

2016 Defense Health Information Technology Symposium

Storage Management Solutions for the Evolving MHS IT Environment



“Medically Ready Force...Ready Medical Force”

“A joint, integrated, premier system of health, supporting those who serve in the defense of our country.”



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Agenda



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- Evolving Defense Health Agency (DHA) Landscape
- Local core infrastructure and regional capabilities
- Evolving federal and technology landscape
- DHA's cloud initiatives
 - MHS GENESIS
 - Amazon Cloud Pathfinder

Learning Objectives

- Define what is included in Compute Storage Management Services (CSMS)
- Describe the CSMS solutions planned to support the Military Health System (MHS) Centralized Virtual Strategies for Deployment and Sustainment
- Discuss the MHS approach to deploy and sustain CSMS solutions in support of MHS applications

Evolving MHS IT Environment

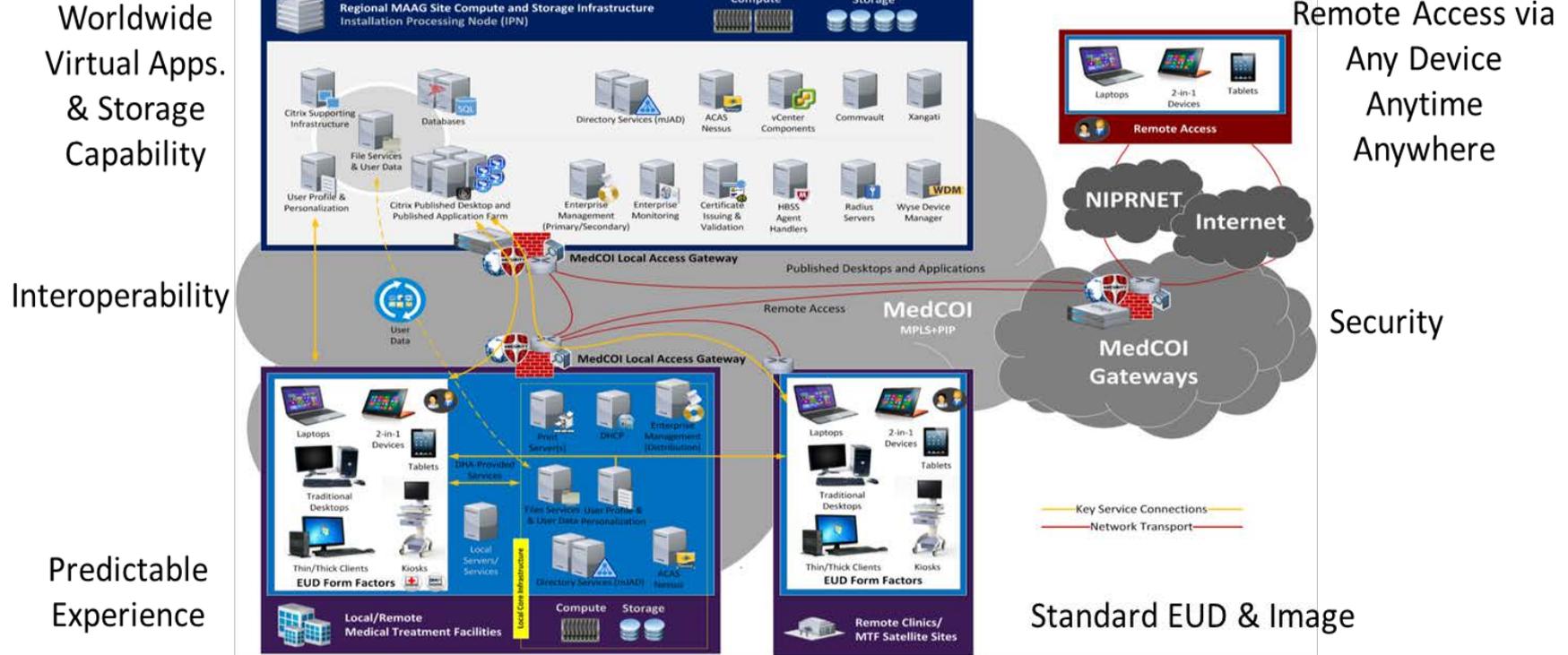


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- Decentralized to centralized governance
- Many Authorizing Officials (AO) to 1 AO
- Network variance to standardization
- Multiple active directories (AD) to 1 AD
- Multiple help desks to 1 help desk
- Multiple end user device (EUD)/image to 1 EUD
- Enterprise Electronic Healthcare Record
- Multiple & unpredictable compute infrastructures to common & predictable
- Lack of unifying approach to storage/ hosting solutions to common vision and unifying implementation plan

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Compute and Storage Landscape



