METRIC: The electronic laboratory test result data will be timely, accurate, and allow alerts for potential disease surveillances to be triggered in VSSM.

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 283L / <i>Pharmacovigilance Defense Application System</i>
--	---	--

COST (\$ in Millions)	Prior Years	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	Cost To Complete	Total Cost
283L: <i>Pharmacovigilance Defense Application System</i>	0.000	0.274	0.275	0.400	-	0.400	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 2015	FY 2016	FY 2017
<b>Title:</b> Pharmacovigilance Defense Application System (PVDAS)	0.274	0.275	0.400
<b>Description:</b> 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>FY 2015 Accomplishments:</b> FY 2015 funding allowed the Pharmacovigilance Center to start 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.			
<b>FY 2016 Plans:</b> Funds are being used to finalize the process that provide 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.			
<b>FY 2017 Plans:</b> Funding will be used to continue the process that will provide improved information for making military health system formulary decisions. This process improvement will also provide better visibility into medical practice enhancing patient safety, and greater access to drug risk/benefit information for military physicians.			
<b>Accomplishments/Planned Programs Subtotals</b>	0.274	0.275	0.400

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 283L / <i>Pharmacovigilance Defense Application System</i>
--	---	--

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

<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u> <u>Base</u>	<u>FY 2017</u> <u>OCO</u>	<u>FY 2017</u> <u>Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
• BA-1, 0807781HP: <i>Non-Central Information Management/ Information Technology</i>	1.118	1.205	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
• BA-1, 0807714HP: <i>Other Health Activities</i>	0.035	0.000	0.980	-	0.980	0.996	1.053	2.061	2.011	Continuing	Continuing
• BA-1, 0807798HP: <i>Management Headquarters</i>	1.395	1.418	1.500	-	1.500	1.550	1.600	1.650	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**

1. MEASURE: All Tier 2 tickets were resolved as required.

METRIC: Maintain application including software components resolving 100% of all problems resolvable at the Tier 2 level

2. MEASURE: Hosted Environment up time maintained at 98%.

METRIC: Provide an operational readiness up time of 98% for the hosted environment, where the application is never inoperable for longer than 3 business days

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>				<b>Project (Number/Name)</b> 283M / <i>Business Intelligence Competency Center (BICC)</i>			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
283M: <i>Business Intelligence Competency Center (BICC)</i>	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)**

	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Title:</b> Business Intelligence Competency Center (BICC)	0.000	0.000	0.000
<b>Description:</b> 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>FY 2015 Accomplishments:</b> No Funding Programmed.			
<b>FY 2016 Plans:</b> No Funding Programmed.			
<b>FY 2017 Plans:</b> No Funding Programmed.			
<b>Accomplishments/Planned Programs Subtotals</b>			0.000

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

<b>Line Item</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	1.565	0.000	0.000	-	0.000	0.000	0.000	0.000	-	Continuing	Continuing
• BA-3, 0807721HP: <i>Replacement/Modernization</i>	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	-	Continuing	Continuing

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 283M / <i>Business Intelligence Competency Center (BICC)</i>

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

<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u> <u>Base</u>	<u>FY 2017</u> <u>OCO</u>	<u>FY 2017</u> <u>Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
------------------	----------------	----------------	-------------------------------	------------------------------	--------------------------------	----------------	----------------	----------------	----------------	-----------------------------------	-------------------

**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

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / Information Technology Development				<b>Project (Number/Name)</b> 283N / Corporate Dental System (CDS)			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
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)**

	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Title:</b> Corporate Dental System (CDS)	0.000	0.000	0.000
<b>Description:</b> The Corporate Dental System (CDS) is the Dental digital web based DICOM image capture and viewing application.			
<b>FY 2015 Accomplishments:</b> FY 2015 funds were used to finalize required imaging capabilities at USA dental facilities to include DICOM image view, capture, store, and forward. Corporate Dental Imaging (CDI) 1.0 provides the capability to scan the patient's CAC which also verifies patient metadata within DEERS. CDI 1.0 can now capture images using the hardware vendor's Software Development Kit (SDK) for image enhancement and filtering rather than a TWAIN driver.			
<b>FY 2016 Plans:</b> No Funding Programmed.			
<b>FY 2017 Plans:</b> No Funding Programmed.			
<b>Accomplishments/Planned Programs Subtotals</b>			0.000

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

<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017 Base</u>	<u>FY 2017 OCO</u>	<u>FY 2017 Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To Complete</u>	<u>Total Cost</u>
• BA-1, 0807781HP: Non-Central Information Management/Information Technology	2.464	1.438	0.111	-	0.111	0.112	0.114	0.115	0.117	Continuing	Continuing
• BA-1, 0807715HP: Dental Care Activities	8.260	8.758	12.772	-	12.772	13.051	13.386	13.656	13.851	Continuing	Continuing
• BA-3, 0807721HP: Replacement/Modernization	2.100	2.541	0.600	-	0.600	0.600	0.600	0.600	0.600	Continuing	Continuing

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 283N / <i>Corporate Dental System (CDS)</i>

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

<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u> <u>Base</u>	<u>FY 2017</u> <u>OCO</u>	<u>FY 2017</u> <u>Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</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**

N/A

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>				<b>Project (Number/Name)</b> 283P / <i>Mobile HealthCare Environment (MHCE)</i>			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
283P: <i>Mobile HealthCare Environment (MHCE)</i>	0.273	0.000	0.362	0.300	-	0.300	0.417	0.331	0.473	0.364	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)**

<b>Title:</b> Mobile HealthCare Environment (MHCE)	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Description:</b> The Mobile HealthCare Environment (MHCE) is the capability of secure, bidirectional messaging and data exchange between patients, providers and clinics using any electronic device.	0.000	0.362	0.300
<b>FY 2015 Accomplishments:</b> No Funding Programmed.			
<b>FY 2016 Plans:</b> FY 2016 certification/funding will be 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.			
<b>FY 2017 Plans:</b> FY 2017 certification/funding will be utilized to continue the expanding of the MHCE functionality deployed in FY 2016, 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 MHS.			
<b>Accomplishments/Planned Programs Subtotals</b>	0.000	0.362	0.300

