Exhibit R-2, RDT&E Budget Item Justification: PB 2016 Defense Health Program											**Date:** February 2015	
Appropriation/Budget Activity 0130: *Defense Health Program* / BA 2: *RDT&E*					**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*							
COST ($ in Millions)	**Prior Years**	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**Cost To Complete**	**Total Cost**
Total Program Element	219.540	44.451	21.696	19.312	-	19.312	19.679	23.582	21.386	21.813	Continuing	Continuing
239B: *Health Services Data Warehouse (Air Force)*	0.000	1.112	0.717	0.908	-	0.908	0.962	1.436	1.461	1.490	Continuing	Continuing
239F: *IM/IT Test Bed (Air Force)*	3.800	2.265	1.801	1.844	-	1.844	1.837	2.222	2.686	2.740	Continuing	Continuing
283C: *Medical Operational Data System (MODS) (Army)*	1.472	3.384	3.413	2.601	-	2.601	2.678	3.547	4.016	4.096	Continuing	Continuing
283D: *Army Medicine CIO Management Operations*	1.492	2.113	0.120	0.867	-	0.867	0.794	2.649	3.371	3.438	Continuing	Continuing
283F: *Army Warrior Care and Transition System (AWCTS)*	0.488	-	-	-	-	-	-	-	-	-	Continuing	Continuing
283H: *Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)*	0.000	-	-	0.080	-	0.080	0.080	0.080	0.080	0.082	Continuing	Continuing
283I: *Workload Management System for Nursing-Internet*	0.264	-	-	-	-	-	-	-	-	-	Continuing	Continuing
283J: *Multi-Drug Resistant Surveillance Network (MRSN)*	1.374	-	0.807	0.844	-	0.844	0.878	-	-	-	Continuing	Continuing
283K: *Veterinary Services Systems Management (VSSM)*	0.000	0.238	-	-	-	-	-	-	-	-	Continuing	Continuing
283L: *Pharmacovigilance Defense Application System*	0.000	-	0.300	0.275	-	0.275	0.400	0.350	0.350	0.357	Continuing	Continuing
283M: *Business Intelligence Competency Center (BICC)*	0.000	1.488	-	-	-	-	-	-	-	-	Continuing	Continuing
283N: *Corporate Dental System (CDS)*	0.000	0.709	-	-	-	-	-	-	-	-	Continuing	Continuing
283P: *Mobile HealthCare Environment (MHCE)*	0.000	0.273	-	0.362	-	0.362	0.300	0.417	0.331	0.338	Continuing	Continuing
385A: *Integrated Electronic Health Record Inc 1 (Tri-Service)*	130.693	-	-	-	-	-	-	-	-	-	Continuing	Continuing

Exhibit R-2, RDT&E Budget Item Justification: PB 2016 Defense Health Program										**Date:** February 2015		
Appropriation/Budget Activity 0130: *Defense Health Program* / BA 2: *RDT&E*					**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*							
386A: *Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)*	14.464	-	-	-	-	-	-	-	-	-	Continuing	Continuing
423A: *Defense Center of Excellence (FHP&RP)*	1.177	2.287	-	-	-	-	-	-	-	-	Continuing	Continuing
423B: *Defense Center of Excellence (Army)*	0.000	-	1.105	1.346	-	1.346	1.369	1.395	1.422	1.450	Continuing	Continuing
435A: *NICOE Continuity Management Tool*	2.855	-	-	-	-	-	-	-	-	-	Continuing	Continuing
446A: *Disability Mediation Service (DMS)*	0.000	0.539	0.382	0.433	-	0.433	0.445	0.588	0.666	0.679	Continuing	Continuing
480B: *Defense Medical Human Resources System (internet) (DMHRSi) (Tri-Service)*	0.585	-	-	-	-	-	-	-	-	-	Continuing	Continuing
480C: *Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)*	5.370	4.478	3.978	1.933	-	1.933	-	-	-	-	Continuing	Continuing
480D: *Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)*	3.372	4.680	-	-	-	-	3.633	3.694	2.803	2.859	Continuing	Continuing
480F: *Executive Information/ Decision Support (EI/DS) (Tri-Service)*	3.127	2.809	-	2.551	-	2.551	1.791	-	-	-	Continuing	Continuing
480G: *Health Artifact and Image Management Solution (HAIMS) (Tri-Service)*	0.000	5.828	0.304	-	-	-	-	-	-	-	Continuing	Continuing
480K: *integrated Federal Health Registry Framework (Tri-Service)*	0.000	2.591	1.093	0.450	-	0.450	-	-	-	-	Continuing	Continuing
480M: *Theather Medical Information Program - Joint (TMIP-J) (Tri-Service)*	28.731	-	-	-	-	-	-	-	-	-	Continuing	Continuing

Exhibit R-2, RDT&E Budget Item Justification: PB 2016 Defense Health Program											Date: February 2015	
Appropriation/Budget Activity 0130: *Defense Health Program* / BA 2: *RDT&E*					R-1 Program Element (Number/Name) PE 0605013HP / *Information Technology Development*							
480P: *Other Related Technical Activities (Tri-Service)*	4.123	-	2.990	-	-	-	1.683	3.500	-	-	Continuing	Continuing
480R: *TMA E-Commerce (TMA)*	2.934	-	-	-	-	-	-	-	-	-	Continuing	Continuing
480Y: *Clinical Case Management (Tri-Service)*	2.925	-	-	-	-	-	-	-	-	-	Continuing	Continuing
480Z: *Centralized Credentials and Quality Assurance System (CCQAS) (Tri-Service)*	1.692	-	-	-	-	-	-	-	-	-	Continuing	Continuing
481A: *Theather Enterprise Wide Logistics System (TEWLS) Tri-Service)*	5.127	-	-	-	-	-	-	-	-	-	Continuing	Continuing
482A: *E-Commerce (DHA)*	0.000	5.526	2.494	2.766	-	2.766	2.829	3.704	4.200	4.284	Continuing	Continuing
490I: *Navy Medicine Chief Information Officer*	2.106	4.131	-	-	-	-	-	-	-	-	Continuing	Continuing
490J: *Navy Medicine Online*	1.369	-	2.192	2.052	-	2.052	-	-	-	-	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 Army Warrior Care and Transition System (AWCTS), the Medical Operational Data System (MODS), the Workload Management System for Nursing – Internet (WMSNi), the Psychological and Behavioral Health – Tools for Evaluation, Risk, and Management (PBH-TERM), the Multidrug-Resistant Organism Repository and Surveillance Network (MRSN), the Business Intelligence Competency Center (BICC), the Mobile HealthCare Environment (MHCE), the Corporate Dental System (CDS), and the Defense Center of Excellence (DCoE).

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.

Exhibit R-2, **RDT&E Budget Item Justification:** PB 2016 Defense Health Program	**Date:** February 2015
Appropriation/Budget Activity 0130: *Defense Health Program* / BA 2: *RDT&E*	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*

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.

Military Health System (MHS) Health Information Technology (HIT) [previously known as Tri-Service IM/IT] - HIT activities 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 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.

