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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 0605045DHA I <i>Joint Operational Medicine Information System (JOMIS)</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	133.201	46.214	52.948	18.082	0.000	18.082	18.731	21.984	23.014	24.273	Continuing	Continuing
447A: <i>Joint Operational Medicine Information System (JOMIS)</i>	133.201	46.214	52.948	18.082	0.000	18.082	18.731	21.984	23.014	24.273	Continuing	Continuing

Program MDAP/MAIS Code: 521

A. Mission Description and Budget Item Justification

The Joint Operational Medicine Information Systems (JOMIS) Portfolio Program will acquire solutions to modernize, deploy, and sustain the Department of Defense's (DoD) operational medicine (OpMed) information systems (IS) capabilities. OpMed systems provide commanders and medical professionals with integrated, timely, and accurate information to make critical command and control and medical decisions. These operational systems will function in constrained, intermittent, and non-existent communications environments while providing access to authoritative sources of clinical data. The JOMIS Program is a declared Joint Interest for capability requirements executed under the Adaptive Acquisition Framework.

JOMIS will pursue efforts that allow it to sunset costly and difficult to maintain legacy systems in conjunction with functional Subject Matter Experts (SME), Service representatives, Combatant Commanders (CCMD), and the Defense Health Agency's (DHA) Joint Chiefs of Staff (J6) Solutions Delivery Division and Cyber Divisions. The Theater Medical Information Requirement Information Systems Capabilities Development Document (TMIR IS CDD) and the Joint Requirements Oversight Council Memorandum (JROCM) signed February 28, 2017 document the knowledge management capabilities required to enable the following health care functions: Health Care Delivery (HCD), Medical Logistics (MedLOG), Medical Command and Control (MedC2), Medical Situational Awareness (MedSA) and Patient Movement.

B. Program Change Summary (\$ in Millions)

	<u>FY 2021</u>	<u>FY 2022</u>	<u>FY 2023 Base</u>	<u>FY 2023 OCO</u>	<u>FY 2023 Total</u>
Previous President's Budget	46.214	52.948	18.082	0.000	18.082
Current President's Budget	46.214	52.948	18.082	0.000	18.082
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	-	-			

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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 0605045DHA / Joint Operational Medicine Information System (JOMIS)				Project (Number/Name) 447A / Joint Operational Medicine Information System (JOMIS)			
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
447A: Joint Operational Medicine Information System (JOMIS)	133.201	46.214	52.948	18.082	0.000	18.082	18.731	21.984	23.014	24.273	Continuing	Continuing

A. Mission Description and Budget Item Justification

The purpose of JOMIS is to modernize, deploy, and sustain the DoD’s OpMed IS capabilities that enable comprehensive health services to meet Warfighter requirements for military medical operations. JOMIS is intended to function in constrained, intermittent, and non-existent communications environments while providing access to authoritative sources of clinical data.

There are technological and business challenges to the OpMed mission including aged technology, inefficient design standards, overreliance on obsolete code, lack of automation, different deployment methods by Services that impacts standard user adoption, inefficient and overly-bureaucratic acquisition methods, and the lack of unified functional user input. To mitigate these challenges, JOMIS has planned the following actions:

Translate the TMIR IS CDD into a modern Portfolio Capability Roadmap that can be abstracted down to needs statements, personas, and user stories that can inform leading-edge design practices

- Construct program governance that can be achieved through external consultancy and resource investment into an Operational Medicine Functional Champion (OMFC) to create a high achieving team that envisions the future of OpMed capabilities as they are integrated with DoD and Federal medical data landscapes
- Leverage experiential learning on current innovative projects that provide ample opportunities to explore modern software delivery methods that can create and endure software delivery environments that evolve with the OpMed mission
- Take advantage of industry and DoD best practices to evolve and perfect development methods (e.g., Agile and Development Security Operations) which will facilitate the ability to “continuously integrate” and “continuously deliver” capability throughout the software development life cycle

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

	FY 2021	FY 2022	FY 2023 Base	FY 2023 OCO	FY 2023 Total
Title: Joint Operational Medicine Information System (JOMIS)	46.214	52.948	18.082	0.000	18.082
Description: Description: Specific contribution to mission delivery: The JOMIS Portfolio Program will acquire solutions to modernize, deploy, and sustain the DoD’s OpMed IS capabilities. OpMed systems provide commanders and medical professionals with integrated, timely, and accurate information to make critical command and control and medical decisions. These operational systems will function in constrained, intermittent, and non-existent communications environments while providing access to authoritative sources of clinical data.					
FY 2022 Plans: • Execute OpMed Capability Roadmap					

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B. Accomplishments/Planned Programs (\$ in Millions)	FY 2021	FY 2022	FY 2023 Base	FY 2023 OCO	FY 2023 Total
<ul style="list-style-type: none"> • Acquire Continuous Integration/Continuous Delivery platform to ensure stable, cyber-secure infrastructure for development, testing, training, and production • Initiate development of Operational Medicine Data Service (OMDS) • Acquire software and application development services through Multi-award Contract • Execute Healthcare Delivery development plan including development of MHS GENESIS-Theater, Role 1 and 2, and Theater Blood Management system <p>FY 2023 Base Plans:</p> <ul style="list-style-type: none"> • Continue to execute OpMed Capability Roadmap • Continue development of Operational Medicine Data Service (OMDS) • Continue new Healthcare Delivery (HCD) capability development, system integration and testing activities including development of MHS GENESIS-Theater and Theater Blood Management system. • Conduct Test Planning of new interfaces, patches, and Minimum Viable Capability releases (MVCR). <p>FY 2023 OCO Plans: N/A</p> <p>FY 2022 to FY 2023 Increase/Decrease Statement: Reflects the program's updated strategy and timeline.</p>					
Accomplishments/Planned Programs Subtotals	46.214	52.948	18.082	0.000	18.082

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

N/A

Remarks

n/a

D. Acquisition Strategy

In FY21 JOMIS received approval of a new Acquisition Strategy from its Milestone Decision Authority (MDA). The FY21 Overarching Portfolio Acquisition Strategy allows JOMIS to acquire solutions across all five Healthcare functions as described in the TMIR IS CDD. Further, the Portfolio Acquisition Strategy allows JOMIS to utilize the Adaptive Acquisition Framework and the Software Pathway of Acquisition to continuously enhance existing capabilities and deliver new capabilities prioritized by the OpMed Functional Community. The Portfolio Acquisition Strategy ensures that the JOMIS Program will evaluate and use the most appropriate business, technical, contract and support strategies, and acquisition approaches to minimize costs, reduce program risks, and remain within the schedule while meeting program objectives.