# Instructions for Military Health System (MHS) Submission Form

## Enterprise IM/IT Submission Process

**Submission Process**

**NOTICE EFFECTIVE 01 MAY 2012**: The MHS has revamped its submission process to be more transparent, efficient, and effective. [dha.ncr.health-it.mbx.information-management-information-tech@mail.mil](mailto:dha.ncr.health-it.mbx.information-management-information-tech@mail.mil) will now notify the submitter as their request moves thorugh all major milestones in the Enterprise IM/IT Submission Process.

**Table 1: Description of Form Elements**

| **Item** | **Title** | **Description** |
| --- | --- | --- |
| 1.1 | Submission Title | Enter a short, easily understandable title for the request. |
| 1.2 | Submission Date | The date that submission form is completed and sent to:  imit\_reqs@dha.mil |
| 1.3 | Submitter’s Component Alignment | Select the submitter’s Component , service, or agency (e.g., Navy, Air Force, Army, JTF CAPMED, VA) |
| 1.4 | Type of Request | Select the type of request for the IM/IT capability being requested. This includes the following:   1. ***Software Licenses****:* A request to purchase permission to use software on non-exclusive basis, and subject to the listed conditions. 2. ***Change Request:***Change request that will result in a change to an existing system or implies a new requirement for an existing system; for example, provision of a new data type requested by end users. 3. ***Medical Devices****:* A device is an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a Component part, or accessory which is recognized in the official National Formulary, or the United States Pharmacopoeia, or any supplement to them, intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, in man or other animals, or intended to affect the structure or any function of the body of man or other animals, and which does not achieve any of its primary intended purposes through chemical action within or on the body of man or other animals and which is not dependent upon being metabolized for the achievement of any of its primary intended purposes    1. (e.g., EKG machines, pulmonary function machines, anesthesia delivery and monitoring devices, endoscopic documentation equipment)    2. (Patient facing medical devices – need to integrate this process into the Joint Governance Process) 4. ***New Functionality*:** Functionality that does not currently exist, or cannot be readily gained by modifying the current system 5. ***DOT\_LPF*:** Doctrine, Organization, Training, Leadership and Education, Personnel and Facilities (DOT\_LPF) Analysis. A non-materiel solution that address the current capability gap 6. ***Modernization***: “Defense business system modernization” means any significant modification or enhancement of an existing defense business system (other than necessary to maintain current services).  *Note:* modernization can be differentiated from a change request by scale of the change requested. For example, a change request might refer to the addition of a drop-down menu, whereas a modernization would refer to the acquisition of a new version of the software. 7. ***Research***: The systematic investigation into and study of materials and sources in order to bring or create value to the Military Health System enterprise 8. ***Innovation****:* The product of a new method, idea, creation or process that brings value for the Military Health System. **Note**: requests for COTS products do not fall under the Innovation category. 9. ***Other:*** Operational level is not contained within the selected choices 10. ***Unknown:*** The type of request is unknown at this time |
| 1.5 | If Change Request Selected in Box 1.4, Please Provide the Following Information | * Which Electronic System(s) Does this Change?: List all of the Electronic Systems that are relevant to the request. * Provide Helpdesk Ticket # Below (If Applicable): If the helpdesk was contacted regarding this request, please include helpdesk ticket #. |
| 2.1 | Name | Name of the individual making the submission in the following format: Prefix First Middle Last, Suffix  *Example: Mr. John A. Doe, Sr.* |
| 2.2 | Title/Rank | Title and/or Rank of the individual making the submission.  *Example: Director of IM/IT Governance* |
| 2.3 | Organization | Any sub-Component level organization that can assist in identifying the Submitter’s organizational alignment  *Example: Navy - BUMED – M61* |
| 2.4 | Office Phone | Office number of the individual making the submission. List DSN first and then commercial office number.  *Example: 111-1111 | (111) 111-1111* |
| 2.5 | Email | Email address of the individual making the submission.  *Example: john.doe@tma.osd.mil* |
| 2.6 | Site Name | Name of the command location from where the request is originating.  *Example: Walter Reed National Military Medical Center* |