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

<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017 Base</u>	<u>FY 2017 OCO</u>	<u>FY 2017 Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To Complete</u>	<u>Total Cost</u>
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	1.226	1.285	1.350	-	1.350	1.416	1.489	1.564	1.640	Continuing	Continuing

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 283P / <i>Mobile HealthCare Environment (MHCE)</i>

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

<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u> <u>Base</u>	<u>FY 2017</u> <u>OCO</u>	<u>FY 2017</u> <u>Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</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**

N/A

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 385A / <i>Integrated Electronic Health Record Inc 1 (Tri-Service)</i>
--	---	---

COST (\$ in Millions)	Prior Years	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	Cost To Complete	Total Cost
385A: <i>Integrated Electronic Health Record Inc 1 (Tri-Service)</i>	135.319	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**

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).

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).

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.

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

	FY 2015	FY 2016	FY 2017
<b>Title:</b> Integrated Electronic Health Record (iEHR) Inc 1 (Tri-Service)	0.000	0.000	0.000
<b>Description:</b> 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.			
<b>FY 2015 Accomplishments:</b> No Funding Programmed.			
<b>FY 2016 Plans:</b> No Funding Programmed.			
<b>FY 2017 Plans:</b> No Funding Programmed.			
<b>Accomplishments/Planned Programs Subtotals</b>	0.000	0.000	0.000

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 385A / <i>Integrated Electronic Health Record Inc 1 (Tri-Service)</i>
--	---	---

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

<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u> <u>Base</u>	<u>FY 2017</u> <u>OCO</u>	<u>FY 2017</u> <u>Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
• BA-1, 0807793HP: <i>MHS Tri-Service Information</i>	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	0.00	0.00

**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. Program cost, schedule and performance are measured periodically using a systematic approach.

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency										<b>Date:</b> February 2016		
<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>				<b>Project (Number/Name)</b> 386A / <i>Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)</i>			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
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)**

	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Title:</b> Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)	0.000	0.000	0.000
<b>Description:</b> Work with Department of Veterans Affairs (VA), Department of Health & Human Services (HHS), and Private Sector to expand VLER.			
<b>FY 2015 Accomplishments:</b> No Funding Programmed.			
<b>FY 2016 Plans:</b> No Funding Programmed.			
<b>FY 2017 Plans:</b> No Funding Programmed.			
<b>Accomplishments/Planned Programs Subtotals</b>	0.000	0.000	0.000

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency	<b>Date:</b> February 2016
---	----------------------------

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 386A / <i>Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)</i>
--	---	--

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

<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u> <u>Base</u>	<u>FY 2017</u> <u>OCO</u>	<u>FY 2017</u> <u>Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
• BA-1, 0807793HP: <i>MHS Tri-Service Information</i>	-	-	-	-	-	-	-	-	-	-	

**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.

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency										<b>Date:</b> February 2016		
<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>				<b>Project (Number/Name)</b> 423A / <i>Defense Center of Excellence (FHP&amp;RP)</i>			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
423A: <i>Defense Center of Excellence (FHP&amp;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)**

<b>Title:</b> Defense Center Of Excellence (FHP&RP)	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
	0.000	0.000	0.000
<b>Description:</b> 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.			
<b>FY 2015 Accomplishments:</b>			

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016		
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 423A / <i>Defense Center of Excellence (FHP&amp;RP)</i>		
<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>		<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
No Funding Programmed.				
<b>FY 2016 Plans:</b> No Funding Programmed.				
<b>FY 2017 Plans:</b> No Funding Programmed.				
<b>Accomplishments/Planned Programs Subtotals</b>		0.000	0.000	0.000
<b>C. Other Program Funding Summary (\$ in Millions)</b> N/A				
<b>Remarks</b>				
<b>D. Acquisition Strategy</b> N/A				
<b>E. Performance Metrics</b> N/A				

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 423B / <i>Defense Center of Excellence (Army)</i>
--	---	---

COST (\$ in Millions)	Prior Years	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	Cost To Complete	Total Cost
423B: <i>Defense Center of Excellence (Army)</i>	0.000	1.116	1.346	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 United States 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 2015	FY 2016	FY 2017
<b>Title:</b> Defense Center of Excellence (Army)	1.116	1.346	0.000
<b>Description:</b> 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.			
<b>FY 2015 Accomplishments:</b>			

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 423B / <i>Defense Center of Excellence (Army)</i>

<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<p>FY 2015 funds were used to continue the development, modernization, sustainment, and release of mobile apps, PH games, websites, and longitudinal services in support of the T2 Toolkit portfolio. This new generation of PH mobile apps, games, and websites are improving the PH outcomes for DoD Service Members, their Families, and Veterans. Continued for 2016 is the use of RDT&amp;E funds for the Deployment Health Clinical Center's (DHCC) development of a module (FIRST STEPS) in support of Psychological and Behavioral Health. This expansion effort is intended to further the focus of the behavioral healthcare of all adult primary care.</p> <p><b>FY 2016 Plans:</b> FY 2016 funds are being used to complete the development and transition to sustainment for the electronic capabilities listed above. The T2 toolkit and its sub-components will be more fully developed in order to allow for further collaboration and remote access to tools. RDT&amp;E funding will be utilized to continue development of mobile applications, 3D games, websites, and other applications. In addition, the DHCC FIRST STEPS module will continue 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 will also add healthcare facilitators in behavioral activation and motivational interviewing techniques with patients.</p> <p><b>FY 2017 Plans:</b> Management of funds is transferred from Army to DHA effective in FY 2017.</p>			
<b>Accomplishments/Planned Programs Subtotals</b>	1.116	1.346	0.000

