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Exhibit R-2, RDT&E Budget Item Justification: PB 2022 Defense Health Agency **Date:** May 2021

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>
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COST (\$ in Millions)	Prior Years	FY 2020	FY 2021	FY 2022 Base	FY 2022 OCO	FY 2022 Total	FY 2023	FY 2024	FY 2025	FY 2026	Cost To Complete	Total Cost
Total Program Element	80.625	23.780	16.344	10.866	-	10.866	0.000	0.000	0.000	0.000	Continuing	Continuing
239H: <i>IM/IT Test Bed (Air Force) at DHA</i>	6.498	2.740	2.795	0.723	-	0.723	-	-	-	-	Continuing	Continuing
482A: <i>E-Commerce (DHA)</i>	20.808	4.284	4.370	0.959	-	0.959	-	-	-	-	Continuing	Continuing
480D: <i>Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)</i>	25.129	3.941	8.714	8.701	-	8.701	-	-	-	-	Continuing	Continuing
423C: <i>Defense Center of Excellence (T2T/PBH TERM) (DHA)</i>	4.032	1.450	0.465	0.483	-	0.483	-	-	-	-	Continuing	Continuing
283C: <i>Medical Operational Data System (MODS) (Army)</i>	13.631	2.759	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing
283H: <i>Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)</i>	0.279	0.000	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing
283L: <i>Pharmacovigilance Defense Application System</i>	1.698	0.350	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing
283P: <i>Mobile HealthCare Environment (MHCE)</i>	1.383	0.473	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing
480R: <i>Joint Disability Evaluation System IT (DHA)</i>	1.636	0.000	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing
485: <i>Legacy Data Repository (DHA-C)</i>	5.531	5.856	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing
505: <i>Military Health System Virtual Health Program (MHS VHP)</i>	0.000	1.927	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing

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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); Pharmacovigilance Defense Application System (PVDAS); Mobile HealthCare Environment (MHCE); and the Defense Center of Excellence (DCoE).

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 RDT&E activities includes funding for development/integration, modernization, test and evaluation for the Defense Health Agency initiatives, and any special interest that are shared within all centralized components of the Defense Health Program (DHP). HIT initiatives using RDT&E funding include: Defense Occupational and Environmental Health Readiness System – Industrial Hygiene (DOEHS-IH), Legacy Data Repository (LDR), and Defense Center of Excellence (Telehealth and Technology Toolkit (T2T)).

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); Pharmacovigilance Defense Application System (PVDAS); Mobile HealthCare Environment (MHCE); and the Defense Center of Excellence (DCoE).

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 RDT&E activities includes funding for development/integration, modernization, test and evaluation for the Defense Health Agency initiatives, and any special interest that are shared within all centralized components of the Defense Health Program (DHP). HIT initiatives using RDT&E funding include: Defense Occupational and Environmental Health Readiness System – Industrial Hygiene (DOEHS-IH), Legacy Data Repository (LDR), and Defense Center of Excellence (Telehealth and Technology Toolkit (T2T)).

The DHP RDT&E appropriation includes the following DHA initiatives: MHS Virtual Health Program (MHS VHP) and Electronic Commerce System (E-Commerce). E-Commerce 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 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

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Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>
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year liabilities; the Purchased Care and Contractor’s Resource Center web sites that provide up-to-date financial information for both TMA and the Services concerning the military treatment facilities (MTFs), and expenditures for MTF enrollee purchased care and supplemental care. E-Commerce includes an infrastructure of over 60 servers supporting development, test, and production. E-Commerce is employed by several hundred users in more than 7 different organizations. Project oversight and coordination must be provided to ensure that the needs of the disparate organizations are met without influencing system performance or support to any individual user. Server configurations must remain current with respect to security policies, user authorizations, and interactions with other systems and functions. All of these activities must be managed and coordinated on a daily basis.