Exhibit R-2, RDT&E Budget Item Justification: PB 2016 Defense Health Program	Date: February 2015
Appropriation/Budget Activity 0130: *Defense Health Program* / BA 2: *RDT&E*	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*

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. Program Change Summary ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Previous President's Budget	43.135	21.696	18.862	-	18.862
Current President's Budget	44.451	21.696	19.312	-	19.312
Total Adjustments	1.316	-	0.450	-	0.450
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	3.480	-			
• SBIR/STTR Transfer	-2.164	-			
• Program Realignment - Project 480K	-	-	0.450	-	0.450

Change Summary Explanation

FY 2014: Realignment from Defense Health Program, Research, Development, Test and Evaluation (DHP RDT&E), PE 0605013-Information Technology Development (-$2.164 million) to DHP RDT&E PE 0605502-Small Business Innovation Research (SBIR) Program (+$2.164 million).

FY 2015: Departmental Fiscal Guidance directed reductions to DHP RDT&E, PE 0605013-Information Technology Development (-$7.466 million).

Exhibit R-2, **RDT&E Budget Item Justification:** PB 2016 Defense Health Program	**Date:** February 2015
Appropriation/Budget Activity 0130: *Defense Health Program* / BA 2: *RDT&E*	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*

FY 2015: Transfer between DHP RDT&E Components of the Defense Center of Excellence (FHP&RP) Program, PE 0605013-Information Technology Development from the DHA (-$1.225 million) to Army (+$1.225 million).

FY 2016: Change Proposal adjustment to DHP RDT&E, PE 0605013-Information Technology Development (+0.450 million).

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program												Date: February 2015
Appropriation/Budget Activity 0130 / 2					**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*				**Project (Number/Name)** 239B / *Health Services Data Warehouse (Air Force)*			
COST ($ in Millions)	**Prior Years**	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**Cost To Complete**	**Total Cost**
239B: *Health Services Data Warehouse (Air Force)*	-	1.112	0.717	0.908	-	0.908	0.962	1.436	1.461	1.490	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 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**
Title: 239B - Health Services Data Warehouse	1.112	0.717	0.908	-	0.908
Description: 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. ***FY 2014 Accomplishments:*** For FY14 RDTE funding, the 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. ***FY 2015 Plans:*** 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. ***FY 2016 Base Plans:*** 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.					
Accomplishments/Planned Programs Subtotals	1.112	0.717	0.908	-	0.908

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 239B / *Health Services Data Warehouse (Air Force)*

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807781HP: *Non-Central Information Management/ Information Technology*	10.900	11.267	4.011	-	4.011	4.072	4.133	4.195	4.250	Continuing	Continuing

Remarks

D. Acquisition Strategy

N/A

E. Performance Metrics

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program												Date: February 2015
Appropriation/Budget Activity 0130 / 2					**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*				**Project (Number/Name)** 239F / *IM/IT Test Bed (Air Force)*			
COST ($ in Millions)	**Prior Years**	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**Cost To Complete**	**Total Cost**
239F: *IM/IT Test Bed (Air Force)*	3.800	2.265	1.801	1.844	-	1.844	1.837	2.222	2.686	2.740	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)	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**
Title: 239F IM/IT Test Bed (Air Force)	2.265	1.801	1.844	-	1.844
Description: 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.					
FY 2014 Accomplishments: Provided 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 offered 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					

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 239F / *IM/IT Test Bed (Air Force)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
information systems. Led integration plans for all IMIT programs; developed conceptual systems test/integration requirements. Provided technical/management leadership on EHR program development with zero test mishaps. Evaluated 40 AF/Joint operational test programs; employed $11M test assets/19K labor hours; no OT&E related delays. Catalyst for VPN linkage at premier DoD common development site; leveraged Joint platform to complement AFMS. Oversaw AFMS OT for 3 ACAT 1 programs/$3B; OT schedule on target. ***FY 2015 Plans:*** 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. ***FY 2016 Base Plans:*** 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.					
Accomplishments/Planned Programs Subtotals	2.265	1.801	1.844	-	1.844

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• N/A: *N/A*	-	-	-	-	-	-	-	-	-	Continuing	Continuing

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 239F / *IM/IT Test Bed (Air Force)*

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost

Remarks

D. Acquisition Strategy

N/A

E. Performance Metrics

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program			Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283C / *Medical Operational Data System (MODS) (Army)*	

COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
283C: *Medical Operational Data System (MODS) (Army)*	1.472	3.384	3.413	2.601	-	2.601	2.678	3.547	4.016	4.096	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 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: Medical Operational Data System (MODS)	3.384	3.413	2.601	-	2.601
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.					
FY 2014 Accomplishments: FY14 certification/funding made it possible for the MODS program to propagate and strengthen its Three-Tiered Object-Oriented Architecture making the development of critical software solutions more cost effective, well-performing, predictable, extensible and uniformed. Products developed under this architecture include all Army Deployment Health Assessments, core Period Health Assessment modules, and modifications needed for the Tri-service mandated promotion of the Behavioral Health Data Portal. FY14 funding also allowed for the MODS data warehouse to be complemented with robust data visualization tools. A proof-of-concept using these new capabilities successfully produced a static instantiation of the complete physical data design of the entire medical readiness domain for super users to analyze.					
FY 2015 Plans: FY15 funds are being used to elicit the entire business requirement and developmental design of the Electronic Profile System using the Three-Tiered Object-Oriented Architecture. This is to be proceeded by the development of a completely refactored solution. In addition, all design processes and products will be verified and validated by a senior Federally-Funded Research and Development (FFRDC) Team – MITRE. The Human Resources suite of applications will use this model in parallel. Additionally, the full production increment of MODS Data Warehouse will be executed.					
FY 2016 Base Plans:					

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283C / *Medical Operational Data System (MODS) (Army)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
FY16 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.					
Accomplishments/Planned Programs Subtotals	3.384	3.413	2.601	-	2.601

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807781HP: *Non-Central Information Management/ Information Technology*	12.260	12.689	13.326	-	13.326	13.726	14.138	14.392	14.642	Continuing	Continuing
• BA-3, 0807721HP: *Replacement/Modernizaation*	0.360	0.420	0.120	-	0.120	0.620	0.300	0.400	0.200	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.

Exhibit R-2A, **RDT&E Project Justification:** PB 2016 Defense Health Program		**Date:** February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283C / *Medical Operational Data System (MODS) (Army)*

METRIC: >= 8.5 avg. benchmark score (0 to 10 scale) on quarterly quality and impact surveys from users.

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program												Date: February 2015
Appropriation/Budget Activity 0130 / 2					**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*				**Project (Number/Name)** 283D / *Army Medicine CIO Management Operations*			
COST ($ in Millions)	**Prior Years**	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**Cost To Complete**	**Total Cost**
283D: *Army Medicine CIO Management Operations*	1.492	2.113	0.120	0.867	-	0.867	0.794	2.649	3.371	3.438	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)	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**
Title: 283D - Army Medicine CIO Management Operations	2.113	0.120	0.867	-	0.867
Description: 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.					
FY 2014 Accomplishments: FY14 funds were used to complete system development, engineering, and testing requirements of Army Medical applications, that provides realistic, risk controlled testing of designated core and interim medical applications in an operationally realistic environment.					
FY 2015 Plans: For FY15, 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.					
FY 2016 Base Plans: For FY16, 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					

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283D / *Army Medicine CIO Management Operations*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
provides realistic, risk controlled testing of designated core and interim medical applications in an operationally realistic environment.					
Accomplishments/Planned Programs Subtotals	2.113	0.120	0.867	-	0.867

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807781HP: *Non-Central Information Management/ Information Technology*	32.489	41.743	38.125	-	38.125	35.696	36.230	41.664	41.664	Continuing	Continuing
• BA-1, 0807721HP: *Replacement/Modernization*	2.773	1.665	0.387	-	0.387	1.099	3.975	4.051	-	Continuing	Continuing
• BA-1, 0807798HP: *Management Headquarters*	-	3.975	3.979	-	3.979	3.983	3.987	3.991	3.991	Continuing	Continuing
• BA-1, 0807796HP: *Base Operations*	-	2.805	2.853	-	2.853	2.901	2.950	3.001	3.001	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.