<b>C. Other Program Funding Summary (\$ in Millions)</b>											
<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u> <u>Base</u>	<u>FY 2017</u> <u>OCO</u>	<u>FY 2017</u> <u>Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	1.786	-	-	-	-	-	-	-	-	-	Continuing Continuing
• BA-1, 0807724HP: <i>Military Unique - Other Medical</i>	0.268	-	-	-	-	-	-	-	-	-	Continuing Continuing

**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.

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 423B / <i>Defense Center of Excellence (Army)</i>

**E. Performance Metrics**

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

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency										<b>Date:</b> February 2016		
<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>				<b>Project (Number/Name)</b> 423C / <i>Defense Center of Excellence (T2T) (DHA)</i>			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
423C: <i>Defense Center of Excellence (T2T) (DHA)</i>	0.000	0.000	0.000	1.369	-	1.369	1.395	1.422	1.450	1.479	Continuing	Continuing

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

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury is administratively managed under the United States Army Medical Command (MEDCOM) Organization that provides guidance across DoD program related to psychological health (PH) and traumatic brain injury (TBI) issues. The organizational mission statement is: "DCoE's mission is to improve the lives of our nation's Service Members, Families, and Veterans by advancing excellence in psychological health and traumatic brain injury prevention and care." 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)**

	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Title:</b> Defense Center of Excellence (DHA)	0.000	0.000	1.369
<b>Description:</b> 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.			
<b>FY 2015 Accomplishments:</b> No Funding Programmed.			
<b>FY 2016 Plans:</b>			

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 423C / <i>Defense Center of Excellence (T2T) (DHA)</i>

<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
No Funding Programmed.			
<b><i>FY 2017 Plans:</i></b> Management of funds is transferred from Army to DHA in beginning in FY17. FY17 funds will be used to complete the development, and to transition to sustainment for the electronic capabilities deployed in FY16. The Telehealth and Technology Toolkit (T2T) and its sub-components will be more fully developed in order to allow for further collaboration and remote access to tools. RDT&E funding will be utilized to continue development of mobile applications, 3D games, websites, and other applications.			
<b>Accomplishments/Planned Programs Subtotals</b>	0.000	0.000	1.369

<b>C. Other Program Funding Summary (\$ in Millions)</b>											
<b>Line Item</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
• BA-1, 0807793DHA: <i>MHS Tri-Service Information Management/ Information Technology (IM/IT)</i>	0.000	0.000	2.159	-	2.159	2.198	2.239	2.284	2.330	Continuing	Continuing
• BA-1, 0807724DHA: <i>Military Unique Requirements - Other Medical - Health Care</i>	0.000	0.000	3.733	-	3.733	3.768	3.808	3.863	3.940	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. Program cost, schedule and performance are measured periodically using a systematic approach.

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency										<b>Date:</b> February 2016		
<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>				<b>Project (Number/Name)</b> 435A / <i>NICoE Continuity Management Tool</i>			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
435A: <i>NICoE Continuity Management Tool</i>	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:

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 435A / <i>NICoE Continuity Management Tool</i>
--	---	--

- 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 2015	FY 2016	FY 2017
<b>Title:</b> NICoE Continuity Management Tool	0.000	0.000	0.000
<b>Description:</b> 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.			
<b>FY 2015 Accomplishments:</b> No funding programmed.			
<b>FY 2016 Plans:</b> No Funding Programmed.			
<b>FY 2017 Plans:</b> No Funding Programmed.			
<b>Accomplishments/Planned Programs Subtotals</b>	0.000	0.000	0.000

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

	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2017</u>	<u>FY 2017</u>							
<u>Line Item</u>			<u>Base</u>	<u>OCO</u>	<u>Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To Complete</u>	<u>Total Cost</u>	
• 4187 807783: <i>NCMT</i>	0.000	0.000	0.000	-	0.000	0.000	-	-	-	Continuing	Continuing	
• 4187 807781: <i>NCMT</i>	3.961	4.107	4.259	-	4.259	4.332	-	-	-	Continuing	Continuing	
• 1690 807781: <i>HEIS</i>	0.000	0.000	0.000	-	0.000	0.000	-	-	-	Continuing	Continuing	
• 4859 807781: <i>JMED</i>	0.000	0.000	0.000	-	0.000	0.000	-	-	-	Continuing	Continuing	
• 4940 807781: <i>JTF CMI</i>	40.792	41.610	42.395	-	42.395	43.267	-	-	-	Continuing	Continuing	
• 4940 807720: <i>JTF CMI</i>	4.600	0.000	0.000	-	0.000	0.000	-	-	-	Continuing	Continuing	
• 4273 807781: <i>Engineering and Deployment</i>	0.000	0.000	0.000	-	0.000	0.000	-	-	-	Continuing	Continuing	

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / Information Technology Development	<b>Project (Number/Name)</b> 435A / NICOE Continuity Management Tool
--	--	---

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

<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u> <u>Base</u>	<u>FY 2017</u> <u>OCO</u>	<u>FY 2017</u> <u>Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
• 4280 807721: <i>Engineering and Deployment</i>	0.000	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	0.000	-	-	-	Continuing	Continuing
• 4126 807781: <i>Computer Network Defense</i>	0.000	0.000	0.000	-	0.000	0.000	-	-	-	Continuing	Continuing
• 4111 807781: <i>Computer Network Defense</i>	0.473	0.482	0.492	-	0.492	0.502	-	-	-	Continuing	Continuing
• 4165 807781: <i>Computer Network Defense</i>	0.000	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	0.000	-	-	-	Continuing	Continuing
• 4364 807781: <i>Workforce Development</i>	0.000	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 vendor 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

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 435A / <i>NICOE Continuity Management Tool</i>

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 Orientation phase and program to introduce Government personnel, programs, and users to the Contractor's team, tools, methodologies, and business processes Disposition of Contractor purchased Government owned assets, including facilities, equipment, furniture, phone lines, computer equipment, etc. Transfer of Government Furnished Equipment (GFE) and Government Furnished Information (GFI), and GFE inventory management assistance Applicable TMA debriefing and personnel out-processing procedures Turn-in of all government keys, ID/access cards, and security codes.