B. Program Change Summary (\$ in Millions)	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022 Base</u>	<u>FY 2022 OCO</u>	<u>FY 2022 Total</u>
Previous President's Budget	23.780	16.344	10.866	-	10.866
Current President's Budget	23.780	16.344	10.866	-	10.866
Total Adjustments	0.000	0.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	0.000	-			

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Exhibit R-2A, RDT&E Project Justification: PB 2022 Defense Health Agency										Date: May 2021		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 239H / <i>IM/IT Test Bed (Air Force) at DHA</i>			
COST (\$ in Millions)	Prior Years	FY 2020	FY 2021	FY 2022 Base	FY 2022 OCO	FY 2022 Total	FY 2023	FY 2024	FY 2025	FY 2026	Cost To Complete	Total Cost
239H: <i>IM/IT Test Bed (Air Force) at DHA</i>	6.498	2.740	2.795	0.723	-	0.723	-	-	-	-	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.

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

	FY 2020	FY 2021	FY 2022
Title: Operational Testing Service	2.740	2.795	0.723
Description: 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.			
FY 2021 Plans: As in prior years, DHA will transfer funding to AF Medical IT during year of execution. AF will continue to test the 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. Plans are to continue capability development & fielding efforts for half a dozen other ACAT III programs, initiate the Risk Management Framework reaccreditation for AF SG5T VPN for virtualization of IT Test Bed, and participate in at least half a dozen AF SG HPTs and requirement reviews, similar to FY18.			
FY 2022 Plans: Will continue capability development & fielding efforts for half a dozen other ACAT III programs, initiate the Risk Management Framework reaccreditation for AF SG5T VPN for virtualization of IT Test Bed, and participate in at least half a dozen AF SG HPTs and requirement reviews			
FY 2021 to FY 2022 Increase/Decrease Statement:			

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

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2020	FY 2021	FY 2022
Decrease due to realignment of funding from RDT&E to O&M based on transitioning requirements			
Accomplishments/Planned Programs Subtotals	2.740	2.795	0.723

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.

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Exhibit R-2A, RDT&E Project Justification: PB 2022 Defense Health Agency										Date: May 2021		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 482A / <i>E-Commerce (DHA)</i>			
COST (\$ in Millions)	Prior Years	FY 2020	FY 2021	FY 2022 Base	FY 2022 OCO	FY 2022 Total	FY 2023	FY 2024	FY 2025	FY 2026	Cost To Complete	Total Cost
482A: <i>E-Commerce (DHA)</i>	20.808	4.284	4.370	0.959	-	0.959	-	-	-	-	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)

	FY 2020	FY 2021	FY 2022
Title: E-Commerce (DHA)	4.284	4.370	0.959
Description: 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			

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Exhibit R-2A, RDT&E Project Justification: PB 2022 Defense Health Agency		Date: May 2021
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 482A / <i>E-Commerce (DHA)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2020	FY 2021	FY 2022
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.			
<i>FY 2021 Plans:</i> Plans include more modernization to healthcare financial processing, contracts, and reporting as well as adapting to health care policy and guidance			
<i>FY 2022 Plans:</i> Will continue to modernize the Electronic Commerce System for contracts, and reporting as well as adapting to health care policy and guidance.			
<i>FY 2021 to FY 2022 Increase/Decrease Statement:</i> Realigned funding to DHP O&M as parts of the system transition to sustainment			
Accomplishments/Planned Programs Subtotals	4.284	4.370	0.959

C. Other Program Funding Summary (\$ in Millions)											
Line Item	FY 2020	FY 2021	FY 2022 Base	FY 2022 OCO	FY 2022 Total	FY 2023	FY 2024	FY 2025	FY 2026	Cost To Complete	Total Cost
• BA-1, 0807752HP:	0.132	0.132	0.135	-	0.135	0.138	-	-	-	Continuing	Continuing
<i>Miscellaneous Support Activities</i>											
• BA-3, 0807721HP:	0.561	0.571	0.583	-	0.583	0.595	-	-	-	Continuing	Continuing
<i>Replacement/Modernization</i>											
Remarks											

D. Acquisition Strategy
N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2022 Defense Health Agency **Date:** May 2021