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program			Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283F / *Army Warrior Care and Transition System (AWCTS)*	

COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
283F: *Army Warrior Care and Transition System (AWCTS)*	0.488	-	-	-	-	-	-	-	-	-	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 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: Army Warrior Care and Transition System (AWCTS)	-	-	-	-	-
Description: A family of systems that allows the integration of multiple business processes under the consolidated oversight of the Warrior Transition Command. ***FY 2014 Accomplishments:*** No funding programmed. ***FY 2015 Plans:*** No funding programmed. ***FY 2016 Base Plans:*** No funding programmed.					
Accomplishments/Planned Programs Subtotals	-	-	-	-	-

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807714HP: *Other Health Activities*	1.587	1.691	1.776	-	1.776	1.865	1.958	1.995	1.995	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

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283F / *Army Warrior Care and Transition System (AWCTS)*

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

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program			**Date:** February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283H / *Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)*	

COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
283H: *Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)*	-	-	-	0.080	-	0.080	0.080	0.080	0.080	0.082	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 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: Psychological and Behavioral Health – Tools for Evaluation, Risk, and Management (PBH-TERM) ***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. ***FY 2014 Accomplishments:*** No funding programmed. ***FY 2015 Plans:*** No funding programmed. ***FY 2016 Base Plans:*** Adds self-service functionality with direct input by the eligible beneficiaries. Improves health system visibility; add “view” only feature, which allows enhanced visibility by authorized BH providers. Adds program management module for marriage and family therapy program.	-	-	0.080	-	0.080
Accomplishments/Planned Programs Subtotals	-	-	0.080	-	0.080

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283H / *Psychological and Behavioral Health - Tools for Evaluation, Risk, and Management (PBH-TERM)*

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807781HP: *Non-Central Information Management/ Information Technology*	0.153	0.090	0.074	-	0.074	0.074	0.074	0.074	0.074	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 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.

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program			Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283I / *Workload Management System for Nursing-Internet*	

COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
283I: *Workload Management System for Nursing-Internet*	0.264	-	-	-	-	-	-	-	-	-	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)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: Workload Management System for Nursing-Internet	-	-	-	-	-
Description: 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. ***FY 2014 Accomplishments:*** No funding programmed. ***FY 2015 Plans:*** No funding programmed. ***FY 2016 Base Plans:*** No funding programmed.					
Accomplishments/Planned Programs Subtotals	-	-	-	-	-

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807781HP: *Non-Central Information Management/ Information Technology*	0.767	0.696	0.722	-	0.722	0.723	0.762	0.723	0.723	Continuing	Continuing

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283I / *Workload Management System for Nursing-Internet*

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost

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 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

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program			Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283J / *Multi-Drug Resistant Surveillance Network (MRSN)*	

COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
283J: *Multi-Drug Resistant Surveillance Network (MRSN)*	1.374	-	0.807	0.844	-	0.844	0.878	-	-	-	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 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: Multi-Drug Resistant Surveillance Network (MRSN) ***Description:*** MRSN is the Enterprise effort to collect and characterize bacterial isolates to inform best practice, such as patient management and antibiotic selection. ***FY 2014 Accomplishments:*** No funding programmed. ***FY 2015 Plans:*** Funding are being used to develop and Test Phase 2 Features of MRSN. Funding are also be used to develop and deploy the First System Update which places the new features into production; and Phase 3 Features. ***FY 2016 Base Plans:*** Funding will be used to develop and Test Phase 3 Features of MRSN. Funding are also be used to finalize the development and deployments of the System Updates which places the new features into production.	-	0.807	0.844	-	0.844
Accomplishments/Planned Programs Subtotals	-	0.807	0.844	-	0.844

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807781HP: *Non-Central Information Management/ Information Technology*	0.450	-	0.565	-	0.565	0.544	0.757	0.775	0.790	Continuing	Continuing

Remarks

Exhibit R-2A, **RDT&E Project Justification:** PB 2016 Defense Health Program		**Date:** February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283J / *Multi-Drug Resistant Surveillance Network (MRSN)*

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

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program			Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283K / *Veterinary Services Systems Management (VSSM)*	

COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
283K: *Veterinary Services Systems Management (VSSM)*	-	0.238	-	-	-	-	-	-	-	-	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)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: Veterinary Services Systems Management (VSSM) ***Description:*** 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. ***FY 2014 Accomplishments:*** FY14 Funding for Veterinary Services Systems Management (VSSM) program was used to provide the additional capability needed for a commercial laboratories interface to electronically exchange laboratory test results data between the VSSM application and all approved commercial laboratories. ANTECH Laboratory is the only commercial laboratory interface currently supports. FY14 Funds provides the solution scope allowing Veterinary Services the ability to achieve the business objects of providing a clinically integrated, secure web-based application to support the Veterinary Services mission. ***FY 2015 Plans:*** No funding programmed. ***FY 2016 Base Plans:*** No funding programmed.	0.238	-	-	-	-
Accomplishments/Planned Programs Subtotals	0.238	-	-	-	-

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		**Date:** February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283K / *Veterinary Services Systems Management (VSSM)*

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807781HP: *Non-Central Information Management/ Information Technology*	2.068	1.689	1.816	-	1.816	1.880	1.971	1.971	1.880	Continuing	Continuing
• BA-3, 0807721HP: *Replacement/Modernization*	0.500	-	0.450	-	0.450	0.750	-	0.500	0.500	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

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.

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program			Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283L / *Pharmacovigilance Defense Application System*	

COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
283L: *Pharmacovigilance Defense Application System*	-	-	0.300	0.275	-	0.275	0.400	0.350	0.350	0.357	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Army Medical Command received PE 0605013 funding to identify, explore, and demonstrate key information tehcnologies to overcome medical and military unique technology barriers. The Pharmacoviligance 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 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: Pharmacoviligance Defense Application System (PVDAS)	-	0.300	0.275	-	0.275
Description: The Pharmacoviligance 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. ***FY 2014 Accomplishments:*** No funding programmed. ***FY 2015 Plans:*** FY15 funding are being used to finalize the process improvements 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. ***FY 2016 Base Plans:*** FY16 funding will be used to continue the process improvements 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.					
Accomplishments/Planned Programs Subtotals	-	0.300	0.275	-	0.275

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283L / *Pharmacovigilance Defense Application System*

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807781HP: *Non-Central Information Management/ Information Technology*	1.190	1.118	1.205	-	1.205	1.311	1.474	1.544	1.696	Continuing	Continuing
• BA-1, 0807714HP: *Other Health Activities*	1.677	0.035	-	-	-	-	-	-	-	Continuing	Continuing
• BA-1, 0807798HP: *Management Headquarters*	0.852	1.395	1.418	-	1.418	1.443	1.467	1.492	1.492	Continuing	Continuing
• BA-3, 0807721HP: *Replacement/Modernization*	1.200	-	-	-	-	-	-	-	-	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

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program			Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283M / *Business Intelligence Competency Center (BICC)*	

COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
283M: *Business Intelligence Competency Center (BICC)*	-	1.488	-	-	-	-	-	-	-	-	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)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: Business Intelligence Competency Center (BICC)	1.488	-	-	-	-

Description: 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.

