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

<b>Appropriation/Budget Activity</b> 0130: <i>Defense Health Program I BA 2: RDT&amp;E</i>	<b>R-1 Program Element (Number/Name)</b> PE 0605025DHA / <i>Theater Medical Information Program - Joint (TMIP-J)</i>
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COST (\$ in Millions)	Prior Years	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	Cost To Complete	Total Cost
Total Program Element	23.783	21.403	22.100	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
445A: <i>Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)</i>	23.783	21.403	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
445B: <i>Operational Medicine Support</i>	0.000	0.000	22.100	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

**Program MDAP/MAIS Code:**  
**Project MDAP/MAIS Code(s):** M07

**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.

Operational Medicine Support (OpMedSpt): Due to the unique nature of the operational environment, the Military Health System must modernize the following capabilities: medical command and control (MC2); medical situational awareness (MSA) (aggregation of operational medical data at a classified level, denying the enemy access to data which could reveal operational plans); Defense blood management; assemblage management; and data interoperability with the pending EHR solution and operational allies. The clinical needs of the operational community are to be met by the pending EHR solution, but there are functional needs, outside the capture of clinical data, to inform decision making regarding the ability of the MHS to meet the needs of the medically ready force, to support the joint warfighter and share data with line systems. It will support mission delivery and execution through the maximization of information technologies, driving standards compliance to ensure non-EHR capabilities will effectively consume the data created through the use of the pending EHR solution in the operational environment, and to allow the solution to share data with these other capabilities, eliminating the need for one to one interfaces, their limitations and cost. Along with the need to modernize those non-clinical capabilities, this enterprise's risk mitigation strategy also supports ongoing missions and clinical needs in the operational environment until sufficient testing of pending solutions can be accomplished in environments indicative of the operational environments, tactical, mobile and dismounted. TMIP-J (MSAT, TMDS, DCAM, TRAC2ES,

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AHLTA-T, MCC (formerly AHLTA-Mobile), Single Sign On, MMM, SAMS, and TC2) is the “umbrella” system for these solutions and the functional capabilities they support and achieves Full Operational Capability (FOC) in FY15. While the modernization of the operational environment clinical solutions (AHLTA-T, MCC (AHLTA-Mobile) and TC2) is planned to take place under the auspices of the pending EHR solution, there is currently no such plan for the non-EHR capability modernization activities. The Operational Medicine project was created to ensure the MHS is able to meet the needs of the joint warfighter, line and higher level headquarters for MC2, MSA, Defense blood management and assemblage management.

<b>B. Program Change Summary (\$ in Millions)</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>
Previous President's Budget	22.042	22.100	22.140	-	22.140
Current President's Budget	21.403	22.100	0.000	-	0.000
Total Adjustments	-0.639	0.000	-22.140	-	-22.140
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-0.639	-			
• Realignment to new DHP RDT&E PE 0605045-Joint Operational Medicine Information System (JOMIS)	-	-	-22.140	-	-22.140

**Change Summary Explanation**

FY 2015: Realignment from Defense Health Program, Research, Development, Test and Evaluation (DHP RDT&E), Program Element (PE) 0605025-Theater Medical Information Program – Joint (TMIP-J) (-\$0.639 million) to DHP RDT&E, PE 0605502-Small Business Innovation Research (SBIR) / Small Business Technology Transfer (STTR) Program (+\$0.639 million).

FY 2016: No change.

FY 2017: Realignment from Defense Health Program, Research, Development, Test and Evaluation (DHP RDT&E), Program Element (PE) 0605025-Theater Medical Information Program - Joint (TMIP-J) (-\$22.140 million) to DHP RDT&E PE 0605045-Joint Operational Medicine Information System (JOMIS) (+\$22.140 million).

