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Exhibit R-2, RDT&E Budget Item Justification: PB 2023 Defense Health Agency **Date:** April 2022

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>	R-1 Program Element (Number/Name) PE 0605039DHA / <i>Information Technology Development – Defense Medical Information Exchange (DMIX)</i>
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COST (\$ in Millions)	Prior Years	FY 2021	FY 2022	FY 2023 Base	FY 2023 OCO	FY 2023 Total	FY 2024	FY 2025	FY 2026	FY 2027	Cost To Complete	Total Cost
Total Program Element	10.157	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	Continuing	Continuing
458A: <i>Defense Medical Information Exchange (DMIX)</i>	10.157	0.000	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

Comprised of the infrastructure and services needed to provide seamless integrated sharing of electronic health data between the Department of Defense (DoD), Department of Veteran Affairs (VA), other Federal agencies, and private sector partners that is viewable to DoD and VA providers through a joint viewer.

DMIX program will acquire the capabilities necessary to securely and reliably exchange standardized, normalized, and correlated health data with all partners through standard data/information exchange mechanisms. This allows users in different places and different organizations to access, use, and supplement health data (technical interoperability) that has a shared meaning so users (assisted by computers) are able to make care decisions (Semantic Interoperability - Level 4). DMIX manages the data exchange capability from legacy data stores in order to prepare for the transition to the modernized Electronic Health Record platform being acquired by DoD Healthcare Management System Modernization (DHMSM). DMIX consists of a family of capability initiatives supporting the seamless exchange of standardized health data among DoD, VA, other Federal agencies, and private providers as well as benefits administrators. The DMIX program provides the capability for health care providers to access and view complete and accurate patient health records from a variety of data sources thereby allowing healthcare providers to make faster and higher quality care decisions. DMIX was established in accordance with the joint memo from Under Secretary of Defense (Comptroller) (USD(C)) and Under Secretary of Defense for Acquisition, Technology and Logistics (USD (AT&L)) titled "Joint Memorandum on Major Defense Acquisition Program and Major Automated Information System Program Resource Transparency in Department of Defense Budget Systems" dated June 27, 2013.

In addition, Joint Electronic Health Record Interoperability (JEHRI) and Virtual Lifetime Electronic Record (VLER) Health (to include Exchange) are part of the DMIX program as a direct result of the Acquisition Decision Memorandum (ADM) signed January 2, 2014 by the USD (AT&L). Use of the health data may be done via legacy systems, clinical mobile applications and system agnostic viewers such as the Joint Legacy Viewer (JLV). Customers include the Military Health System (MHS), VA, other federal agencies and over 200,000 medical care practitioners.

RDT&E will be used to manage the development of new projects and new capabilities. Examples include Pain Management Improvement, Direct Access Reporting Tool (DART), and Defense Adaptive System of Care (DASoC). We considered RDT&E funds to be more appropriate and sustainable to cover some of the projects that were previously funded via JIF or external organizations.

Program transferred to program element 0308608DHA DoD Medical Information Exchange and Interoperability (DMIX) / Enterprise Intelligence and Data Solutions (EIDS) in budget activity 08.

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B. Program Change Summary (\$ in Millions)	FY 2021	FY 2022	FY 2023 Base	FY 2023 OCO	FY 2023 Total
Previous President's Budget	0.000	0.000	0.000	0.000	0.000
Current President's Budget	0.000	0.000	0.000	0.000	0.000
Total Adjustments	0.000	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	-	-			

Change Summary Explanation

N/A

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Exhibit R-2A, RDT&E Project Justification: PB 2023 Defense Health Agency										Date: April 2022		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605039DHA / <i>Information Technology Development – Defense Medical Information Exchange (DMIX)</i>				Project (Number/Name) 458A / <i>Defense Medical Information Exchange (DMIX)</i>			
COST (\$ in Millions)	Prior Years	FY 2021	FY 2022	FY 2023 Base	FY 2023 OCO	FY 2023 Total	FY 2024	FY 2025	FY 2026	FY 2027	Cost To Complete	Total Cost
458A: <i>Defense Medical Information Exchange (DMIX)</i>	10.157	0.000	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

DMIX program will acquire the capabilities necessary to securely and reliably exchange standardized, normalized, and correlated health data with all partners through standard data/information exchange mechanisms. This allows users in different places and different organizations to access, use, and supplement health data (technical interoperability) that has a shared meaning so users (assisted by computers) are able to make care decisions (Semantic Interoperability – Level 4). DMIX manages the data exchange capability from legacy data stores in order to prepare for the transition to the modernized Electronic Health Record platform being acquired by DoD Healthcare Management System Modernization (DHMSM). DMIX consists of a family of capability initiatives supporting the seamless exchange of standardized health data among DoD, VA, other Federal agencies, and private providers as well as benefits administrators. The DMIX program provides the capability for health care providers to access and view complete and accurate patient health records from a variety of data sources thereby allowing healthcare providers to make faster and higher quality care decisions. DMIX was established in accordance with the joint memo from USD(C) and USD(AT&L) titled "Joint Memorandum on Major Defense Acquisition Program and Major Automated Information System Program Resource Transparency in Department of Defense Budget Systems" dated June 27, 2013.

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

	FY 2021	FY 2022	FY 2023 Base	FY 2023 OCO	FY 2023 Total
Title: Defense Medical Information Exchange (DMIX) Program	0.000	0.000	0.000	0.000	0.000
Description: Comprised of the infrastructure and services needed to provide seamless integrated sharing of electronic health data between the DoD, VA, other Federal agencies, and private sector partners that is viewable to DoD and VA providers through a joint viewer.					
FY 2022 Plans: N/A					
FY 2023 Base Plans:					

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B. Accomplishments/Planned Programs (\$ in Millions)	FY 2021	FY 2022	FY 2023 Base	FY 2023 OCO	FY 2023 Total
<p>Manage the development of new projects and new capabilities. Examples include Pain Management Improvement, DART, and DASoC. We considered RDT&E funds to be more appropriate and sustainable to cover some of the projects that were previously funded via JIF or external organizations.</p> <p>FY 2023 OCO Plans: N/A</p> <p>FY 2022 to FY 2023 Increase/Decrease Statement: Due to realignment's and adjustment's in POM23.</p>					
Accomplishments/Planned Programs Subtotals	0.000	0.000	0.000	0.000	0.000

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

N/A

Remarks

D. Acquisition Strategy

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

DMIX 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.