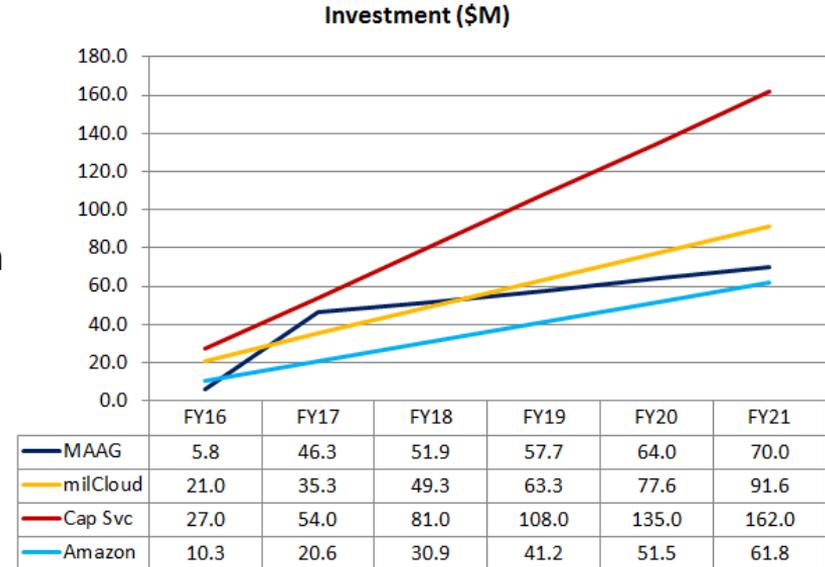
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- **MHS Application Access Gateway (MAAG) Infrastructure** provides a common set of enterprise computing capabilities for virtualizing servers and applications
 - **Virtual Hosting (SVHE)**: Regionalizes and consolidates clinical and business applications/servers to enhance efficiency and allow rapid service restoration
- **Local Core Infrastructure (LCI)** enhances local infrastructure with a set of core services (e.g., print, file, Dynamic Host Configuration Protocol, local hosting, and enterprise capabilities)
 - **Reliable infrastructure**: Clinical and administrative staff will have a predictable and consistent user experience accessing information resources
- **DHA Hosting Strategy** describes DHA's strategy for hosting web-enabled and non-web applications consistent with the Data Center Consolidation Center Initiative

Worldwide Virtual Capabilities via MAAG Return on Investment (ROI)

Initial financial analysis of MAAG cost effectiveness

- Infrastructure savings are significant
 - ROI – 53:1 manpower reduction
 - FY17 initiatives
 - Audbase – 102:6 server location reduction
 - S3 Surgical Scheduling – 50:5 server location reduction
 - Anatomic Pathology Laboratory Information System – 40:1 server location reduction (reducing 272 servers)
 - Air National Guard personnel with access to medical apps with no added cost
 - Adoption grown over 40% over the last year



MTF/Dental Treatment Facility (DTF) Compute and Storage Changes



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- **Main thrust areas**
 - **Install reliable compute/storage capability**
 - Air Force: Acquire and deploy Desktop to Datacenter (D2D) capabilities & migrate in Medical Community of Interest (Med-COI) network
 - Navy/Army: Replace aging equipment & migrate in Med-COI
 - **Install infrastructure for single MHS enclave for seamless interoperability**
 - Enables user mobility, reduces complexity and promotes efficiency via simplified and unified management of approach
 - **Install infrastructure to strengthen cybersecurity**
 - Create & maintain strong boundary defenses and monitoring on DoD network
 - **Transition to information enterprise**
 - Migrate information technology to enterprise policy, architecture and standards

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Introducing “Mobility” (User Personalization and Desktop Roaming) Beginning in Pacific Northwest

Roaming Across Exam Rooms

Exam Room 1



Follow Me
Desktop
Profile



Exam Room 2



Same
Session,
1 Login
Prompt

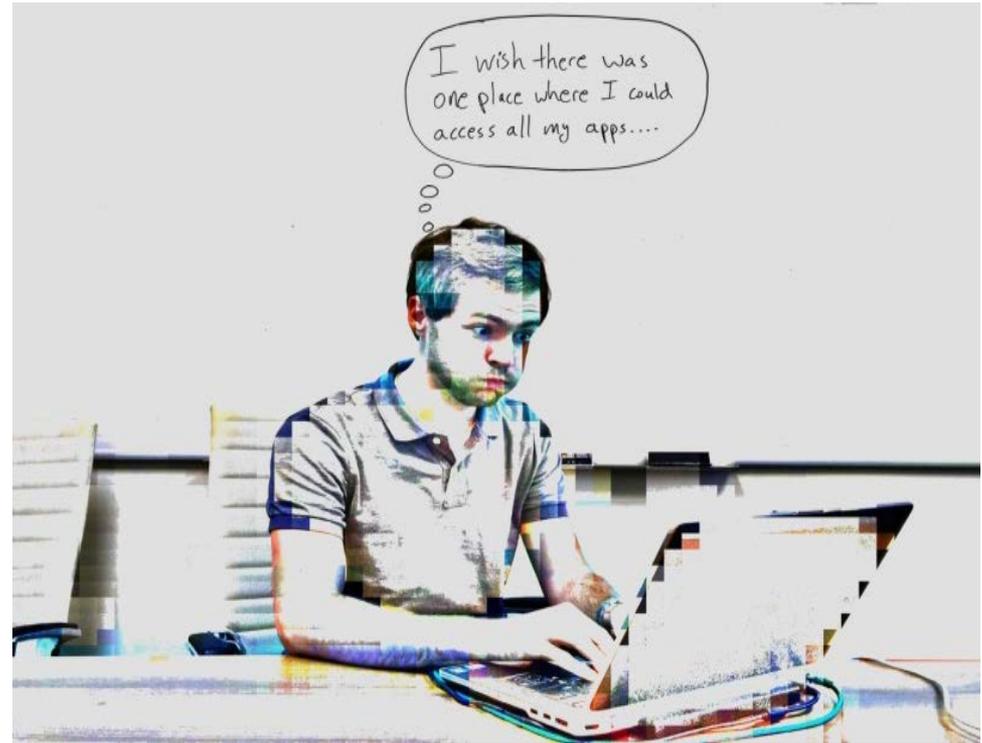
More time with
Patients!