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / Information Technology Development	<b>Project (Number/Name)</b> 446A / Disability Mediation Service (DMS)
--	--	---

COST (\$ in Millions)	Prior Years	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	Cost To Complete	Total Cost
446A: Disability Mediation Service (DMS)	0.539	0.348	0.433	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

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

"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. Accomplishments/Planned Programs (\$ in Millions)**

	FY 2015	FY 2016	FY 2017
<b>Title:</b> Disability Mediation Service (DMS)	0.348	0.433	0.000
<b>Description:</b> 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.			

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016		
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 446A / <i>Disability Mediation Service (DMS)</i>		
<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>		<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<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> <p><b><i>FY 2015 Accomplishments:</i></b> Funding transferred to Joint Disability Evaluation System IT Project Code 480R since responsibility has moved to new program office starting in FY 2017.</p> <p><b><i>FY 2016 Plans:</i></b> Funding transferred to Joint Disability Evaluation System IT Project Code 480R since responsibility has moved to new program office starting in FY 2017.</p> <p><b><i>FY 2017 Plans:</i></b> No Funding Programmed.</p>				
<b>Accomplishments/Planned Programs Subtotals</b>		0.348	0.433	0.000
<b>C. Other Program Funding Summary (\$ in Millions)</b>				
N/A				
<b>Remarks</b>				
<b>D. Acquisition Strategy</b>				
N/A				
<b>E. Performance Metrics</b>				
N/A				

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / Information Technology Development	<b>Project (Number/Name)</b> 480B / Defense Medical Human Resources System (internet) (DMHRSi) (Tri-Service)
--	--	---

COST (\$ in Millions)	Prior Years	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	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 2015	FY 2016	FY 2017
<b>Title:</b> Defense Medical Human Resources System (internet) (DMHRSi) (Tri-Service)	0.000	0.000	0.000
<b>Description:</b> 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>FY 2015 Accomplishments:</b> No Funding Programmed.			
<b>FY 2016 Plans:</b> No Funding Programmed.			
<b>FY 2017 Plans:</b> No Funding Programmed.			
<b>Accomplishments/Planned Programs Subtotals</b>	0.000	0.000	0.000

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

N/A

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 480B / <i>Defense Medical Human Resources System (internet) (DMHRSi) (Tri-Service)</i>

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

**Remarks**

**D. Acquisition Strategy**

N/A

**E. Performance Metrics**

N/A

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency										<b>Date:</b> February 2016		
<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>				<b>Project (Number/Name)</b> 480C / <i>Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)</i>			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
480C: <i>Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)</i>	9.848	3.862	1.933	2.326	-	2.326	2.363	0.000	0.000	0.000	Continuing	Continuing

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

DMLSS provides the Military Medical Departments one standard Department of Defense (DoD) medical logistics system. The DMLSS suite of applications provides the healthcare driven capability to support the medical logistics needs of the DoD community for critical medical commodities - pharmaceuticals and medical/surgical supplies across the 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) Defense Supply Center Philadelphia and the Military Health System (MHS) providing an industry to practitioner supply chain for the medical commodity. The DMLSS Defense Logistics Agency Wholesale (DMLSS-W) applications are funded by Defense Logistics Agency while the garrison medical treatment facilities and theater applications are funded by the Defense Health Program. The current DMLSS system provides full spectrum capability for medical logistics management. Basic functionality includes 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 medical treatment facility physical plant and supports Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) accreditation requirements. DMLSS, in coordination with the Theater Medical Information Program – Joint (TMIP-J), is providing to the Services and the Combatant Commanders the functional logistics capabilities necessary to rapidly project and sustain joint medical capabilities for medical logistics management of theater medical materiel operations. Current 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 the lower levels of care, and allows non-logisticians, who maintain their medical supplies as an additional duty, to electronically exchange catalog, order, and status information with their supply activity.

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

	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Title:</b> Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)	3.862	1.933	2.326
<b>Description:</b> Development, integration and modernization of DMLSS modules.			
<b>FY 2015 Accomplishments:</b> Made the following critical functional and technical changes in the Medical Logistics: (1) Implemented additional pharmaceutical ordering logic and catalog data; (2) Implemented additional business logic to support equipment maintenance planning and equipment lifecycle management; (3) Expanded the Master Ordering Facility functionality to support Department of Defense support of Civil Authorities contingency operations; (4) Provided foundational support for regionalization of DMLSS application, reducing the deployed footprint without compromise in performance and quality.			
<b>FY 2016 Plans:</b>			

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 480C / <i>Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)</i>

<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
Objectives are (1) to continue to support DMLSS Regionalization and data consolidation, reducing the deployed footprint (Hardware (HW) and License), without compromise in performance and quality, and increasing access to near real time information; (2) create standard messaging for Medical Material Quality Control (MMQC) recalls and hazard alerts; (3) and establish foundational data objects, definitions and schema to support industry base changes required by The Drug Supply Chain Security Act.  <b>FY 2017 Plans:</b> Objectives are to continue to support Medical Material Quality Control (MMQC) recalls and hazard alerts standard messaging and authoritative data sources as well as to continue to acquire foundational data objects, definitions and schema to support industry base changes required by The Drug Supply Chain Security Act.			
<b>Accomplishments/Planned Programs Subtotals</b>	3.862	1.933	2.326

<b>C. Other Program Funding Summary (\$ in Millions)</b>											
<b>Line Item</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
• BA-1, 0807793DHA: <i>MHS Tri-Service Information</i>	35.755	30.889	32.511	-	32.511	33.075	33.639	34.313	34.999	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.