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development	Project (Number/Name) 480D / Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)
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COST (\$ in Millions)	Prior Years	FY 2020	FY 2021	FY 2022 Base	FY 2022 OCO	FY 2022 Total	FY 2023	FY 2024	FY 2025	FY 2026	Cost To Complete	Total Cost
480D: Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)	25.129	3.941	8.714	8.701	-	8.701	-	-	-	-	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 2020	FY 2021	FY 2022
Title: Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)	3.941	8.714	8.701
Description: Configure, enhance, and interface DOEHRS-IH modules.			
FY 2021 Plans: Developing software and significant enhancements to existing software to include implementation of a DOEHRS-IH HAZMAT/ SDS capability, DOEHRS-IH to DOEHRS-HC Interface, DOEHRS-IH Interface Design/Development to the Defense Medical Logistics – Enterprise Solution (DML-ES), Thermal Stress Design/Development, Confined Spaces Design/Development and Critical User Enhancements.			
FY 2022 Plans: Will continue software development and significant enhancements to existing software to include implementation of a DOEHRS-IH HAZMAT/SDS capability, DOEHRS-IH to DOEHRS-HC Interface, DOEHRS-IH Interface Design/Development to the Defense Medical Logistics – Enterprise Solution (DML-ES), Thermal Stress Design/Development, Confined Spaces Design/Development and Critical User Enhancements.			
FY 2021 to FY 2022 Increase/Decrease Statement:			

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Exhibit R-2A, RDT&E Project Justification: PB 2022 Defense Health Agency		Date: May 2021
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 480D / <i>Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2020	FY 2021	FY 2022
Funding decreased based on requirements for FY 2022.			
Accomplishments/Planned Programs Subtotals	3.941	8.714	8.701

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

N/A

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.

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Exhibit R-2A, RDT&E Project Justification: PB 2022 Defense Health Agency										Date: May 2021		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 423C / <i>Defense Center of Excellence (T2T/PBH TERM) (DHA)</i>			
COST (\$ in Millions)	Prior Years	FY 2020	FY 2021	FY 2022 Base	FY 2022 OCO	FY 2022 Total	FY 2023	FY 2024	FY 2025	FY 2026	Cost To Complete	Total Cost
423C: <i>Defense Center of Excellence (T2T/PBH TERM) (DHA)</i>	4.032	1.450	0.465	0.483	-	0.483	-	-	-	-	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) provides the Military Health System with current and emerging psychological health and traumatic brain injury clinical and educational information. DCOE identifies gaps and prioritize needs in psychological health and TBI research, and then translate that research into clinical practice to improve patient outcomes.

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

	FY 2020	FY 2021	FY 2022
Title: Defense Center of Excellence (DHA) T2T and PBH TERM	1.450	0.465	0.483
<p>Description: 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.</p> <p>Telehealth and Technology Toolkit (T2T): This project will organize a toolkit of components in the areas of PH and telehealth that can be used both within and outside DoD. The focus of the toolkit is NOT to develop duplicative components, but allow room for collaboration and remote access to tools. The T2 Toolkit consists of mobile applications, 3-Dimensional applications (apps) , and supporting websites. These applications will combine to create a system that covers many areas of Psychological Health (PH) for the Department of Defense, family members.</p> <p>Psychological and Behavioral Health – Tools for Evaluation, Risk and Management (PBH-TERM) is a web-based psychological and behavioral health (BH) information technology application which supports evidence-based, standardized and integrated BH initiatives and program evaluation.</p> <p>FY 2021 Plans: Support for web services development software.</p> <p>FY 2022 Plans: Will continue support for web services development software</p> <p>FY 2021 to FY 2022 Increase/Decrease Statement:</p>			

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Exhibit R-2A, RDT&E Project Justification: PB 2022 Defense Health Agency		Date: May 2021
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 423C / <i>Defense Center of Excellence (T2T/PBH TERM) (DHA)</i>

B. Accomplishments/Planned Programs (\$ in Millions)	FY 2020	FY 2021	FY 2022
Increase between FY21 to FY22 is due to inflation			
Accomplishments/Planned Programs Subtotals	1.450	0.465	0.483

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

N/A

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.