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Introducing “Storefront” Available DHA Enterprise-wide

- Enterprise portal now available
 - Allows end-users the ability to view and consume all related published applications and virtual desktop options on Application Virtualization Hosting Environment (AVHE)
- Users can personalize their homepage with frequently used applications



Introducing “Remote Access” Anywhere, Anytime on Any Device



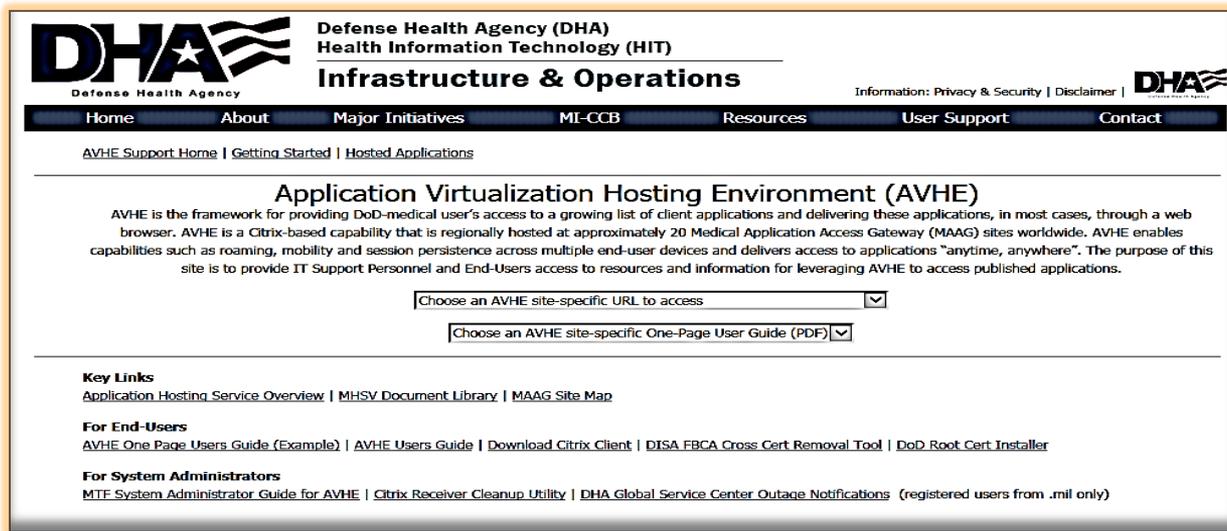
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- Published Desktops will provide access to a regionally hosted DHA managed desktop from anywhere, anytime to include remote users access
 - Leverage a Commercial-Off-The-Shelf (COTS) product for user personalization across their physical and published desktops to include desktop customizations, mapping of home drives and printers, and application specific settings that a user configures for a consistent experience
- Published Desktop Support will stand up first in the Pacific Northwest
- Plan to rollout Published Desktops to users at other AVHE sites as quickly as possible
 - Leveraging the deployed MAAG infrastructure
- AVHE is currently providing Admin Published Desktops at MESA, Bethesda, Landstuhl, and Tripler for DHA (I&O and SDD)

AVHE User link

<https://avhe-support.health.mil/>

- AVHE User Guide pdf
- Citrix Receiver 4.2.100 Client

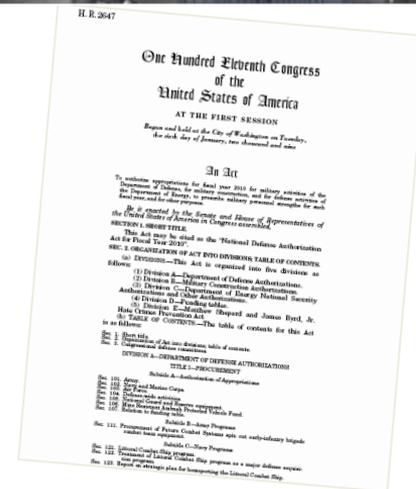


The screenshot shows the AVHE Support website. At the top left is the DHA logo. To its right, the text reads "Defense Health Agency (DHA) Health Information Technology (HIT) Infrastructure & Operations". Further right is a link for "Information: Privacy & Security | Disclaimer" and another DHA logo. Below this is a navigation bar with links: Home, About, Major Initiatives, MI-CCB, Resources, User Support, and Contact. Underneath the navigation bar are links for "AVHE Support Home | Getting Started | Hosted Applications". The main heading is "Application Virtualization Hosting Environment (AVHE)". Below the heading is a paragraph describing AVHE as a framework for providing DoD-medical user access to client applications. There are two dropdown menus: "Choose an AVHE site-specific URL to access" and "Choose an AVHE site-specific One-Page User Guide (PDF)". At the bottom, there are sections for "Key Links", "For End-Users", and "For System Administrators" with various resource links.