FY 2014 Accomplishments:
FY14 funds were used to continue the finalization of the baseline code for MEDCOM 360. MEDCOM 360 is a low complexity system utilizing pre-existing aggregated data sources to present de-identified data for performance and quality reviews at the headquarters level. FY14 Funds were used to aggregate data from several legacy systems into a single user friendly information source to meet patient care needs and chronic disease management for the care team and case management. The information was aggregated up to clinic and practice management personnel and was used for performance management, with the main focus at the patient/ care team level in order to provide actionable information. Funds were used to optimize order entry reporting for pending and completed provider orders, and remaining bug fixes. Funds were used to integrate existing alerts and transitioning of care functions, providing an increased stability and performance. Funds provided user access management and security review for role based and CAC enabled access. Funds were used to coordinate CHCS Cache SQL review with MEDCOM and DHA concerning interface data exchange.

FY 2015 Plans:
No funding programmed.

FY 2016 Base Plans:

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283M / *Business Intelligence Competency Center (BICC)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
No funding programmed.					
Accomplishments/Planned Programs Subtotals	1.488	-	-	-	-

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807781HP: *Non-Central Information Management/ Information Technology*	1.320	1.097	1.163	-	1.163	1.155	1.398	0.947	0.947	Continuing	Continuing
• BA-3, 0807721HP: *replacement/Modernization*	-	0.900	-	-	-	-	0.050	-	-	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

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program												Date: February 2015
Appropriation/Budget Activity 0130 / 2					**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*				**Project (Number/Name)** 283N / *Corporate Dental System (CDS)*			
COST ($ in Millions)	**Prior Years**	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**Cost To Complete**	**Total Cost**
283N: *Corporate Dental System (CDS)*	-	0.709	-	-	-	-	-	-	-	-	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)	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**
Title: Corporate Dental System (CDS)	0.709	-	-	-	-

Description: The Corporate Dental System (CDS) is the Dental digital web based DICOM image capture and viewing application.

FY 2014 Accomplishments:
FY14 funds were used to provide all 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. This version of CDI uses the SDK from Planmeca and Carestream and supports the Panograph (PX), Cephalometric (DX), intra oral (IO), and Cone Beam CT modalities. FY14 funds were also used to create image progression capabilities which allow capturing various image combinations depending on the images required for care. CDI storage server can store, forward and verify that images taken at a dental facility are stored locally and in the global repository at FT Sam Houston, TX. At the completion of this development cycle CDI became a client-side capture and web-based viewing application that includes EDI identification in the DICOM image data; enables Web viewing of the original DICOM images stored at the enterprise level, enables image enhancements that are saved as layers on top of the original DICOM, and provides reporting for completed image studies, series, and all individual I/O DICOM images taken.

FY 2015 Plans:
No funding programmed.

FY 2016 Base Plans:

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283N / *Corporate Dental System (CDS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
No funding programmed.					
Accomplishments/Planned Programs Subtotals	0.709	-	-	-	-

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807781HP: *Non-Central Information Managment/ Information Technology*	0.866	2.464	2.517	-	2.517	2.571	2.627	2.685	2.685	Continuing	Continuing
• BA-1, 0807715HP: *Dental Care Activities*	5.933	6.967	8.084	-	8.084	8.292	8.497	8.750	8.750	Continuing	Continuing
• BA-3, 0807721HP: *Replacement/Modernization*	-	2.100	2.541	-	2.541	2.614	2.688	2.757	-	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

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program			Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283P / *Mobile HealthCare Environment (MHCE)*	

COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
283P: *Mobile HealthCare Environment (MHCE)*	-	0.273	-	0.362	-	0.362	0.300	0.417	0.331	0.338	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 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: Mobile HealthCare Environment (MHCE)	0.273	-	0.362	-	0.362
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. ***FY 2014 Accomplishments:*** FY14 funds established an enterprise presence for the system, Mobile Health Care Environment (MHCE). This expansion provides the mobile health outreach used for patient care outside of clinical research protocols, which was a limitation prior to FY14. Additionally, the MHCE system was modernized for both the research and enterprise space to allow for the use of multimedia content, and end user tracking of interactions within the mobile app. Finally the MHCE system was enhanced to including synchronization with biosensor technologies, which will afford the DHA to provide at home monitoring of chronic conditions, such as diabetes in the future. ***FY 2015 Plans:*** No funding programmed. ***FY 2016 Base Plans:*** FY16 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.					
Accomplishments/Planned Programs Subtotals	0.273	-	0.362	-	0.362

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 283P / *Mobile HealthCare Environment (MHCE)*

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807781HP: *Non-Central Information Management/ Information Technology*	1.268	1.226	1.285	-	1.285	1.350	1.416	1.489	1.564	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

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program												Date: February 2015
Appropriation/Budget Activity 0130 / 2					**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*				**Project (Number/Name)** 385A / *Integrated Electronic Health Record Inc 1 (Tri-Service)*			
COST ($ in Millions)	**Prior Years**	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**Cost To Complete**	**Total Cost**
385A: *Integrated Electronic Health Record Inc 1 (Tri-Service)*	130.693	-	-	-	-	-	-	-	-	-	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 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**
Title: Integrated Electronic Health Record (iEHR) Inc 1 (Tri-Service) ***Description:*** 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. ***FY 2014 Accomplishments:*** No funding programmed in this program element. ***FY 2015 Plans:*** No funding programmed in this program element. ***FY 2016 Base Plans:*** No funding programmed in this program element.	-	-	-	-	-
Accomplishments/Planned Programs Subtotals	-	-	-	-	-

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		**Date:** February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 385A / *Integrated Electronic Health Record Inc 1 (Tri-Service)*

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807793HP: *MHS Tri-Service Information*	-	-	-	-	-	-	-	-	-	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.

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program												Date: February 2015
Appropriation/Budget Activity 0130 / 2					**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*				**Project (Number/Name)** 386A / *Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)*			
COST ($ in Millions)	**Prior Years**	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**Cost To Complete**	**Total Cost**
386A: *Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)*	14.464	-	-	-	-	-	-	-	-	-	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)	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**
Title: Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service) ***Description:*** Work with Department of Veterans Affairs (VA), Department of Health & Human Services (HHS), and Private Sector to expand VLER. ***FY 2014 Accomplishments:*** No funding programmed in this program element. ***FY 2015 Plans:*** No funding programmed in this program element. ***FY 2016 Base Plans:*** No funding programmed in this program element.	-	-	-	-	-
Accomplishments/Planned Programs Subtotals	-	-	-	-	-

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		**Date:** February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 386A / *Virtual Lifetime Electronic Record (VLER) HEALTH (Tri-Service)*

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807793HP: *MHS Tri-Service Information*	-	-	-	-	-	-	-	-	-		

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.