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Exhibit R-2A, RDT&E Project Justification: PB 2022 Defense Health Agency **Date:** May 2021

Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / Information Technology Development				Project (Number/Name) 283C / Medical Operational Data System (MODS) (Army)			
COST (\$ in Millions)	Prior Years	FY 2020	FY 2021	FY 2022 Base	FY 2022 OCO	FY 2022 Total	FY 2023	FY 2024	FY 2025	FY 2026	Cost To Complete	Total Cost
283C: Medical Operational Data System (MODS) (Army)	13.631	2.759	0.000	0.000	-	0.000	-	-	-	-	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 2020	FY 2021	FY 2022
Title: Medical Operational Data System (MODS)	2.759	-	-
Description: 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.			
Accomplishments/Planned Programs Subtotals	2.759	-	-

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

Line Item	FY 2020	FY 2021	FY 2022 Base	FY 2022 OCO	FY 2022 Total	FY 2023	FY 2024	FY 2025	FY 2026	Cost To Complete	Total Cost
• BA-1, 0807781HP: Non-Central Information Management/ Information Technology	13.878	0.000	0.000	-	0.000	0.000	-	-	-	Continuing	Continuing
• BA-3, 0807721HP: Replacement/Modernization	0.200	0.000	0.000	-	0.000	0.000	-	-	-	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.

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Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 283H / <i>Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)</i>
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COST (\$ in Millions)	Prior Years	FY 2020	FY 2021	FY 2022 Base	FY 2022 OCO	FY 2022 Total	FY 2023	FY 2024	FY 2025	FY 2026	Cost To Complete	Total Cost
283H: <i>Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)</i>	0.279	0.000	0.000	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 2020	FY 2021	FY 2022
Title: Psychological and Behavioral Health – Tools for Evaluation, Risk, and Management (PBH-TERM)	0.000	-	-
Description: 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.			
Accomplishments/Planned Programs Subtotals	0.000	-	-

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

Line Item	FY 2020	FY 2021	FY 2022 Base	FY 2022 OCO	FY 2022 Total	FY 2023	FY 2024	FY 2025	FY 2026	Cost To Complete	Total Cost
• BA-1, 0807781HP: <i>Non-Central Information Management/ Information Technology</i>	0.000	0.000	0.000	-	0.000	0.000	-	-	-	Continuing	Continuing
• BA-1, 0807714HP: <i>other health Activities</i>	0.000	0.000	0.000	-	0.000	0.000	-	-	-	Continuing	Continuing
• BA-1, 0807793DHA: <i>MHS Tri-Service Information Management/ Information Technology (IM/IT)</i>	0.074	0.074	0.074	-	0.074	0.074	-	-	-	Continuing	Continuing

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Exhibit R-2A, RDT&E Project Justification: PB 2022 Defense Health Agency		Date: May 2021
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 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 2020</u>	<u>FY 2021</u>	<u>FY 2022</u> <u>Base</u>	<u>FY 2022</u> <u>OCO</u>	<u>FY 2022</u> <u>Total</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>FY 2025</u>	<u>FY 2026</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
Remarks											
BAG 104 funding moved to DHA starting on 01 Oct 2015 per FY 2016 POM MOA.											
BAG 103 funding moved to DHA starting on 01 Oct 2016 per FY 2017 POM MOA. Moving DCoE to DHA (BA-1, 0807714HP)											

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.

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Exhibit R-2A, RDT&E Project Justification: PB 2022 Defense Health Agency **Date:** May 2021

Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 283L / <i>Pharmacovigilance Defense Application System</i>			
COST (\$ in Millions)	Prior Years	FY 2020	FY 2021	FY 2022 Base	FY 2022 OCO	FY 2022 Total	FY 2023	FY 2024	FY 2025	FY 2026	Cost To Complete	Total Cost
283L: <i>Pharmacovigilance Defense Application System</i>	1.698	0.350	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 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 2020	FY 2021	FY 2022
Title: Pharmacovigilance Defense Application System (PVDAS)	0.350	-	-
Description: 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.			
Accomplishments/Planned Programs Subtotals			
	0.350	-	-

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

Line Item	FY 2020	FY 2021	FY 2022 Base	FY 2022 OCO	FY 2022 Total	FY 2023	FY 2024	FY 2025	FY 2026	Cost To Complete	Total Cost
• BA-1, 0807781HP: <i>Non-Central Information Management/ Information Technology</i>	0.000	0.000	0.000	-	0.000	0.000	-	-	-	Continuing	Continuing
• BA-1, 0807714HP: <i>Other Health Activities</i>	2.048	0.000	0.000	-	0.000	0.000	-	-	-	Continuing	Continuing
• BA-1, 0807798HP: <i>Management Headquarters</i>	1.650	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.