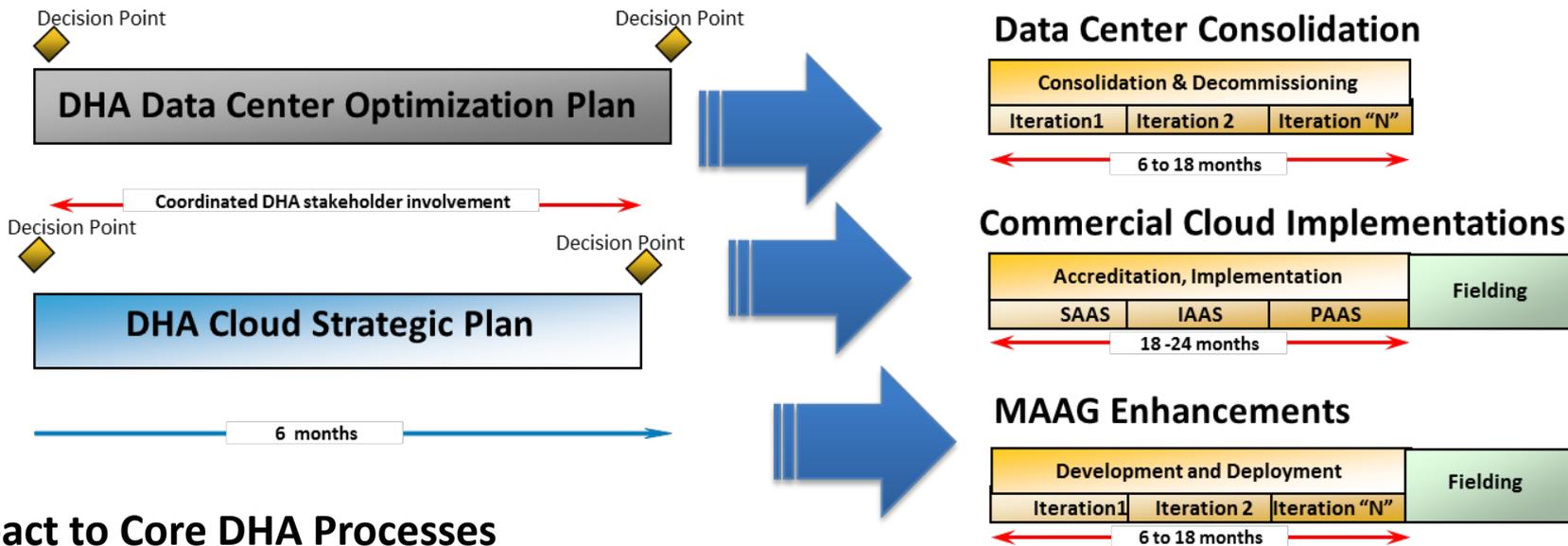
Changing Federal IT Landscape

White House/Federal CIO Priorities

- **Pending Data Center Optimization Initiative (in public review)**
 - By September 30, 2018
 - Agencies shall install automated energy metering tools at Data Centers and shall use these to collect and report to Office of Management and Budget (OMB) energy usage
 - Data centers are required to meet certain levels of efficiency, if not they are targeted for closure
- **Information Technology Modernization Fund**
 - \$3.1B fund to replace legacy IT infrastructure vs. maintaining legacy systems
- **Cyber National Action Plan**
 - \$19B fund to take new action to foster the conditions required for long-term improvements to cybersecurity



DHA Planning to Address Fed CIO Changes



Impact to Core DHA Processes

- Requirements: Evolving requirements and user role throughout
- Governance: More frequent review – delivery focused
- Functional Areas: Rigor tied to demonstrated risk and delivery of capabilities