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program												Date: February 2015
Appropriation/Budget Activity 0130 / 2					**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*				**Project (Number/Name)** 423A / *Defense Center of Excellence (FHP&RP)*			
COST ($ in Millions)	**Prior Years**	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**Cost To Complete**	**Total Cost**
423A: *Defense Center of Excellence (FHP&RP)*	1.177	2.287	-	-	-	-	-	-	-	-	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)	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**
Title: Defense Center Of Excellence (FHP&RP)	2.287	-	-	-	-
Description: 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.					
FY 2014 Accomplishments:					

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 423A / *Defense Center of Excellence (FHP&RP)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Funds will be utilized to finalize the multi-phased upgrade and redesign of the afterdeployment.org website. Afterdeployment.org will provide the latest in self-care tools that assist with a range of adjustment concerns (combat stress, sleep problems, anger management, etc.), with an emphasis on exercise-based interactivity, community support, and multimedia applications. For the T2 Toolkit (T2T), funding would be used for the final phase of development focusing on the new generation of PH Mobile Apps that will enhance many area of PH for DoD service members, family, and veterans. ***FY 2015 Plans:*** No funding programmed. ***FY 2016 Base Plans:*** No funding programmed.					
Accomplishments/Planned Programs Subtotals	2.287	-	-	-	-

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

E. Performance Metrics

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program												Date: February 2015
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013HP / *Information Technology Development*				Project (Number/Name) 423B / *Defense Center of Excellence (Army)*			
COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
423B: *Defense Center of Excellence (Army)*	-	-	1.105	1.346	-	1.346	1.369	1.395	1.422	1.450	Continuing	Continuing

Note

Transferred from FHP&R (Project Code 423A) to Army (Project Code 423B) in FY15.

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.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: Defense Center of Excellence (Army)	-	1.105	1.346	-	1.346
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.					
FY 2014 Accomplishments:					

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		**Date:** February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 423B / *Defense Center of Excellence (Army)*

B. Accomplishments/Planned Programs ($ in Millions)	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**
Plans noted and funded under Project 423A. ***FY 2015 Plans:*** FY15 funds are being 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, as listed in the FY2014 Accomplishments above. 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 2015 is the use of RDT&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. The emphasis within 2015 is to develop automated user training in lieu of direct face-to-face training for Behavioral Health personnel. ***FY 2016 Base Plans:*** FY16 funds will be 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&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.					
Accomplishments/Planned Programs Subtotals	-	1.105	1.346	-	1.346

C. Other Program Funding Summary ($ in Millions)

Line Item	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**Cost To Complete**	**Total Cost**
• BA-1, 0807781HP: *Non-Central Information Management/ Information Technology*	-	2.097	2.128	-	2.128	2.159	2.199	2.239	2.239	Continuing	Continuing
• BA-1, 0807724HP: *Military Unique - Other Medical*	-	1.396	1.478	-	1.478	1.549	1.588	1.685	1.685	Continuing	Continuing

Remarks

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 423B / *Defense Center of Excellence (Army)*

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.

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program												Date: February 2015
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013HP / *Information Technology Development*				Project (Number/Name) 435A / *NICOE Continuity Management Tool*			
COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
435A: *NICOE Continuity Management Tool*	2.855	-	-	-	-	-	-	-	-	-	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:

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 435A / *NICOE Continuity Management Tool*

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 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: NICOE Continuity Management Tool ***Description:*** 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. ***FY 2014 Accomplishments:*** No funding programmed. ***FY 2015 Plans:*** No funding programmed. ***FY 2016 Base Plans:*** No funding programmed.	-	-	-	-	-
Accomplishments/Planned Programs Subtotals	-	-	-	-	-

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• 4187 807783: *NCMT*	-	-	-	-	-	-	-	-	-	Continuing	Continuing
• 4187 807781: *NCMT*	3.819	3.961	4.107	-	4.107	4.259	4.332	-	-	Continuing	Continuing
• 1690 807781: *HEIS*	-	-	-	-	-	-	-	-	-	Continuing	Continuing
• 4859 807781: *JMED*	-	-	-	-	-	-	-	-	-	Continuing	Continuing
• 4940 807781: *JTFCMI*	39.170	40.792	41.610	-	41.610	42.395	43.267	-	-	Continuing	Continuing
• 4940 807720: *JTFCMI*	-	4.600	-	-	-	-	-	-	-	Continuing	Continuing

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 435A / *NICOE Continuity Management Tool*

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• 4273 807781: *Engineering and Deployment*	-	-	-	-	-	-	-	-	-	Continuing	Continuing
• 4280 807721: *Engineering and Deployment*	-	-	-	-	-	-	-	-	-	Continuing	Continuing
• 4361 807781: *IA Operational Resiliency*	-	-	-	-	-	-	-	-	-	Continuing	Continuing
• 4126 807781: *Computer Network Defense*	-	-	-	-	-	-	-	-	-	Continuing	Continuing
• 4111 807781: *Computer Network Defense*	0.463	0.473	0.482	-	0.482	0.492	0.502	-	-	Continuing	Continuing
• 4165 807781: *Computer Network Defense*	-	-	-	-	-	-	-	-	-	Continuing	Continuing
• 4177 807781: *Computer Network Defense*	-	-	-	-	-	-	-	-	-	Continuing	Continuing
• 4364 807781: *Workforce Development*	-	-	-	-	-	-	-	-	-	Continuing	Continuing

Remarks

D. Acquisition Strategy

This requirement is currently contracted through the USA Medical Research Activity. The vender 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

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 435A / *NICOE Continuity Management Tool*

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 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.

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program												Date: February 2015
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013HP / *Information Technology Development*				Project (Number/Name) 446A / *Disability Mediation Service (DMS)*			
COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
446A: *Disability Mediation Service (DMS)*	-	0.539	0.382	0.433	-	0.433	0.445	0.588	0.666	0.679	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 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: Disability Mediation Service (DMS)	0.539	0.382	0.433	-	0.433
Description: 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.					

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 446A / *Disability Mediation Service (DMS)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
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." ***FY 2014 Accomplishments:*** The Warrior Care Program Office realigned manpower and program control during in FY 2014. Necessary project planning and requirement development have not progressed sufficiently to obtain DBT certification required to execute. Program responsibility has been assigned and project is proposed to be realigned to support the Joint Disability Evaluation System (JDES) project. ***FY 2015 Plans:*** 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 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. ***FY 2016 Base Plans:*** 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 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.					
Accomplishments/Planned Programs Subtotals	0.539	0.382	0.433	-	0.433

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 446A / *Disability Mediation Service (DMS)*

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

E. Performance Metrics

To be determined when an approach has been determined.

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program			**Date:** February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 480B / *Defense Medical Human Resources System (internet) (DMHRSi) (Tri-Service)*	

COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
480B: *Defense Medical Human Resources System (internet) (DMHRSi) (Tri-Service)*	0.585	-	-	-	-	-	-	-	-	-	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 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: Defense Medical Human Resources System (internet) (DMHRSi) (Tri-Service) ***Description:*** 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. ***FY 2014 Accomplishments:*** No funding programmed. ***FY 2015 Plans:*** No funding programmed. ***FY 2016 Base Plans:*** No funding programmed.	-	-	-	-	-
Accomplishments/Planned Programs Subtotals	-	-	-	-	-

Exhibit R-2A, **RDT&E Project Justification:** PB 2016 Defense Health Program		**Date:** February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 480B / *Defense Medical Human Resources System (internet) (DMHRSi) (Tri-Service)*

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

E. Performance Metrics

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program			**Date:** February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 480C / *Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)*	

COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
480C: *Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)*	5.370	4.478	3.978	1.933	-	1.933	-	-	-	-	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)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)	4.478	3.978	1.933	-	1.933
Description: Development, integration and modernization of DMLSS modules.					
FY 2014 Accomplishments: Develop additional logic in the Medical Master Catalog (MMC) to identify to the end user those products that have been standardized by the Medical Material Enterprise Standardization Office (MMESO) and those items that are sourced by a preferred distribution channel or at an available better price.					
FY 2015 Plans:					

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 480C / *Defense Medical Logistics Standard Support (DMLSS) (Tri-Service)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Support critical functional and technical changes in the Medical Logistics environment to include: implement additional pharmaceutical (Holding Orders, Wide Area Work Flow (WAWF), Real-time Price verification) ordering logic and catalog data for Pharmacy Global contract award. Implement additional business logic to support equipment maintenance planning and equipment lifecycle management. Expand the Master Ordering Facility functionality to support DoD support of Civil Authorities contingency operations. Provide foundational support for regionalization of DMLSS application, reducing the deployed footprint without compromise in performance and quality. ***FY 2016 Base Plans:*** Support DMLSS Regionalization and data consolidation, reducing the deployed footprint (Hardware and License) without compromise in performance and quality and increasing access to near real time information.					
Accomplishments/Planned Programs Subtotals	4.478	3.978	1.933	-	1.933

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807793HP: *MHS Tri-Service Information*	51.405	30.291	30.889	-	30.889	31.416	31.961	32.506	33.156	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.