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / Information Technology Development	<b>Project (Number/Name)</b> 480D / Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)
--	--	--

COST (\$ in Millions)	Prior Years	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	Cost To Complete	Total Cost
480D: Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)	8.052	0.000	0.000	6.140	-	6.140	6.025	5.559	6.416	6.901	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 2015	FY 2016	FY 2017
<b>Title:</b> Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)	0.000	0.000	6.140
<b>Description:</b> Configure, enhance and interface DOEHRS-IH modules.			
<b>FY 2015 Accomplishments:</b> No Funding Programmed.			
<b>FY 2016 Plans:</b> No Funding Programmed.			
<b>FY 2017 Plans:</b> Funding for the Critical User Enhancements Phase III will resolve the high-priority System Change Requests to address the Occupational Environmental Health Integrated Product Team (OEHIPT)-identified Critical User Enhancements, the end users will remain unable to fully utilize DOEHRS-IH effectively to efficiently meet the mission of longitudinal exposure recordkeeping and reporting across the range of military operations (ROMO). OEH surveillance data collected in garrison, during deployment health operations, and in association with public health emergency management supports joint OEH data management, informs OEH risk assessment and management, and results in actionable data and reports to commanders to ensure emission success,			

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 480D / <i>Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)</i>

<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
preserve readiness and sustain the force. Critical User Enhancements Phase III will focus on the following areas of the application:  Managing and Validating of Exposure Data, Personnel Management and Assignments, Record Search Capabilities, User Role Management and Control of Functionality by Role, Workflow and End User Experience, and resolving technical SCRs in these critical areas which are key to increasing user satisfaction with the application and, thereby, increasing usage of the DOEHRS-IH system and the value of the OEH surveillance data.			
<b>Accomplishments/Planned Programs Subtotals</b>	0.000	0.000	6.140

<b>C. Other Program Funding Summary (\$ in Millions)</b>											
<b>Line Item</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
• BA-1, 0807793DHA: <i>MHS Tri-Service Information</i>	6.600	9.579	12.262	-	12.262	14.835	14.886	15.864	17.030	Continuing	Continuing
• BA-3, 0807721DHA: <i>Replacement/Modernization</i>	0.239	0.113	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.

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency										<b>Date:</b> February 2016		
<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>				<b>Project (Number/Name)</b> 480F / <i>Executive Information/Decision Support (EI/DS) (Tri-Service)</i>			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
480F: <i>Executive Information/Decision Support (EI/DS) (Tri-Service)</i>	5.936	0.000	2.551	1.791	-	1.791	0.000	0.000	0.000	0.000	Continuing	Continuing

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

EI/DS is 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.

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

	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Title:</b> Executive Information/Decision Support (EI/DS) (Tri-Service)	0.000	2.551	1.791
<b>Description:</b> Development, modernization, upgrades and testing for various EI/DS modules.			
<b>FY 2015 Accomplishments:</b> No Funding Programmed.			
<b>FY 2016 Plans:</b> ESSENCE			
<ul style="list-style-type: none"> <li>• Develop the Enhanced Query capabilities which will substantially expand the scope of the current query functionality</li> <li>• Develop an Enhanced Reference table management capability to update key reference tables within ESSENCE</li> <li>• Develop an Enhanced System Administration to maintain mapping tables, site Identification, case-specific definitions, site definitions, etc.</li> </ul>			
TED			
<ul style="list-style-type: none"> <li>• Provide capability to download National Plan and Provider Enumeration System (NPPES) file and to match National Provider Identifier (NPI) and Provider Record within TED</li> </ul>			
PEPR			

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 480F / <i>Executive Information/Decision Support (EI/DS) (Tri-Service)</i>

<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<ul style="list-style-type: none"> <li>• Modify PEPR to report revenue codes and NPI</li> </ul> <p>EI/DS will continue to: (1) improve users' capabilities to review current and future data sources; (2) improve business decisions and reporting efforts; (3) improve sharing capabilities among internal and external organizations; (4) sustain and maintain applications to continue and improve business processes; (5) support healthcare management and information delivery to support managers, clinicians, and analysts.</p> <p><b>FY 2017 Plans:</b> ESSENCE</p> <ul style="list-style-type: none"> <li>• Expand data storage/maintenance/access to 5 years from 18 months for near-real-time health surveillance.</li> <li>• Implement geographic information system (GIS) capability within ESSENCE to display spatial detection results and point source of counts by patient's residence through heat maps.</li> <li>• Provide analysis of encounter-related laboratory positive results data to design specific case definitions and allows users to determine the proportion of Influenza-Like Illness (ILI) cases due to a specific pathogen.</li> <li>• Design (preliminary only) access and ingest denominator data to calculate rates for each syndrome or category.</li> </ul>			
<b>Accomplishments/Planned Programs Subtotals</b>	0.000	2.551	1.791

<b>C. Other Program Funding Summary (\$ in Millions)</b>											
<b>Line Item</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
• BA-1, 0807793DHA: <i>MHS Tri-Service Information</i>	26.280	31.070	32.080	-	32.080	32.586	33.298	33.964	34.645	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.

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency										<b>Date:</b> February 2016		
<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>				<b>Project (Number/Name)</b> 480G / <i>Health Artifact and Image Management Solution (HAIMS) (Tri-Service)</i>			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
480G: <i>Health Artifact and Image Management Solution (HAIMS) (Tri-Service)</i>	5.828	2.295	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)**

	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Title:</b> Health Artifact and Image Management Solution (HAIMS) (Tri-Service)	2.295	0.000	0.000
<b>Description:</b> Integrate new functionality into HAIMS.			
<b>FY 2015 Accomplishments:</b> Supported operational test and evaluation activities for FY14 modernization efforts.			
\$2M O&M of the FY15 \$3.6M O&M congressional add were reprogrammed to \$2M RDT&E. This additional \$2M RDT&E funds will extend the Service Treatment Record (STR) Tracker Proof of Concept pilot efforts to FY16 to cover: a) continued COTS configuration using Agile principles, b) integration, c) ongoing testing and evaluation activities, d) documentation, e) completion of the Information Assurance certification and accreditation process to support an Authority To Operate (ATO), and f) development of the solution into production with a limited number of users for 6 months to a year to obtain user feedback. The funds will also support the evaluation of the STR Proof of Concept against exit criteria			
<b>FY 2016 Plans:</b> No Funding Programmed.			
<b>FY 2017 Plans:</b> No Funding Programmed.			
<b>Accomplishments/Planned Programs Subtotals</b>	2.295	0.000	0.000