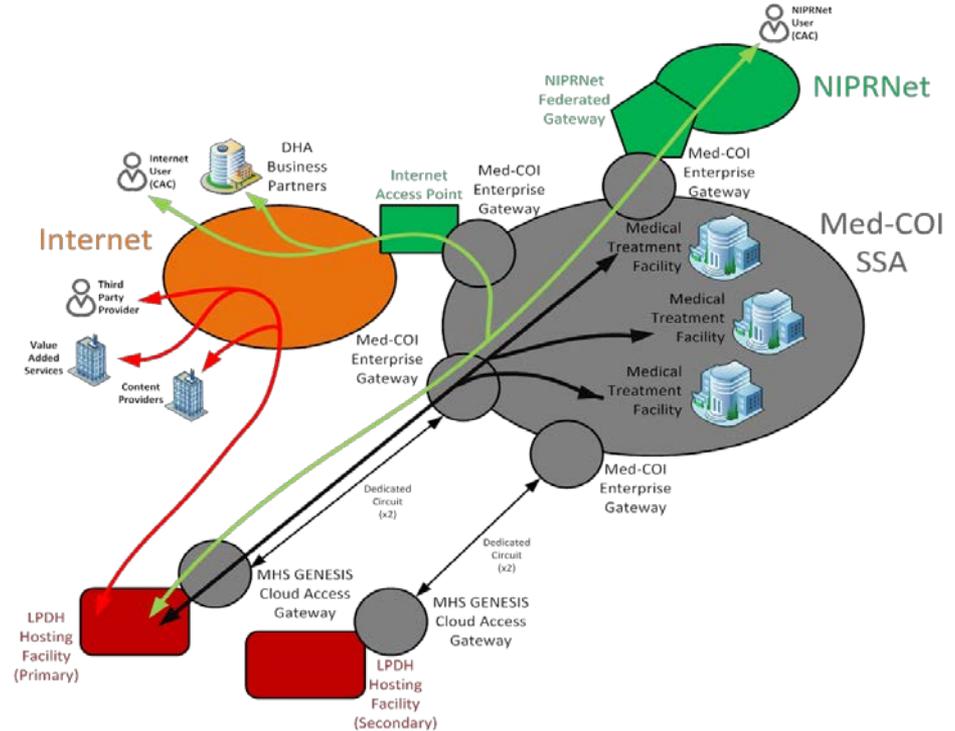
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MHS GENESIS Hosting COAs

- Establish connectivity to the MHS GENESIS Data Centers to deliver EHR System capability to the MHS
- Six hosting courses of action (COA)
 - COA 1 = DISA Joint Regional Security Stack
 - COA 2 = DISA Cloud Access Point
 - COA 3a = DHA Business to Business (B2B) Gateway
 - COA 3b = DHA B2B with dedicated circuit
 - COA 4a = MHS GENESIS Cloud Access Point
 - **COA 4b = Local MHS GENESIS Cloud Access Point (local to the MHS GENESIS data center)**
 - COA 5 = Local MHS GENESIS Med-COI Gateway w/Cybersecurity Defense Service Provider services
 - COA 6 = Local Med-COI enclave – integrated into Med-COI
- Based on DISA Cloud Computing Security Requirements Guide (SRG)
 - Med-COI as network access component
 - MHS GENESIS hosted in commercial data center

MHS GENESIS Connectivity

- MHS GENESIS hosting facility will be Software as a Service (SAAS) model
 - Integrated into Med-COI using a DoD cloud computing integration model
- Dedicated infrastructure will be installed to provide optimum performance to DoD providers



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- Med-COI built as a Single Security Architecture (SSA) – optimizes access to MHS GENESIS
- Med-COI networks instrumented to measure end-to-end performance
- User access is Citrix based – similar in design to AHLTA/AVHE
- Primary access pathway is Med-COI
 - Providers in MTFs
 - NIPRNet based users – via NIPRNet Federated Gateways (NFG) to Med-COI
 - Department of Veterans Affairs users – via Med-COI Enterprise Gateways (MEG)
 - Internet based users (Providers) – via Internet Access Points (IAP) → MEG
 - DoD Commercial Partners – via IAP → Business to Business (B2B) gateway (MEG)
 - DoD beneficiaries (Patient Portal)
- Direct Internet Access
 - MHS GENESIS Third Party Providers
 - MHS GENESIS Value Added Network services – Laboratory/Pharmacy
 - MHS GENESIS Content Providers – medical information from third parties

GENESIS Hosting Activities

- Circuits – Install dedicated DoD circuits to support provider access to MHS GENESIS
- Med-COI – Install infrastructure for access to MHS GENESIS from Med-COI Single Security Architecture
- Cybersecurity – Provide support to DHMSM Assessment and Authorization of MHS GENESIS hosting facility
- Active Directory (AD) – Provide support for AD integration of MHS GENESIS AD and mJAD
- Global Service Center (GSC) – Develop GSC support model for MHS GENESIS
- Performance Monitoring – Integrate MHS GENESIS into DHA performance monitoring systems

DHA's Path to the Cloud



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Instantiate an Amazon Web Services (AWS) SharePoint and data warehouse

- Connect Med-COI to the AWS
- Create a backup continuity of operations capability
- Migrate the Information Delivery Division *Applications*

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'DHA's Pathfinder to the Cloud'



Version 1.0
21 October 2015

DHA Value Proposition

Cost Savings / Cost Avoidance / Performance Gain / Security Posture

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Pathfinder Focus Areas



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| Key Focus Area | Plan |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Governance | <ul style="list-style-type: none">• Drive Cloud-based governance across DHA• Inform stakeholders regarding the Cloud Broker concept• Drive DHA organizational changes and alternate delivery model |
| Information Assurance (IA) | <ul style="list-style-type: none">• Build DHA cloud-based IA expertise• Drive detailed knowledge on Federal/DoD cloud security rules |
| System Engineering | <ul style="list-style-type: none">• Build internal expertise in commercial cloud capabilities• Drive detailed architectural insight into connecting Med-COI to a commercial cloud provider• Reduce technical concerns with migrating to a commercial cloud |
| Procurement | <ul style="list-style-type: none">• Build contracting expertise in cloud computing• Development insight into payment models and incentive structures• Manage and realize potential savings in cost and overhead |

