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

Appropriation/Budget Activity 0130: <i>Defense Health Program I BA 2: RDT&E</i>					R-1 Program Element (Number/Name) PE 0605045DHA I <i>Joint Operational Medicine Information System (JOMIS)</i>							
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	0.000	0.000	0.000	22.140	-	22.140	22.180	22.619	23.071	23.532	Continuing	Continuing
447A: <i>Joint Operational Medicine Information System (JOMIS)</i>	0.000	0.000	0.000	22.140	-	22.140	22.180	22.619	23.071	23.532	Continuing	Continuing

A. Mission Description and Budget Item Justification

Resources the deployment and related sustainment of Medical Information Technology (IT) software to provide integrated medical care information across multiple echelons of operational medicine to combatant commanders in support of time-sensitive decisions for successful operations. JOMIS integrates the medical care information under a joint concept of operations that assists the medical commander/command surgeon to maximize delivery of combat medical care with field medical operations in functional areas including: command and control, medical logistics, patient regulation and evacuation, medical/threat intelligence, healthcare delivery, manpower/training, and medical capabilities assessment and sustainability analysis. Once fully fielded, JOMIS will support the new Electronic Health Record (EHR) and legacy operational medical systems not being replaced by the new EHR. JOMIS will also modernize, integrate, and or replace non-EHR functionality as required by the Capability Development Document.

B. Program Change Summary (\$ in Millions)	FY 2015	FY 2016	FY 2017 Base	FY 2017 OCO	FY 2017 Total
Previous President's Budget	0.000	0.000	0.000	-	0.000
Current President's Budget	0.000	0.000	22.140	-	22.140
Total Adjustments	0.000	0.000	22.140	-	22.140
• Congressional General Reductions	-	-			
• Congressional Directed Reductions	-	-			
• Congressional Rescissions	-	-			
• Congressional Adds	-	-			
• Congressional Directed Transfers	-	-			
• Reprogrammings	-	-			
• SBIR/STTR Transfer	-	-			
• New Joint Operational Medicine Information System (JOMIS) Program	0.000	0.000	22.140	-	22.140

Change Summary Explanation

FY 2015: No change.

FY 2016: No change.

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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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Exhibit R-2A, RDT&E Project Justification: PB 2017 Defense Health Agency										Date: February 2016		
Appropriation/Budget Activity 0130 / 2					R-1 Program Element (Number/Name) PE 0605045DHA / Joint Operational Medicine Information System (JOMIS)				Project (Number/Name) 447A / Joint Operational Medicine Information System (JOMIS)			
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
447A: Joint Operational Medicine Information System (JOMIS)	0.000	0.000	0.000	22.140	-	22.140	22.180	22.619	23.071	23.532	Continuing	Continuing

A. Mission Description and Budget Item Justification

The mission of the Department of Defense (DoD) Joint Operational Medicine Information Systems (JOMIS) program is to modernize, deploy, and sustain the DoD's operational medicine systems. Maintaining complete and accurate medical records while in an operational environment is an essential part of patient care management. Practitioners need access to up-to-date patient health records to ensure that relevant data is accessible and interoperable to support effective clinical decision making and clinical information management. The approved Concepts of Operations for healthcare delivery requires end-to-end capability and covers garrison and expeditionary environments. As such, USD (AT&L) and USD (P&R) have directed that the DoD Healthcare Management System Modernization (DHMSM) program provide the electronic health record (EHR) core for all health IT platforms – both garrison and theater.

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

	FY 2015	FY 2016	FY 2017
Title: Joint Operational Medicine Information System (JOMIS)	0.000	0.000	22.140
<p>Description: The JOMIS Program will provide modernized capabilities that are operationally suitable, survivable, and effective and satisfy capability gaps identified in the JOMIS Capability Development Document (CDD). The acquisition strategy (AS) is constructed around the following two integrated efforts:</p> <ol style="list-style-type: none"> Operational Medicine Software Release 1: The JOMIS Program will develop the next operational medicine software release, based on the results of the Product Evaluation. The software release will first replace several of the existing capability components within TMIP-J today. New Requirements for Operational Medicine: The JOMIS acquisition of any new capabilities will be designed to meet evolving operational requirements captured in an emerging Capabilities Development Document (CDD). Contract award for the JOMIS acquisition is currently planned for FY 2017 			
<p>FY 2015 Accomplishments: No funding programmed for Joint Operational Medicine Information System (JOMIS).</p>			
<p>FY 2016 Plans: Funding programmed under Operational Medicine Support initiative Program Element 0605025DHA pending start up of JOMIS.</p>			
<p>FY 2017 Plans:</p> <ul style="list-style-type: none"> Complete Test and Evaluation for Release I Initiate Full Operational Test & Evaluation for Services Authorization-To-Proceed (ATP) milestones for JOMIS Release I 			

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B. Accomplishments/Planned Programs (\$ in Millions)	FY 2015	FY 2016	FY 2017
<ul style="list-style-type: none"> • Initial Fielding ATP to achieve Initial Operational Capability (IOC) for Release I • Contract award ATP for JOMIS future releases 			
Accomplishments/Planned Programs Subtotals	0.000	0.000	22.140

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

Line Item	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
• BA1 0807726DHA: JOMIS	0.000	0.000	11.136	-	11.136	25.428	31.592	37.721	44.187	Continuing	Continuing
• BA3 0807726DHA: JOMIS	0.000	0.000	2.413	-	2.413	77.358	75.688	75.150	73.605	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.