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Exhibit R-2, RDT&E Budget Item Justification: PB 2021 Defense Health Agency **Date:** February 2020

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0605025DHA / <i>Theater Medical Information Program - Joint (TMIP-J)</i>
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COST (\$ in Millions)	Prior Years	FY 2019	FY 2020	FY 2021 Base	FY 2021 OCO	FY 2021 Total	FY 2022	FY 2023	FY 2024	FY 2025	Cost To Complete	Total Cost
Total Program Element	66.524	0.000	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>	45.186	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
445B: <i>Operational Medicine Support</i>	21.338	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

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

A. Mission Description and Budget Item Justification

TMIP-J is a suite of system applications that is currently deployed to all Services as the primary healthcare information technology (IT) system supporting the Warfighter. TMIP-J integrates components of the Service's sustaining base systems and the medical information systems to ensure timely interoperable medical support for mobilization, deployment and sustainment of Theater and deployed forces. 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 provides input to a service member's longitudinal health record. TMIP-J provides information at the point of injury and to the Theater tactical and strategic decision makers through data capture and transmission to a single Theater Management Data Store (TMDS). Using TMDS, TMIP-J provides the integration with external systems for medical logistics, patient movement and tracking, and medical command and control and medical situational awareness. TMIP-J system components integrate to specific tactical requirements, providing for availability in no- and low- communications environment through store and forward capture and transmission technology. The Theater Medical Information Program - Joint (TMIP-J) is in sustainment; Full Deployment declared May 2016.

B. Program Change Summary (\$ in Millions)

	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021 Base</u>	<u>FY 2021 OCO</u>	<u>FY 2021 Total</u>
Previous President's Budget	0.000	0.000	0.000	-	0.000
Current President's Budget	0.000	0.000	0.000	-	0.000
Total Adjustments	0.000	0.000	0.000	-	0.000
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-	-			

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Exhibit R-2A, RDT&E Project Justification: PB 2021 Defense Health Agency **Date:** February 2020

Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605025DHA / Theater Medical Information Program - Joint (TMIP-J)	Project (Number/Name) 445A / Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)
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COST (\$ in Millions)	Prior Years	FY 2019	FY 2020	FY 2021 Base	FY 2021 OCO	FY 2021 Total	FY 2022	FY 2023	FY 2024	FY 2025	Cost To Complete	Total Cost
445A: Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)	45.186	0.000	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

TMIP-J is a suite of system applications that is currently deployed to all Services as the primary healthcare information technology (IT) system supporting the Warfighter. TMIP-J integrates components of the Service's sustaining base systems and the medical information systems to ensure timely interoperable medical support for mobilization, deployment and sustainment of Theater and deployed forces. 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 provides input to a service member's longitudinal health record. TMIP-J provides information at the point of injury and to the Theater tactical and strategic decision makers through data capture and transmission to a single Theater Management Data Store (TMDS). Using TMDS, TMIP-J provides the integration with external systems for medical logistics, patient movement and tracking, and medical command and control and medical situational awareness. TMIP-J system components integrate to specific tactical requirements, providing for availability in no- and low- communications environment through store and forward capture and transmission technology. The Theater Medical Information Program - Joint (TMIP-J) is in sustainment; Full Deployment declared May 2016.

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 2019	FY 2020	FY 2021
Title: Theater Medical Information Program - Joint (TMIP-J) (Tri-Service)	0.000	-	-
Description: The Theater Medical Information Program - Joint (TMIP-J) is in sustainment; Full Deployment declared May 2016.			
Accomplishments/Planned Programs Subtotals	0.000	-	-

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

<u>Line Item</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021 Base</u>	<u>FY 2021 OCO</u>	<u>FY 2021 Total</u>	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>FY 2025</u>	<u>Cost To Complete</u>	<u>Total Cost</u>
• BA-1, 0807793DHA: MHS Tri-Service Information	0.000	0.000	0.000	-	0.000	0.000	0.000	-	-	Continuing	Continuing
• BA-1, 0807744DHA: Theater Medical Information Program - Joint (TMIP-J)	73.433	32.176	27.119	-	27.119	27.663	28.218	-	-	Continuing	Continuing

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

<u>Line Item</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u> <u>Base</u>	<u>FY 2021</u> <u>OCO</u>	<u>FY 2021</u> <u>Total</u>	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>FY 2025</u>	<u>Cost To</u> <u>Complete</u>	<u>Total Cost</u>
• BA-3, 0807744DHA: <i>Theater Medical Information Program - Joint (TMIP-J)</i>	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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Appropriation/Budget Activity 0130 / 2	R-1 Program Element (Number/Name) PE 0605025DHA / Theater Medical Information Program - Joint (TMIP-J)	Project (Number/Name) 445B / Operational Medicine Support
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COST (\$ in Millions)	Prior Years	FY 2019	FY 2020	FY 2021 Base	FY 2021 OCO	FY 2021 Total	FY 2022	FY 2023	FY 2024	FY 2025	Cost To Complete	Total Cost
445B: <i>Operational Medicine Support</i>	21.338	0.000	0.000	0.000	-	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing

A. Mission Description and Budget Item Justification

Support Joint Operational Medicine Information System (JOMIS).

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

	FY 2019	FY 2020	FY 2021
Title: Operational Medicine Support	0.000	-	-
Description: Support Joint Operational Medicine Information System (JOMIS).			
Accomplishments/Planned Programs Subtotals			
	0.000	-	-

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

Line Item	FY 2019	FY 2020	FY 2021 Base	FY 2021 OCO	FY 2021 Total	FY 2022	FY 2023	FY 2024	FY 2025	Cost To Complete	Total Cost
• BA-3, 0807744DHA: Theater Medical Information Program - Joint	0.000	0.000	0.000	-	0.000	0.000	-	-	-	Continuing	Continuing
• BA-1, 0807744DHA **: Theater Medical Information Program - Joint	36.947	32.107	27.049	-	27.049	27.592	-	-	-	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.