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program			Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 480D / *Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)*	

COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
480D: *Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)*	3.372	4.680	-	-	-	-	3.633	3.694	2.803	2.859	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 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)	4.680	-	-	-	-
Description: Configure, enhance and interface DOEHRS-IH modules. ***FY 2014 Accomplishments:*** This funding will be used to support Critical User Enhancements of the DOEHRS-IH system, including the web application, the Mobile capability, and the Data Warehouse. Critical User Enhancements are Service-identified technical software changes required to enhance the usability of the system in three core areas: • Data control: Facilitate the user's ability to access and edit all data fields, delete/mark invalid/outdate data, move/migrate data and search for data criteria • Workflow: Facilitate a smoother workflow and minimize unnecessary steps and clicks within the application.					

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 480D / *Defense Occupational and Environmental Health Readiness System - Industrial Hygiene (DOEHRS-IH) (Tri-Service)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
• System Management: Facilitate DOEHRS-IH program users ability to search for and gain access to Occupational and Environmental Health (OEH) data, extract records and generate reports and create data search criteria, generating information for analysis. ***FY 2015 Plans:*** No funding programmed. ***FY 2016 Base Plans:*** No funding programmed.					
Accomplishments/Planned Programs Subtotals	4.680	-	-	-	-

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807793HP: *MHS Tri-Service Information*	13.200	7.517	9.290	-	9.290	9.520	9.821	10.000	10.176	Continuing	Continuing
• BA-3, 0807721HP: *Replacement/Modernization*	0.108	0.239	0.113	-	0.113	-	-	-	-	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.

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program												Date: February 2015
Appropriation/Budget Activity 0130 / 2					**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*				**Project (Number/Name)** 480F / *Executive Information/Decision Support (EI/DS) (Tri-Service)*			
COST ($ in Millions)	**Prior Years**	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**Cost To Complete**	**Total Cost**
480F: *Executive Information/ Decision Support (EI/DS) (Tri-Service)*	3.127	2.809	-	2.551	-	2.551	1.791	-	-	-	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)	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**
Title: Executive Inforamtion/Decision Support (EI/DS) (Tri-Service)	2.809	-	2.551	-	2.551
Description: Development, modernization, upgrades and testing for various EI/DS modules. ***FY 2014 Accomplishments:*** • Completed testing for Central Billing Events Repository in the Military Health System Data Repository (MDR) to perform billing and collections activities. • Provided the capability to download the National Plan and Provider Enumeration System file and to match the National Provider Identifier (NPI) and Provider Record within TRICARE Encounter Data (TED). Modify Patient Encounter Processing and Reporting (PEPR) to report revenue codes and NPI. • Completed transition of International Classification of Diseases (ICD)-10 codes within TED. • Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) - Developed a Fused Detection and Dashboard capability that will reduce the number of “false positive” alerts. - Provided a user-defined customizable dashboard functionality; and, - Provided drilldown capabilities so users can see the raw data and specific patient details underlying the “fused alert.” ***FY 2015 Plans:***					

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 480F / *Executive Information/Decision Support (EI/DS) (Tri-Service)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
No funding programmed. ***FY 2016 Base Plans:*** Develop the Enhanced Query capabilities which will substantially expand the scope of the current query functionality. The enhanced query functionality will allow user to include parameters from all current and future data sources to create specific disease case definitions. The query will also enable the user to define a specific population, e.g., one or more MTFs, age-groups, etc. This enhanced functionality will expand ESSENCE's scope beyond the existing broad syndromes and allow users to monitor specific diseases, e.g., influenza. Develop an enhanced reference table management capability. This will allow designated Service Authorized "Super Users" to update key reference tables thus unlocking a cost traditionally borne by the Tier III support vendor and allow greater agility and more accurate results within the ESSENCE Program					
Accomplishments/Planned Programs Subtotals	2.809	-	2.551	-	2.551

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807793HP: *MHS Tri-Service Information*	23.815	29.940	31.070	-	31.070	32.080	32.586	33.298	33.964	Continuing	Continuing
• BA-1, 0807752HP: *Miscellaneous Support Activities*	13.942	16.040	16.329	-	16.329	16.623	16.922	17.226	17.537	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.

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program			Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 480G / *Health Artifact and Image Management Solution (HAIMS) (Tri-Service)*	

COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
480G: *Health Artifact and Image Management Solution (HAIMS) (Tri-Service)*	-	5.828	0.304	-	-	-	-	-	-	-	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). Funding has been provided within this program element in prior years for HAIMS before if was identified as its own system in the budget cycle. HAIMS will experience Incremental development as each new requirement is identified for FY 2014 and FY 2015.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: Health Artifact and Image Management Solution (HAIMS) (Tri-Service)	5.828	0.304	-	-	-
Description: Integrate new functionality into HAIMS.					
FY 2014 Accomplishments: Develop Graphical User Interface (GUI) for asset preview capability.					
Provide full functionality with one account (w/o multiple logins)					
Provide functionality for Social Security Number (SSN) reduction and Data at Rest.					
Interface with Veterans Benefits Administration.					
Reduce Social Security Numbers in the application.					

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 480G / *Health Artifact and Image Management Solution (HAIMS) (Tri-Service)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Develop interfaces for Health Readiness Record, additional Picture Archiving and Communications System (PACS) based systems, additional non-PACS systems, and dental repositories. ***FY 2015 Plans:*** Complete interface activities began in FY14 RDT&E to include improved search capabilities and monitoring improvements. ***FY 2016 Base Plans:*** No funding programmed.					
Accomplishments/Planned Programs Subtotals	5.828	0.304	-	-	-

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807793HP: *MHS Tri-Service Information*	17.205	20.075	17.575	-	17.575	18.884	20.300	21.358	21.783	Continuing	Continuing
• BA-3, 0807721HP: *Replacement/Modernization*	5.828	1.991	9.500	-	9.500	12.500	12.604	13.732	14.007	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.

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program			Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 480K / *integrated Federal Health Registry Framework (Tri-Service)*	

COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
480K: *integrated Federal Health Registry Framework (Tri-Service)*	-	2.591	1.093	0.450	-	0.450	-	-	-	-	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; TMA-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 JTFCAPMED-National Intrepid Center of Excellence).