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Summary / Key Takeaways



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- Standardizing and rationalizing systems and services across the Military Health environment is a complex, evolving landscape
 - Anywhere, Anytime and Any Device is today's standard that is being realized
- Compute and Storage solutions are being synchronized across Local Core Infrastructure, Regional Infrastructure and the integration of commercial/DoD Cloud capabilities
 - Key focus is regionalize capabilities and, further and in the future, to the commercial cloud to the greatest extent possible
- DHA is positioned to deliver the mission-critical infrastructure services necessary to successfully deliver and support an integrated, stable and sustainable MHS capability

Questions?



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Evaluations



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Please complete your evaluations

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Contact Information



2016 Defense Health Information Technology Symposium

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Compute and Storage Management System

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BACKUP



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Use Case Development

- Normal Use
 - Base Services are operating
 - LCI client can modify software
 - LCI client can access administrative controls within their service offering
 - VM automatic fail-over
- Service Incident
 - User access incident
 - LCI client cannot access VM
 - Base Service no working
 - Performance issues (security incident, continuity incident)
 - Outage
- Routine Service Requests
 - Provision a new VM for existing customer
 - Modify properties of VM
- New Capability Request
 - Onboard a new customer
 - Expand available resources
 - Retire a customer
 - Special customer requests (i.e. physical server)
- Proactive/Routine Maintenance
 - Monitoring allocation of resources
 - Monitor usage of resources
 - Patch LCI infrastructure
 - Patch base services
 - Vulnerability scanning of VM infrastructure
 - Monitor health of client VMs
 - CI specification updates
 - Configuration Management reporting

Background USD(AT&L) Request for Infrastructure Plan



THE UNDER SECRETARY OF DEFENSE
3010 DEFENSE PENTAGON
WASHINGTON, DC 20301-3010

JUL 17 2015

MEMORANDUM FOR UNDER SECRETARY OF DEFENSE (COMPTROLLER)
UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND
READINESS
DIRECTOR, COST ASSESSMENT AND PROGRAM EVALUATION
DEPARTMENT OF DEFENSE CHIEF INFORMATION OFFICER
ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS
DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: Department of Defense Healthcare Management System Modernization Contract
Award Acquisition Decision Memorandum

Purpose:
(DHMS) r
Healthcare
Officer is

Decisions:

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- Within 120 days following contract award, PEO DHMS will conduct an Initial Baseline Review. PEO DHMS will provide results to include updated deployment schedule, training rollout, and transition to the next Senior Stakeholder Group meeting.
- The program will return for approval of the Limited Fielding Decision ATP decision for IOC sites once entrance criteria in the attachment are met, planned for 4th Quarter FY 2016.
- **The Director, Defense Health Agency (DHA) will ensure the appropriate secure Information Technology (IT) environment for DHMSM operations. The DoD Chief Information Officer (CIO) is requested to assist DHA. This effort should include evaluation of accredited commercial, DoD, and federal cloud service providers. Within 180 days of contract award, Director, DHA will provide to me a CIO and PEO DHMS coordinated recommended infrastructure plan.**

- To ensure resource transparency the Under Secretary of Defense (Comptroller) is requested to budget for the DHMSM program in separate, dedicated RDT&E and Procurement (R-1 and P-1) line items, not shared with non-program activities.

Discussion: The DHMSM program is an ACAT IAM Major Automated Information System program intended to replace legacy Military Health Systems with a single, integrated capability. DHMSM is being acquired based on a Commercial Off-the-Shelf health care management product with the intent of making minimum modifications needed to meet DoD requirements. As a result, a highly tailored acquisition process that reflects the unique nature of this product is being utilized in lieu of the standard milestone decisions used for most DoD programs. The DAB meeting to support this decision point was held on June 29, 2015.

Point of Contacts: Mr. Christopher Miller, PEO DHMS, at 703-588-8719 or christopher.a.miller68.civ@mail.mil; Dr. Ronald Jost, DASD(C3Cyber&BS), at 703-697-8613 or Ronald.C.Jost.civ@mail.mil; and Colonel Michael E. Foster, Deputy Director, Acquisition Management, OSD(AT&L)/ARA, at 703-697-0476 or Michael.E.Foster.mil@mail.mil.