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Exhibit R-2A, RDT&E Project Justification: PB 2022 Defense Health Agency **Date:** May 2021

Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 283P / <i>Mobile HealthCare Environment (MHCE)</i>			
COST (\$ in Millions)	Prior Years	FY 2020	FY 2021	FY 2022 Base	FY 2022 OCO	FY 2022 Total	FY 2023	FY 2024	FY 2025	FY 2026	Cost To Complete	Total Cost
283P: <i>Mobile HealthCare Environment (MHCE)</i>	1.383	0.473	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 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)

	FY 2020	FY 2021	FY 2022
Title: Mobile HealthCare Environment (MHCE)	0.473	-	-
Description: The Mobile HealthCare Environment (MHCE) is the capability of secure, bidirectional messaging and data exchange between patients, providers and clinics using any electronic device.			
Accomplishments/Planned Programs Subtotals			
	0.473	-	-

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

<u>Line Item</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022 Base</u>	<u>FY 2022 OCO</u>	<u>FY 2022 Total</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>FY 2025</u>	<u>FY 2026</u>	<u>Cost To Complete</u>	<u>Total Cost</u>
• BA-1, 0807781HP: <i>Non-Central Information Management/Information Technology</i>	1.551	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.

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Exhibit R-2A, RDT&E Project Justification: PB 2022 Defense Health Agency **Date:** May 2021

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 480R / <i>Joint Disability Evaluation System IT (DHA)</i>
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COST (\$ in Millions)	Prior Years	FY 2020	FY 2021	FY 2022 Base	FY 2022 OCO	FY 2022 Total	FY 2023	FY 2024	FY 2025	FY 2026	Cost To Complete	Total Cost
480R: <i>Joint Disability Evaluation System IT (DHA)</i>	1.636	0.000	0.000	0.000	-	0.000	-	-	-	-	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 2020	FY 2021	FY 2022
Title: Joint Disability Evaluation System IT (JDES-IT)	0.000	-	-
Description: 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.			
Accomplishments/Planned Programs Subtotals	0.000	-	-

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

N/A

Remarks

D. Acquisition Strategy

Not applicable.

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Exhibit R-2A, RDT&E Project Justification: PB 2022 Defense Health Agency										Date: May 2021		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 485 / <i>Legacy Data Repository (DHA-C)</i>			
COST (\$ in Millions)	Prior Years	FY 2020	FY 2021	FY 2022 Base	FY 2022 OCO	FY 2022 Total	FY 2023	FY 2024	FY 2025	FY 2026	Cost To Complete	Total Cost
485: <i>Legacy Data Repository (DHA-C)</i>	5.531	5.856	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Legacy Data Repository (LDR) will provide the strategy, analysis, and solution to assume data management and governance for legacy Clinical and Business data for Defense Health Agency's Solutions Delivery Division systems that will be decommissioned as the Military Health System (MHS) Genesis electronic health record is deployed.

As MHS Genesis deploys to each site, legacy systems cannot decommission without a legacy data repository to safely and securely migrate data – absence a LDR solution negates and ignores the underlying requirement. Clinicians without access to legacy patient history can create a direct patient safety issue. The legacy component of a patient's Legal Medical Record will no longer be accessible once MHS Genesis rolls out.

LDR will identify, capture, organize, disseminate, and synthesize required legacy data needed to support medical information requirements for Business Intelligence (BI), Continuity of Care, and Archival in support of Defense Health Modernization Systems (DHMS) deployment plans, legacy system decommissioning plans, and operations and sustainment activities within their areas of responsibility.

This initial investment would allow the MHS to realize cost savings by decommissioning systems with overlapping capabilities to MHS Genesis, and reduce the legacy system footprint across the enterprise. Further, LDR would make legacy data available for clinicians through a clinical viewer to compliment the longitudinal record of MHS Genesis. This project will enable clinicians to holistically view a service member's medical record through both MHS Genesis and a legacy viewer. Downstream system dependent on legacy data would also be benefited through a persistence of this information.