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 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 2015</u>	<u>FY 2016</u>	<u>FY 2017</u> <u>Base</u>	<u>FY 2017</u> <u>OCO</u>	<u>FY 2017</u> <u>Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
• BA-1, 0807793DHA: <i>MHS Tri-Service Information</i>	17.054	17.575	25.634	-	25.634	25.298	22.398	22.919	23.377	Continuing	Continuing
• BA-3, 0807721DHA: <i>Replacement/Modernization</i>	1.991	9.500	12.500	-	12.500	12.604	13.732	14.007	14.287	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.

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency										<b>Date:</b> February 2016		
<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>				<b>Project (Number/Name)</b> 480K / <i>integrated Federal Health Registry Framework (Tri-Service)</i>			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
480K: <i>integrated Federal Health Registry Framework (Tri-Service)</i>	2.591	1.061	0.450	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)**

	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Title:</b> integrated Health Registry Framework (Tri-Service)	1.061	0.450	0.000
<b>Description:</b> Develop, integrate and test a common registry.			
<b>FY 2015 Accomplishments:</b> Funding to support a consolidated technical approach for the Centers of Excellence, which will provide a repeatable process that includes integration of their registry requirements into federated subspecialty clinical data elements that were determined by representative subject matter experts from the Tri-Services and Veteran's Affairs.			
<b>FY 2016 Plans:</b> Additional funding added in FY 2016 to finalize all development and testing necessary for a consolidated technical approach.			
<b>FY 2017 Plans:</b> No Funding Programmed.			
<b>Accomplishments/Planned Programs Subtotals</b>	1.061	0.450	0.000

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 480K / <i>integrated Federal Health Registry Framework (Tri-Service)</i>

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

<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>			<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To</u>	
			<u>Base</u>	<u>OCO</u>	<u>Total</u>					<u>Complete</u>	<u>Total Cost</u>
• BA-1, 0807793DHA: <i>MHS Tri-Service Information</i>	3.207	2.838	2.865	-	2.865	2.913	2.962	3.018	3.079	Continuing	Continuing
• BA-3, 0807721DHA: <i>Replacement/Modernization</i>	0.000	0.015	0.094	-	0.094	0.066	0.040	0.041	0.042	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.

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 480M / <i>Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)</i>
--	---	--

COST (\$ in Millions)	Prior Years	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	Cost To Complete	Total Cost
480M: <i>Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)</i>	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 2015	FY 2016	FY 2017
<b>Title:</b> Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)	0.000	0.000	0.000
<b>Description:</b> 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			

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016		
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 480M / <i>Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)</i>		
<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>		<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<p>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&amp;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><b><i>FY 2015 Accomplishments:</i></b> No Funding Programmed.</p> <p><b><i>FY 2016 Plans:</i></b> No Funding Programmed.</p> <p><b><i>FY 2017 Plans:</i></b> No Funding Programmed.</p>				
<b>Accomplishments/Planned Programs Subtotals</b>		0.000	0.000	0.000
<b>C. Other Program Funding Summary (\$ in Millions)</b>				
N/A				
<b>Remarks</b>				
<b>D. Acquisition Strategy</b>				
N/A				
<b>E. Performance Metrics</b>				
N/A				

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>				<b>Project (Number/Name)</b> 480P / <i>Other Related Technical Activities (Tri-Service)</i>			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
480P: <i>Other Related Technical Activities (Tri-Service)</i>	4.123	0.016	0.000	1.683	-	1.683	3.500	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)**

<b>Title:</b> Other Related Technical Activities (Tri-Service)	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Description:</b> 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.	0.016	0.000	1.683
<b>FY 2015 Accomplishments:</b> Activities common to multiple or all Tri-Service systems/programs and cannot be associated with any one individual Tri-Service initiative such as interest penalty.			
<b>FY 2016 Plans:</b> No Funding Programmed.			
<b>FY 2017 Plans:</b> Funding in support of Health Information Technology Shared Services investment.			
<b>Accomplishments/Planned Programs Subtotals</b>	0.016	0.000	1.683

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

<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017 Base</u>	<u>FY 2017 OCO</u>	<u>FY 2017 Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To Complete</u>	<u>Total Cost</u>
• BA-3, 0807721DHA: <i>Replacement/Modernization</i>	0.000	0.000	2.310	-	2.310	2.730	0.000	0.000	0.000	Continuing	Continuing

**Remarks**

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 480P / <i>Other Related Technical Activities (Tri-Service)</i>

**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.

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / Information Technology Development	<b>Project (Number/Name)</b> 480R / Joint Disability Evaluation System IT (DHA)
--	--	--

COST (\$ in Millions)	Prior Years	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	Cost To Complete	Total Cost
480R: Joint Disability Evaluation System IT (DHA)	0.000	0.000	0.000	0.445	-	0.445	0.588	0.666	0.679	0.692	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 2015	FY 2016	FY 2017
<b>Title:</b> Joint Disability Evaluation System IT (JDES-IT)	0.000	0.000	0.445
<b>Description:</b> 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.			
<b>FY 2015 Accomplishments:</b> Funding will be used for JDES-IT requirements when a approach has been determined and finalized.			
<b>FY 2016 Plans:</b> Funding will be used for JDES-IT requirements when a approach has been determined and finalized.			
<b>FY 2017 Plans:</b> Funding will be used for JDES-IT requirements when a approach has been determined and finalized.			
<b>Accomplishments/Planned Programs Subtotals</b>	0.000	0.000	0.445

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

N/A

**Remarks**

**D. Acquisition Strategy**

To be determined when an approach has been finalized.