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: Federated Registry Framework (Tri-Service)	2.591	1.093	0.450	-	0.450
Description: Develop, integrate and test a common registry.					
FY 2014 Accomplishments: 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.					
FY 2015 Plans: 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.					
FY 2016 Base Plans:					

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 480K / *integrated Federal Health Registry Framework (Tri-Service)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Additional funding added in FY 2016 to finalize all development and testing necessary for a consolidated technical approach.					
Accomplishments/Planned Programs Subtotals	2.591	1.093	0.450	-	0.450

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807793HP: *MHS Tri-Service Information*	0.258	2.433	2.838	-	2.838	2.865	2.913	2.962	3.018	Continuing	Continuing
• BA-3, 0807721HP: *Other Procurement, Replacement/Modernization*	-	-	0.015	-	0.015	0.094	0.066	0.040	0.041	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.

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program												Date: February 2015
Appropriation/Budget Activity 0130 / 2					**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*				**Project (Number/Name)** 480M / *Theather Medical Information Program - Joint (TMIP-J) (Tri-Service)*			
COST ($ in Millions)	**Prior Years**	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**Cost To Complete**	**Total Cost**
480M: *Theather Medical Information Program - Joint (TMIP-J) (Tri-Service)*	28.731	-	-	-	-	-	-	-	-	-	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 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**
Title: Theather Medical Information Program - Joint (TMIP-J) (Tri-Service)	-	-	-	-	-
Description: 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					

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 480M / *Theather Medical Information Program - Joint (TMIP-J) (Tri-Service)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
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. ***FY 2014 Accomplishments:*** No funding programmed. ***FY 2015 Plans:*** No funding programmed. ***FY 2016 Base Plans:*** No funding programmed.					
Accomplishments/Planned Programs Subtotals	-	-	-	-	-

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

E. Performance Metrics

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program			Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 480P / *Other Related Technical Activities (Tri-Service)*	

COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
480P: *Other Related Technical Activities (Tri-Service)*	4.123	-	2.990	-	-	-	1.683	3.500	-	-	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 can not be associated with any one individual Tri-Service initiative, which includes enterprise Messaging and other common IT services requirements. Funding is included in FY 2012 for International Classification of Diseases and Related Health Problems 10th edition (ICD-10). ICD-10 funding for FY 2013 and out is shown in the appropriate initiative's Accomplishments/Planned Porgram sections within this program element.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: Other Related Technical Activities (Tri-Service) ***Description:*** Develop, integrate, test of activities common to multiple or all Tri-Service IT activities. ***FY 2014 Accomplishments:*** No funding programmed/executed. ***FY 2015 Plans:*** Funding in support of Health Information Technology Shared Services investment. ***FY 2016 Base Plans:*** No funding programmed.	-	2.990	-	-	-
Accomplishments/Planned Programs Subtotals	-	2.990	-	-	-

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-3, 0807721HP: *Replacement/Modernization*	-	2.100	-	-	-	2.310	2.730	-	-	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.

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 480P / *Other Related Technical Activities (Tri-Service)*

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 mutliple initiatives, performance metrics of the common activities are part of and/or contributing factors in the measurement of the performacne metrics of the individual initiatives.

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program												Date: February 2015
Appropriation/Budget Activity 0130 / 2					**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*				**Project (Number/Name)** 480R / *TMA E-Commerce (TMA)*			
COST ($ in Millions)	**Prior Years**	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**Cost To Complete**	**Total Cost**
480R: *TMA E-Commerce (TMA)*	2.934	-	-	-	-	-	-	-	-	-	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 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**
Title: TMA E-Commerce (TMA)	-	-	-	-	-
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-				

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 480R / *TMA E-Commerce (TMA)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
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. ***FY 2014 Accomplishments:*** Implemented enhancement solutions to improve management of private sector care contracts, processing of private sector care healthcare claims, compliance with DoD policy and guidance, and private sector care operational efficiency. Completed healthcare claims and financial processing and reporting changes to enhance compliance with IPv6, SFIS, PDS, and SLOA direction. Modified contract management and healthcare claims processing to accommodate healthcare policy and contract changes. Improved private sector care efficiencies and productivity by enhancing contract performance assessment, deliverable processing, and refining operational and financial reporting. Continued receiving unqualified audit opinions through the upgrade of accounting, budgeting, and audit processing. Finished the first phase of the pharmacy management modernization activity to support the tracking of pharmaceutical manufacturer refunds and collections. Implemented a change in appropriation order at the beginning of the fiscal year. ***FY 2015 Plans:*** -Program transfer in FY 2015 to project 482A. ***FY 2016 Base Plans:*** No funding programmed.					
Accomplishments/Planned Programs Subtotals	-	-	-	-	-

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807752HP: *Miscellaneous Support Activities*	12.857	-	-	-	-	-	-	-	-	Continuing	Continuing
• BA-3, 0807721HP: *Replacement/Modernization*	0.500	-	-	-	-	-	-	-	-	Continuing	Continuing

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 480R / *TMA E-Commerce (TMA)*

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost

Remarks

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.

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program												Date: February 2015
Appropriation/Budget Activity 0130 / 2					**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*				**Project (Number/Name)** 480Y / *Clinical Case Management (Tri-Service)*			
COST ($ in Millions)	**Prior Years**	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**Cost To Complete**	**Total Cost**
480Y: *Clinical Case Management (Tri-Service)*	2.925	-	-	-	-	-	-	-	-	-	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 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**
Title: Clinical Case Management (Tri-Service) ***Description:*** 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. ***FY 2014 Accomplishments:*** No funding programmed. ***FY 2015 Plans:*** No funding programmed. ***FY 2016 Base Plans:*** No funding programmed.	-	-	-	-	-
Accomplishments/Planned Programs Subtotals	-	-	-	-	-

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

Exhibit R-2A, **RDT&E Project Justification:** PB 2016 Defense Health Program		**Date:** February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 480Y / *Clinical Case Management (Tri-Service)*

E. Performance Metrics

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program			**Date:** February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 480Z / *Centralized Credentials and Quality Assurance System (CCQAS) (Tri-Service)*	

COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
480Z: *Centralized Credentials and Quality Assurance System (CCQAS) (Tri-Service)*	1.692	-	-	-	-	-	-	-	-	-	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Central Credentials Quality Assurance System (CCQAS) enables the military medical community to electronically manage the credentials, risk management, and adverse privileging actions of medical personnel and is hosted at secure Defense Information Systems Agency facility. It is deployed worldwide to over 1,350 professional affairs coordinators in 535 locations and contains nearly 60,000 credentials records for Active Duty, Reserve, Guard, Civil Service, contractors, and volunteers in the Military Health System. CCQAS tracks trends in medical malpractice claims in an effort to improve health care quality, ensure legal due process for clinicians undergoing adverse actions, and assist the Medical Treatment Facilities in meeting Joint Commission on Accreditation of Healthcare Organization´s accreditation standards.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: Centralized Credentials and Quality Assurance System (CCQAS) (Tri-Service) ***Description:*** The Central Credentials Quality Assurance System (CCQAS) enables the military medical community to electronically manage the credentials, risk management, and adverse privileging actions of medical personnel and is hosted at secure Defense Information Systems Agency facility. It is deployed worldwide to over 1,350 professional affairs coordinators in 535 locations and contains nearly 60,000 credentials records for Active Duty, Reserve, Guard, Civil Service, contractors, and volunteers in the Military Health System. CCQAS tracks trends in medical malpractice claims in an effort to improve health care quality, ensure legal due process for clinicians undergoing adverse actions, and assist the Medical Treatment Facilities in meeting Joint Commission on Accreditation of Healthcare Organization´s accreditation standards. ***FY 2014 Accomplishments:*** No funding programmed. ***FY 2015 Plans:*** No funding programmed. ***FY 2016 Base Plans:*** No funding programmed.	-	-	-	-	-
Accomplishments/Planned Programs Subtotals	-	-	-	-	-