As the LDR takes responsibility for legacy data, it must be retained within a flexible, scalable, and cost effective platform, but must also maintain the discipline of existing MHS data governance and management standards. While meeting these data governance and management standards, legacy data will be maintained in a variety of formats and degrees of normalization and structuring (i.e. discrete data, document, object, and file level).

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

	FY 2020	FY 2021	FY 2022
Title: Legacy Data Repository	5.856	-	-
Description: LDR will identify, capture, organize, disseminate, and synthesize required legacy data needed to support medical information requirements for Business Intelligence (BI), Continuity of Care, and Archival in support of Defense Health Modernization Systems (DHMS) deployment plans, legacy system decommissioning plans, and operations and sustainment activities within their areas of responsibility.			
Accomplishments/Planned Programs Subtotals	5.856	-	-

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Exhibit R-2A, RDT&E Project Justification: PB 2022 Defense Health Agency		Date: May 2021
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 485 / <i>Legacy Data Repository (DHA-C)</i>

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

N/A

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.

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Exhibit R-2A, RDT&E Project Justification: PB 2022 Defense Health Agency										Date: May 2021		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>				Project (Number/Name) 505 / <i>Military Health System Virtual Health Program (MHS VHP)</i>			
COST (\$ in Millions)	Prior Years	FY 2020	FY 2021	FY 2022 Base	FY 2022 OCO	FY 2022 Total	FY 2023	FY 2024	FY 2025	FY 2026	Cost To Complete	Total Cost
505: <i>Military Health System Virtual Health Program (MHS VHP)</i>	0.000	1.927	0.000	0.000	-	0.000	-	-	-	-	Continuing	Continuing

A. Mission Description and Budget Item Justification

Purpose: Establish a unified MHS program to augment military medicine with robust 'anywhere' virtual health capabilities. The program will include three distinct capabilities in order to meet its initial expected business outcome. The first capability will incorporate secure clinical VTC (synchronous visits) to enable a provider in one location to offer diagnosis and treatment to a patient in another location. Synchronous visits can take place between a provider and patient at different MTFs, or at the patient's location (e.g. their home or other location deemed appropriate by the provider). Synchronous visits at the patient's location can be conducted for primary or specialty care. Primary and Specialty Care appointments via synchronous visits will enable health care anytime, anywhere. The second capability incorporates an Asynchronous secure portal or teleconsultation portal, to enable a pool of specialty care providers globally to deliver timely clinical advice, primarily in operational settings where expertise is scarce, but also in garrison when needed. The portal facilitates 'store and forward' transmission of electronic medical information and associated digital images between health care providers. Specialty clinicians provide expert advice and guidance to the patient's attending physicians, assisting them in the disposition or local treatment options. The third capability is remote health monitoring, to collect, track, and transmit biometric data from the patient via a secure portal to an MTF. The data is accessed by a care coordinator or health care provider at the MTF to provide real-time medical interventions that can improve a patient's health and quality of life.

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

	FY 2020	FY 2021	FY 2022
Title: Military Health System Virtual Health Program (MHS VHP)	1.927	-	-
Description: GOAL: The MHS VHP will connect our beneficiaries to health care globally to increase readiness, access, quality, and patient safety.			
BENEFIT: Using VH, the best of MHS Medicine across the world can be brought to the patient wherever they are – deployed or in garrison. As a modality without geographic limits, VH extends access to quality primary care, behavioral health, and medical specialty care to remote locations where beneficiaries may be geographically separated from comprehensive Military Treatment Facility (MTF) based care, and where such care is not readily available in the surrounding community. Additionally, VH can help the MHS use its clinical capacity more effectively; cross-leveraging clinical expertise when and where it is needed.			
Accomplishments/Planned Programs Subtotals	1.927	-	-

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

N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2022 Defense Health Agency		Date: May 2021
Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605013DHA / <i>Information Technology Development</i>	Project (Number/Name) 505 / <i>Military Health System Virtual Health Program (MHS VHP)</i>

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

Remarks

D. Acquisition Strategy

To be determined as program matures.