**E. Performance Metrics**

To be determined when an approach has been finalized.

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / Information Technology Development	<b>Project (Number/Name)</b> 480Y / Clinical Case Management (Tri-Service)
--	--	---

COST (\$ in Millions)	Prior Years	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	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.

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

	FY 2015	FY 2016	FY 2017
<b>Title:</b> Clinical Case Management (Tri-Service)	0.000	0.000	0.000
<b>Description:</b> 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.			
<b>FY 2015 Accomplishments:</b> No Funding Programmed.			
<b>FY 2016 Plans:</b> No Funding Programmed.			
<b>FY 2017 Plans:</b> No Funding Programmed.			
<b>Accomplishments/Planned Programs Subtotals</b>	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

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency										<b>Date:</b> February 2016		
<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>				<b>Project (Number/Name)</b> 480Z / <i>Patient Assessment Screening Tool Outcome Registry (Tri-Service)</i>			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
480Z: <i>Patient Assessment Screening Tool Outcome Registry (Tri-Service)</i>	0.000	0.000	0.000	0.828	-	0.828	0.538	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)**

	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Title:</b> Patient Assessment Screening Tool Outcome Registry (PASTOR) (Tri-Service)	0.000	0.000	0.828
<b>Description:</b> PASTOR is a GOTS based clinical information system that provides standardized pain assessment with an outcome registry to promote consistency in pain care delivery.			
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"> <li>• Capability to create, store, deliver, and maintain patient reported responses to outcome measurement questions.</li> <li>• 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.</li> <li>• Capability for staff to view the patient self- entered data (ie. dashboard, visual representation, trends reports, and summaries).</li> <li>• 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).</li> <li>• Capability to identify and enroll patients in a pain management registry (which is a part of the PASTOR package and maintained at Madigan).</li> </ul>			

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 480Z / <i>Patient Assessment Screening Tool Outcome Registry (Tri-Service)</i>

<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<p><b><i>FY 2015 Accomplishments:</i></b> No Funding Programmed.</p> <p><b><i>FY 2016 Plans:</i></b> No Funding Programmed.</p> <p><b><i>FY 2017 Plans:</i></b> Development/integration to:                      1) Provide pain patient focused outcomes data to improve clinical decision making                      2) Develop data driven and military specific clinical practice guidelines                      3) Obtain critical data to assure needs based alignment of resources and                      4) Integrate existing validated outcome measures into PASTOR (data is collected and is waiting on analysis)</p>			
<b>Accomplishments/Planned Programs Subtotals</b>	0.000	0.000	0.828

<b>C. Other Program Funding Summary (\$ in Millions)</b>											
<b>Line Item</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
• BA-1, 0807793DHA: <i>MHS Tri-Service Information</i>	0.000	0.000	1.138	-	1.138	1.221	0.000	0.000	0.000	Continuing	Continuing
• BA-3, 0807721DHA: <i>Other Procurement, Replacement/Modernization</i>	0.000	0.000	0.864	-	0.864	0.065	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.

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / Information Technology Development	<b>Project (Number/Name)</b> 481A / Theater Enterprise Wide Logistics System (TEWLS) Tri-Service)
--	--	--

COST (\$ in Millions)	Prior Years	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	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 2015	FY 2016	FY 2017
<b>Title:</b> Theater Enterprise Wide Logistics System (TEWLS) Tri-Service)	0.000	0.000	0.000
<b>Description:</b> 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>FY 2015 Accomplishments:</b> No Funding Programmed.			
<b>FY 2016 Plans:</b> No Funding Programmed.			
<b>FY 2017 Plans:</b> No Funding Programmed.			
<b>Accomplishments/Planned Programs Subtotals</b>	0.000	0.000	0.000

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

N/A

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 481A / <i>Theater Enterprise Wide Logistics System (TEWLS) Tri-Service</i>

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

**Remarks**

**D. Acquisition Strategy**

N/A

**E. Performance Metrics**

N/A

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency										<b>Date:</b> February 2016		
<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>				<b>Project (Number/Name)</b> 482A / <i>E-Commerce (DHA)</i>			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
482A: <i>E-Commerce (DHA)</i>	5.526	2.277	2.766	2.829	-	2.829	3.704	4.200	4.284	4.370	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)**

	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Title:</b> E-Commerce (DHA)	2.277	2.766	2.829
<b>Description:</b> 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			

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 482A / <i>E-Commerce (DHA)</i>

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

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.

***FY 2015 Accomplishments:***

- Continue compliance enhancements and modernization of financial processing and reporting. Enhance application functionality to respond to changes in health care policy and guidance, to improve operational efficiency, and to continue providing operational personnel with effective financial, contract management, and acquisition support capabilities. Enhance health care claims and financial processing to accommodate changes in health care requirements and to improve contractor performance assessment and deliverable processing. Implement accounting improvements to support user interface processing, audit support, financial and audit reporting, and enterprise budget management. Finally, implement software changes, mandated by Congress and the DoD, to accommodate financial application health care policy modifications, and BEA SFIS changes.

***FY 2016 Plans:***

Continue compliance enhancements and modernization of healthcare financial processing, contract operations, and financial reporting. Enhance 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. Enhance 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. Enhance accounting and finance capabilities to improve the tracking of pharmaceutical manufacturer refunds, dispute handling, collections, and case management. Implement accounting improvements to support healthcare accounting operations, financial audit support, financial reporting, and private sector care budget management. Finally, implement software changes, mandated by Congress and the DoD, to accommodate financial application healthcare policy modifications, BEA SFIS changes, and PDS compliance.