Frank Kendall

cc:
Service Surgeons General
DAB Members and Advisors
Director, Defense Information Systems Agency

Attachment:
As stated

DHMSM Contract Award Acquisition
Decision Memo

Director, DHA will ensure the appropriate secure
IT environment for DHMSM operations

Includes evaluation of accredited commercial, DoD and
Federal cloud providers

Requests DHA Director provide a coordinated (with DoD
CIO and PEO DHMSM) within 180 days after contract
award [due: Jan 31, 2016]

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Background (Cont'd)

Rationale for DHA's Infrastructure Plan



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Previous OIPT Summary

OSD OIPT: May 27th DRM: June 11th

- **Purpose:** DHA is requesting approval for 1. Contract Award Authority to Proceed (ATP) for a tailored Major Automated Information System (MAIS) that would replace the legacy Military Health System EHR and clinical business functions; 2. Approval to proceed with Joint Operational Medicine Information Systems (JOMIS) product evaluation.
- **Summary:**
 - Risk 1: Infrastructure
 - To support IOC ATP (near term): Network/infrastructure risks appear mitigated assuming the planned modernization are executed
 - To support Full Deployment Decision (FDD) ATP (long term): Moderate to significant given the lack of standardization of the last mile, lack of standardization of desktops and ownership of equipment
 - Risk 2: Interfaces – Moderate to high performance risk with interfacing with legacy systems during transition (e.g., AHLTA), with enduring systems that won't be replaced (e.g., HAIMS) and with external partners (e.g., VA, commercial providers)
 - Risk 3: Governance – Implementation/usage of DHMSM is dependent upon Services, including actions to address long term infrastructure risks (See Risk #1)
 - Risk 4: Joint Operational Medical Information System (JOMIS) – Moderate risk to transform disparate activities via TMIP-J construct into a single new system with detailed deployment strategy

Recommend proceeding with Contract Award ATP DAB given relevant (near term) risks have been mitigated to their maximum extent possible

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VADM Bono's Response to AT&L "Migration" to Enterprise Processes



| D2D Service | Function | To-Be | | As-Is | | | | | | Enter | | | |
|-------------|------------------------------------------|------------------|-------|------------|-------|------------|-------|------------|-------|-------|----|----|---|
| | | Army/Navy/AF/DHA | | Army | | Navy | | Air Force | | | | | |
| | | Enterprise | Local | Enterprise | Local | Enterprise | Local | Enterprise | Local | | | | |
| DSEM | DSEM Server Administration | X | | X | | X | | X | | | | | |
| | Group Policy Management | X | | X* | X* | X* | X* | X | | X | | | |
| | User Account Management | | X | | X | | X | | X | | | | |
| | User Access Management | | X | | X | | X | | X | | | | |
| DaaS | PKI Management | X | | X | | X | | X | | | | | |
| | IAVA Patching | X | | X | X | | X | X | | | | | |
| | Image Management | X | | X | | X | | X | | | | | |
| | Application Packaging | X | | X | X | | X | X | | | | | |
| | Desktop Build/Rebuild | | X | | X | | X | X | | | | | |
| | Touch Maintenance | | X | | X | | X | | X | | | | |
| | Application Distribution | X | | | X | | X | X | | | | | |
| | Client Health Management | | X | | X | | X | X | | | | | |
| NSMS | LAN Management and Monitoring | X | | X** | X** | X** | X** | X** | X** | | | | |
| | WLAN Management and Monitoring | X | | X | | | X | | | | | | |
| | WAN Management and Monitoring | X | | X | | X | | X | | | | | |
| | Local Firewall Management and Monitoring | X | | X | X*** | | X | X | | | | | |
| | Touch Maintenance | | X | X** | X** | X** | X** | X** | X** | | | | |
| GSC | Tier1 Helpdesk/Desktop | X | | X | | | X | X | | | | | |
| | Tier2 Application Support | X | | X | | X | | X | | | | | |
| CSMS | DHCP Administration | X | | | X | | X | X | | | | | |
| | User Data Management | X | | | X | | X | | X | | | | |
| | Print Server Management | X | | | X | | X | | X | | | | |
| | Application Virtualization | X | | X | | X | | X | | | | | |
| CND | Network Monitoring | X | | X | | X | | X | | | | | |
| | Incident Response | X | | | X | | X | X | | | | | |
| | | 19 | 6 | 14 | 16 | 8 | 20 | 19 | 7 | 11 | 17 | 24 | 0 |

THE UNDER SECRETARY OF DEFENSE
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MEMORANDUM FOR UNDER SECRETARY OF DEFENSE (COMPTROLLER)
UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS
DIRECTOR, COST ASSESSMENT AND PROGRAM EVALUATION
DEPARTMENT OF DEFENSE CHIEF INFORMATION OFFICER
ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS
DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: Department of Defense Healthcare Management System Modernization Contract Award Acquisition Decision Memorandum

Paras: The Program Executive Officer (PEO) Defense Healthcare Management System (DHMS) requests authority to proceed with contract award for the Department of Defense (DoD) Healthcare Management System Modernization (DHMSM) program. The Program Executive Officer is Mr. Christopher Miller, The Program Manager (PM) is CAPT John Winslow.

Decisions:

- I approve the Authority to Proceed (ATP) decision for contract award.