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 480Z / *Centralized Credentials and Quality Assurance System (CCQAS) (Tri-Service)*

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

E. Performance Metrics

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program			**Date:** February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 481A / *Theather Enterprise Wide Logistics System (TEWLS) Tri-Service)*	

COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
481A: *Theather Enterprise Wide Logistics System (TEWLS) Tri-Service)*	5.127	-	-	-	-	-	-	-	-	-	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 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: Theather Enterprise Wide Logistics System (TEWLS) Tri-Service)	-	-	-	-	-
Description: 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. ***FY 2014 Accomplishments:*** No funding programmed. ***FY 2015 Plans:*** No funding programmed. ***FY 2016 Base Plans:*** No funding programmed.					
Accomplishments/Planned Programs Subtotals	-	-	-	-	-

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 481A / *Theather Enterprise Wide Logistics System (TEWLS) Tri-Service)*

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

E. Performance Metrics

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program												Date: February 2015
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605013HP / *Information Technology Development*				Project (Number/Name) 482A / *E-Commerce (DHA)*			
COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
482A: *E-Commerce (DHA)*	-	5.526	2.494	2.766	-	2.766	2.829	3.704	4.200	4.284	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 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: E-Commerce (DHA)	5.526	2.494	2.766	-	2.766
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-				

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 482A / *E-Commerce (DHA)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
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.					
FY 2014 Accomplishments: Plans noted and funded under Project Project 480R.					
FY 2015 Plans: - 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 Base 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					

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 482A / *E-Commerce (DHA)*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
the DoD, to accommodate financial application healthcare policy modifications, BEA SFIS changes, and PDS compliance. ***FY 2016 OCO Plans:*** No OCO					
Accomplishments/Planned Programs Subtotals	5.526	2.494	2.766	-	2.766

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807752HP: *Miscellaneous Support Activities*	-	14.443	14.615	-	14.615	14.933	14.438	14.286	14.543	Continuing	Continuing
• BA-3, 0807721HP: *Replacement/Modernization*	-	-	-	-	-	-	-	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.

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program												Date: February 2015
Appropriation/Budget Activity 0130 / 2					**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*				**Project (Number/Name)** 490I / *Navy Medicine Chief Information Officer*			
COST ($ in Millions)	**Prior Years**	**FY 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**Cost To Complete**	**Total Cost**
490I: *Navy Medicine Chief Information Officer*	2.106	4.131	-	-	-	-	-	-	-	-	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 2014**	**FY 2015**	**FY 2016 Base**	**FY 2016 OCO**	**FY 2016 Total**
Title: Navy Medicine Chief Information Officer (CIO) Management Operations	4.131	-	-	-	-
Description: 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. ***FY 2014 Accomplishments:*** 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. 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. The re-design of HIV Management System (HMS) so that it is user friendly, minimizes the amount of time required to perform everyday tasks and prevents the need to maintain separate databases, automate and minimize functions that require manual assistance and assist in fulfilling new requirements. The development/integration of the Corporate Dental System (CDS) will replace the current Navy Dental system, Dental Common Access System (DENCAS). The CDS is the Military Health System Enterprise solution providing for the accurate collection, processing, and presentation of dental workload, readiness, scheduling,					

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 490I / *Navy Medicine Chief Information Officer*

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
and digital radiographic information for both treatment operations and the oversight of management activities at all levels of the dental enterprise. ***FY 2015 Plans:*** No funding programmed. ***FY 2016 Base Plans:*** No funding programmed.					
Accomplishments/Planned Programs Subtotals	4.131	-	-	-	-

C. Other Program Funding Summary ($ in Millions)

Line Item	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
• BA-1, 0807781HP: *Non-Central Information Management/ Information Technology*	163.298	161.049	163.730	-	163.730	164.098	167.023	157.459	160.293	Continuing	Continuing
• BA-1, PE 0807795HP: *Base Communications - CONUS*	16.502	16.796	17.108	-	17.108	17.414	17.709	18.039	18.364	Continuing	Continuing
• BA-1, PE 0807995HP: *Base Communications - OCONUS*	2.416	2.458	2.505	-	2.505	2.549	2.595	2.640	2.688	Continuing	Continuing
• BA-3, PE 0807720HP: *Initial Outfitting*	-	-	-	-	-	-	-	-	-	Continuing	Continuing
• BA-3, PE 0807721HP: *Replacement/Modernization*	2.782	1.107	1.305	-	1.305	2.737	2.907	3.041	3.096	Continuing	Continuing

Remarks

D. Acquisition Strategy

N/A

E. Performance Metrics

N/A

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program			Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 490J / *Navy Medicine Online*	

COST ($ in Millions)	Prior Years	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total	FY 2017	FY 2018	FY 2019	FY 2020	Cost To Complete	Total Cost
490J: *Navy Medicine Online*	1.369	-	2.192	2.052	-	2.052	-	-	-	-	Continuing	Continuing

A. Mission Description and Budget Item Justification

The Navy Medicine Online System (NMO) is the designated data broker for Navy Medicine. NMO collects individual readiness information from legacy Navy Medicine data systems (i.e SAMS,DENCAS, MEDBOLTT, etc.). NMO transmits select information to MRRS to support DoD IMR reporting, DHIMS Force Health Protection, Master CMS, and other Navy systems. NMO also provides the programs used to manage the medical waiver process and to track USNA midshipmen medical issues. The goal of this RDT&E effort is to merge NMKMS into Navy Medicine Online (NMO) as a data broker, to establish a single operational data warehouse for Navy Medicine operational data, as well as to support programs for managing medical staffing planning and operational workload reports.

B. Accomplishments/Planned Programs ($ in Millions)	FY 2014	FY 2015	FY 2016 Base	FY 2016 OCO	FY 2016 Total
Title: Navy Medicine Online (NMO) ***Description:*** The Navy Medicine Online System (NMO) is the designated data broker for Navy Medicine. NMO collects individual readiness information from legacy Navy Medicine data systems (i.e SAMS,DENCAS, MEDBOLTT, etc.). NMO transmits select information to MRRS to support DoD IMR reporting, DHIMS Force Health Protection, Master CMS, and other Navy systems. NMO also provides the programs used to manage the medical waiver process and to track USNA midshipmen medical issues. The goal of this RDT&E effort is to merge NMKMS into Navy Medicine Online (NMO) as a data broker, to establish a single operational data warehouse for Navy Medicine operational data, as well as to support programs for managing medical staffing planning and operational workload reports. ***FY 2014 Accomplishments:*** No funding programmed. ***FY 2015 Plans:*** 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. ***FY 2016 Base Plans:*** 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.	-	2.192	2.052	-	2.052
Accomplishments/Planned Programs Subtotals	-	2.192	2.052	-	2.052

Exhibit R-2A, RDT&E Project Justification: PB 2016 Defense Health Program		Date: February 2015
Appropriation/Budget Activity 0130 / 2	**R-1 Program Element (Number/Name)** PE 0605013HP / *Information Technology Development*	**Project (Number/Name)** 490J / *Navy Medicine Online*

C. Other Program Funding Summary ($ in Millions)

N/A

Remarks

D. Acquisition Strategy

N/A

E. Performance Metrics

N/A