***FY 2017 Plans:***

Continue compliance enhancements and modernization of healthcare financial processing, contract operations, and financial reporting. Enhance 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. Enhance 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. Enhance accounting and finance capabilities to improve the tracking of pharmaceutical manufacturer refunds, dispute handling, collections, and case management. Implement accounting improvements to support healthcare accounting operations, financial audit support, financial reporting, and private sector care budget management. Finally, implement

FY 2015	FY 2016	FY 2017

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 482A / <i>E-Commerce (DHA)</i>
--	---	--

<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
software changes, mandated by Congress and the DoD, to accommodate financial application healthcare policy modifications, BEA SFIS changes, and PDS compliance.			
<b>Accomplishments/Planned Programs Subtotals</b>	2.277	2.766	2.829

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

Line Item	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	Cost To Complete	Total Cost
• BA-1, 0807752HP: <i>Miscellaneous Support Activities</i>	14.443	14.615	14.933	-	14.933	14.438	14.286	14.543	-	Continuing	Continuing
• BA-3, 0807721HP: <i>Replacement/Modernization</i>	0.000	0.000	0.000	-	0.000	0.000	0.549	0.560	-	Continuing	Continuing

**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.

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / Information Technology Development				<b>Project (Number/Name)</b> 490I / Navy Medicine Chief Information Officer			
COST (\$ in Millions)	Prior Years	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	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 2015	FY 2016	FY 2017
<b>Title:</b> Navy Medicine Chief Information Officer (CIO) Management Operations	0.000	0.000	0.000
<b>Description:</b> 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>FY 2015 Accomplishments:</b> No Funding Programmed.			
<b>FY 2016 Plans:</b> No Funding Programmed.			
<b>FY 2017 Plans:</b> No Funding Programmed.			
<b>Accomplishments/Planned Programs Subtotals</b>			0.000

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

Line Item	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	Cost To Complete	Total Cost
• BA-1, 0807781HP: Non-Central Information Management/Information Technology	160.215	82.274	82.427	-	82.427	83.778	68.129	71.102	72.458	Continuing	Continuing
• BA-1, PE 0807795HP: Base Communications - CONUS	16.796	16.835	17.153	-	17.153	17.458	17.793	18.151	18.505	Continuing	Continuing
• BA-1, PE 0807995HP: Base Communications - OCONUS	2.458	2.505	2.552	-	2.552	2.599	2.646	2.696	2.750	Continuing	Continuing
• BA-3, PE 0807721HP: Replacement/Modernization	1.107	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency			<b>Date:</b> February 2016		
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>		<b>Project (Number/Name)</b> 4901 / <i>Navy Medicine Chief Information Officer</i>		

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

<u>Line Item</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u> <u>Base</u>	<u>FY 2017</u> <u>OCO</u>	<u>FY 2017</u> <u>Total</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
------------------	----------------	----------------	-------------------------------	------------------------------	--------------------------------	----------------	----------------	----------------	----------------	-----------------------------------	-------------------

**Remarks**

**D. Acquisition Strategy**

N/A

**E. Performance Metrics**

N/A

**UNCLASSIFIED**

**Exhibit R-2A, RDT&E Project Justification:** PB 2017 Defense Health Agency **Date:** February 2016

<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 490J / <i>Navy Medicine Online</i>
--	---	--

COST (\$ in Millions)	Prior Years	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	Cost To Complete	Total Cost
490J: <i>Navy Medicine Online</i>	1.369	2.000	2.052	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

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

NMO provides for management of Navy medical/dental data in a data warehouse to support Navy operational commanders and Navy Medicine/Dental personnel in managing and reporting individual medical/dental readiness. This data is received from all Navy ships/submarines from source applications/ modules/systems such as Theater Medical Information Program-Maritime (TMIP-M), Maritime Medical Modules (MMM), and Dental Common Access System (DENCAS). The data is then provided to other systems/applications/modules such as Medical Readiness Reporting System (MRRS) to support medical readiness reporting, including individual readiness. NMO also provides logistic reporting for Navy operational units that allows analysis of the Navy's Authorized Minimum Medical Allowance List/Authorized Dental Allowance List (AMMAL/ADAL) data. In addition, NMO provides case management tools that provide an automated means to input and track waiver requests through their approval or disapproval. The tools are used to support medical waiver requests for USN/USMC officer accessions programs, medical waiver requests for USMC enlistments, medical waiver requests for basic training medical issues for USN/USMC, incapacitation of dependent waiver requests, special duty medical waivers requests for submarines, spec ops, etc., and it also tracks medical issues that may impact USNA midshipmen service selection and commissioning.

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

	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Title:</b> Navy Medicine Online (NMO)	2.000	2.052	0.000
<b>Description:</b> The Navy Medicine Online System (NMO) is the designated data broker for Navy Medicine. Funding transferred to Defense Health Agency starting in FY 2016.			
<b>FY 2015 Accomplishments:</b> This is an ongoing activity recently enacted by the Navy Medicine IM/IT process which further defines/transforms future IM/IT Medical Program Enhancements and Medical Capabilities.			
<b>FY 2016 Plans:</b> Funding transferred from Navy Medical Information Technology to Defense Health Agency Health Information Technology in FY 2016. RDT&E funds for mobility will be used for application platform usability and interoperability to deliver apps for patients and staff. Will continue research on secure communications, as well hosting and accessing data at rest.			
<b>FY 2017 Plans:</b> No Funding Programmed.			
<b>Accomplishments/Planned Programs Subtotals</b>	2.000	2.052	0.000

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

N/A

**UNCLASSIFIED**

<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency		<b>Date:</b> February 2016
<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605013DHA / <i>Information Technology Development</i>	<b>Project (Number/Name)</b> 490J / <i>Navy Medicine Online</i>

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

**Remarks**

**D. Acquisition Strategy**  
N/A

**E. Performance Metrics**  
N/A

**UNCLASSIFIED**

**THIS PAGE INTENTIONALLY LEFT BLANK**

**UNCLASSIFIED**