- Within 120 days following contract award, PEO DHMS will conduct an Initial Baseline Review. PEO DHMS will provide results to include updated deployment schedule, training rollout, and transition to the next Senior Stakeholder Group meeting.
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- cc: Service Surgeons General
DAB Members and Advisors
Director, Defense Information Systems Agency
- Attachment:
As stated
- Frank Kendall

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Requirements for DHMSM



| D2D Service | Workstream | FYDP Requirement | Complete By | Function | Army | Navy | Air Force |
|-------------|----------------------------------------------|------------------|-------------|-------------------------------------------------------------------------------|------|------|-----------|
| NSMS | MEDCOI | \$126 M | FY18 | WAN Management, Circuit Management and Single Security Architecture Functions | X | X | X |
| | LAN/WLAN | \$527 M | FY18 | WLAN Management and Monitoring | X | X | X |
| | | | | WAN Management and Monitoring | X | X | X |
| | | | | Local Firewall Mgmt & Monitoring | X | X | X |
| CND | Networks and Security | \$127 M | FY18 | Network Monitoring | X | X | X |
| | | | | Incident Response | X | X | X |
| GSC | Helpdesk | \$226 M | FY18 | Tier2 Application Support | | | X |
| | | | | Performance Management | | | X |
| | | | | Tier1 Helpdesk Desktop | | | X |
| DSEM | Directory Services and Enterprise Management | \$149 M | FY18 | Directory Services Management | | | X |
| | | | | User Account and Access Management | | | X |
| | | | | Public Key Infrastructure Management | | | X |
| | | | | Enterprise Management Toolsets | | | X |
| | | | | Group Policy Management | | | X |
| CSMS | MAAG | \$86 M | FY20 | Compute and Storage Management | | | X |
| | | | | Backup and Recovery Management | | | X |
| | | | | Application Virtualization | | | X |
| | Local Core | \$199 M | FY20 | Local Services Management | | | X |
| | | | | File, Print, DHCP and CND Toolsets | | | X |
| DaaS | Desktop and Customer Support | \$424 M | FY20 | Lifecycle Desktop Baseline Management | | | X |
| | | | | Application Packaging and Rationalization | | | X |
| | | | | IAVA Patching and Security Posture Management | | | X |
| | | | | Lifecycle EUD Refresh Program | | | X |
| | | | | Client Health Management | | | X |

- Primary requirement from DHMSM (Required or PM-requested)
- Secondary requirement derived from DHMSM PM
- Tertiary requirement – Key Enabler for DHMSM and DHA

Critical Path for DHA ADM Plan: scope defined by ASD(HA)-chaired Jan '16 meeting and DHMS PEO in Feb '16

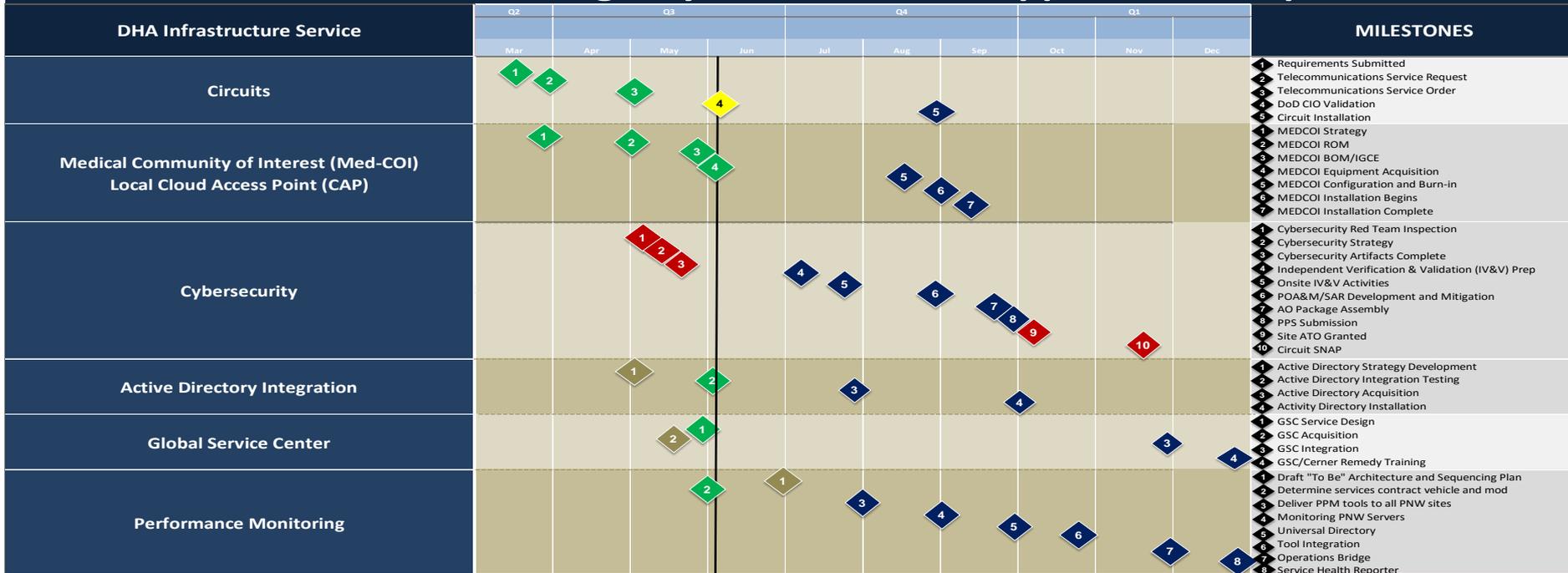
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GENESIS Hosting Roadmap



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Defense Health Agency MHS GENESIS Support Roadmap



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