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<b>Exhibit R-2A, RDT&amp;E Project Justification:</b> PB 2017 Defense Health Agency										<b>Date:</b> February 2016		
<b>Appropriation/Budget Activity</b> 0130 / 2					<b>R-1 Program Element (Number/Name)</b> PE 0605025DHA / Theater Medical Information Program - Joint (TMIP-J)				<b>Project (Number/Name)</b> 445A / Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)			
<b>COST (\$ in Millions)</b>	<b>Prior Years</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
445A: Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)	23.783	21.403	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

**Project MDAP/MAIS Code:** M07

**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)**

	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<b>Title:</b> Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)	21.403	0.000	0.000
<b>Description:</b> Complete Increment 2 Release 2 (I2 R2) and Increment 2 Release 3 (I2 R3) development/integration and conduct operational testing/operational assessment.			
<b>FY 2015 Accomplishments:</b> Completed system integration and testing for Increment 2 Release 3 (I2R3) and held a successful I2R3 Test Readiness Review in First Quarter of FY 2015.			
<b>FY 2016 Plans:</b> No Funding Programmed.			
<b>FY 2017 Plans:</b>			

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<b>Appropriation/Budget Activity</b> 0130 / 2	<b>R-1 Program Element (Number/Name)</b> PE 0605025DHA / Theater Medical Information Program - Joint (TMIP-J)	<b>Project (Number/Name)</b> 445A / Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)

<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
No Funding Programmed.			
<b>Accomplishments/Planned Programs Subtotals</b>	21.403	0.000	0.000

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

Line Item	FY 2015	FY 2016	FY 2017	FY 2017	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	Cost To	
			Base	OCO	Total					Complete	Total Cost
• BA-1, 0807793DHA: MHS Tri-Service Information	53.604	62.170	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
• BA-1, 0807744DHA: Theater Medical Information Program - Joint (TMIP-J)	0.000	0.000	49.857	-	49.857	37.504	32.624	27.698	22.552	Continuing	Continuing
• BA-3, 0807744DHA: Theater Medical Information Program - Joint (TMIP-J)	3.145	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

**Remarks**

**D. Acquisition Strategy**

Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.

**E. Performance Metrics**

Each program establishes performance measurements which are usually included in the MHS IT Annual Performance Plan. Program cost, schedule and performance are measured periodically using a systematic approach. The results of these measurements are presented to management on a regular basis in various as part of the Integrated Product and Process Development (IPPD) process, In Process Reviews (IPRs), or other reviews to determine program effectiveness and provide new direction as needed to ensure the efficient use of resources. Performance metrics for specific projects may be viewed at the OMB Federal IT Dashboard website.

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COST (\$ in Millions)	Prior Years	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total	FY 2018	FY 2019	FY 2020	FY 2021	Cost To Complete	Total Cost
445B: <i>Operational Medicine Support</i>	0.000	0.000	22.100	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

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

This initiative supports executive directives and legal mandates to ensure "...every Soldier, Sailor, Airman and Marine will have a comprehensive, life-long medical record..."(Source: Special report of the Presidential Advisory Committee on Gulf War Veterans' Illness, 1997) and "The Secretary of Defense shall establish a system to assess the medical condition of members of the Armed Forces...who are deployed" (Source: Title 10; Section 1074f (1997): Medical tracking system for members deployed overseas). It also supports the June 21, 2013 acquisition decision memorandum from the Undersecretary of Defense for Acquisition, Technology and Logistics to "...focus on the goal of acquiring a replacement for the DoD legacy Military Health System (MHS) clinical systems including but not limited to...the EHR component of the Theater Medical Information Program with the objective of fielding a modernized replacement by 2017."

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

	FY 2015	FY 2016	FY 2017
<p><b>Title:</b> Operational Medicine Support</p> <p><b>Description:</b> It will support mission delivery and execution through the maximization of information technologies, driving standards compliance to ensure non-EHR capabilities will effectively consume the data created through the use of the pending EHR solution in the operational environment, and to allow the solution to share data with these other capabilities, eliminating the need for one to one interfaces, their limitations and cost. Along with the need to modernize those non-clinical capabilities, this enterprise's risk mitigation strategy also supports ongoing missions and clinical needs in the operational environment until sufficient testing of pending solutions can be accomplished in environments indicative of the operational environments, tactical, mobile and dismounted. TMIP-J (MSAT, TMDS, DCAM, TRAC2ES, AHLTA-T, MCC (formerly AHLTA-Mobile), Single Sign On, MMM, SAMS, and TC2) is the "umbrella" system for these solutions and the functional capabilities they support and achieves Full Operational Capability (FOC) in FY15. While the modernization of the operational environment clinical solutions (AHLTA-T, MCC (AHLTA-Mobile) and TC2) is planned to take place under the auspices of the pending EHR solution, there is currently no such plan for the non-EHR capability modernization activities. The Operational Medicine project was created to ensure the MHS is able to meet the needs of the joint warfighter, line and higher level headquarters for MC2, MSA, Defense blood management and assemblage management.</p> <p><b>FY 2015 Accomplishments:</b> Not applicable. This initiative was previously reported under TMIP-J funding profile but is being pulled out separately for the FY 2016 budget submission for transparency. Funding Joint Operational Medicine Information System (JOMIS) begins in FY 2016.</p> <p><b>FY 2016 Plans:</b> Funding will be used for Joint Operational Medicine Information System (JOMIS).</p>	0.000	22.100	0.000

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<b>B. Accomplishments/Planned Programs (\$ in Millions)</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>
<ul style="list-style-type: none"> <li>Continue to support the DMLSS Regionalization and data consolidation, reducing the deployed footprint (Hardware and Software), without compromise in performance and quality.</li> <li>EHR Product Evaluation will be conducted by the JOMIS Program Management Office (PMO) in collaboration with the DHMSM Program and will include the following activities:                             <ul style="list-style-type: none"> <li>Identify of existing operational medicine requirements from approved sources,</li> <li>Organize operational medicine requirements utilizing Capability Development Document (CDD) Capability Taxonomy,</li> <li>Evaluate the modernized EHR product capability against known, legacy operational medicine requirements,</li> <li>Review and validate results with MHS Functional Champion and designated representatives,</li> <li>Generate and validate new, non-EHR related operational medicine requirements in Joint Requirements Oversight Council (JROC)-approved CDD, assembled by DHA (Healthcare Operations),</li> <li>Evaluate broader non-EHR requirements captured in CDD.</li> </ul> </li> <li>Joint Requirements Oversight Council approved CDD for evolving operational medicine requirements to be addressed in JOMIS future releases (post-IOC).</li> <li>Test &amp; Evaluation (T&amp;E) Fielding Authorization-to-Proceed (ATP) for Release I (thru Initial Operating Capability (IOC)).</li> <li>Request for Proposals ATP for JOMIS Releases as part of IOC.</li> </ul> <p>JOMIS will be reported under PE 0605045DHA in FY17 and out per Departmental direction for increased transparency.</p> <p><b>FY 2017 Plans:</b> No Funding Programmed.</p>			
<b>Accomplishments/Planned Programs Subtotals</b>	0.000	22.100	0.000

<b>C. Other Program Funding Summary (\$ in Millions)</b>											
<b>Line Item</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017 Base</b>	<b>FY 2017 OCO</b>	<b>FY 2017 Total</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Cost To Complete</b>	<b>Total Cost</b>
• BA-3, 0807744DHA: Theater Medical Information Program - Joint	0.000	1.494	0.000	-	0.000	0.000	0.000	0.000	0.000	0.000	Continuing Continuing

**Remarks**

**D. Acquisition Strategy**

Evaluate and use the most appropriate business, technical, contract and support strategies and acquisition approach to minimize costs, reduce program risks, and remain within schedule while meeting program objectives. Strategy is revised as required as a result of periodic program reviews or major decisions.

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**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.

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