| 2.7 | UIC ID (Optional) | The UIC ID of the individual making the submission.  *Example: 00018* |
| 3.1 | IM/IT Request Overview | The overview should define the request. A 3-4 sentence description is usually the correct level of detail. |
| 3.2 | Problem Statement | State the problem that the customer/stakeholder is facing or dealing with and would like to resolve.  A strong problem statement provides the following information:   * What's wrong? * Where is this issue occurring? * Over what timeframe has it been observed? * What are the impacts if this issue is not addressed (the "do-nothing scenario")?) |
| 3.3 | Expected Business Outcomes | Identify the value that the solution will bring and state how its implementation will translate to tangible improvements. Describe how the new capability will benefit the organization, end user, etc. as appropriate to the request. Reference any requirements based on policy, regulation, or law, if known.  A strong response answers the following question: How will the proposed solution solve the issues identified in the problem statement? |
| 3.4 | Current State “As-Is” | Describe the current state “as-is”. Explain the capability and functionality currently provided by the system or initiative or if this is a new submission, explain the current business process and business functionality. Also describe efforts to improve the problem or process, such as training, new personnel, process reengineering, policies, and/or information technology. |
| 3.5 | Desired Future State “To-Be” | Describe your desired end state or anticipated outcome for correcting the problem or improving the process.   * If new initiative: Explain the modification or "to-be" state including process, technical, or business driver improvements that will take place in the existing situation that approval of this submission will bring to the business. * If existing initiative: Explain the modification or "to-be” state including process, technical, or business driver improvements that will be modified or enhanced by the approval of this submission. |
| **Required For Existing/Legacy Systems Only** | | |
| Existing Systems:   * Existing systems are those systems currently in use. Existing systems are not necessarily considered legacy systems.   Legacy Systems:   * According to the DCMO, a Legacy System is an existing system that is designated for closure when the capability is absorbed by an interim or core system or if the capability is no longer required. No modifications or enhancements are made to legacy systems * Legacy, in the context of computing, refers to outdated computer systems, programming languages or application software that is used instead of available upgraded versions. Legacy systems are also associated with terminology or processes that are no longer applicable to current contexts or content, creating confusion. * A further expansion on the term would include the Business Process Reengineering (BPR) application, a system or application in which an organization has already invested considerable time and money. For instance, a legacy system could be a database management system (DBMS) running on a mainframe or on minicomputers. An important feature of new software products in the DoD infrastructure is their ability to effectively interoperate with or at least interface with existing legacy systems. Legacy systems may be candidates for phase-out, upgrade, or replacement. * This definition/usage of the term legacy is very broad, it not only includes the equipment that the new system has to work with and connect to, i.e. the traditional definition of legacy equipment, but also the support structure (training systems, logistics infrastructure, etc.). | | |
| 3.6 | Existing Work Around | If there is an existing work around to the current limitations, select ‘Yes’ or ‘No’ from the drop down list. |
| 3.7 | Workaround Description | If there is an existing work around to the current limitations, please describe. |
| 3.8 | Unacceptable Work Around Rationale | If ‘Yes’, document and annotate why the work around is not an acceptable solution. |
| 3.9 | Request Urgency Level | Select High, Medium, Low. Reference the information below to determine the urgency of the request:   * ***High:*** Jeopardizes patient safety, information security, or accomplishment of a mission essential capability. Adversely affects technical, cost, or schedule risks to the project or to the lifecycle support of the system; No workaround solution exists * ***Medium:*** Adversely affects the accomplishment of an operational mission essential capability. Adversely affects technical, cost, or schedule risks to the project or to the lifecycle support of the system; A workaround solution is known * ***Low:*** Results in user operational inconvenience but does not affect a required operational or mission essential capability. Other changes or features considered ‘nice to have’ |
| 3.10 | High Urgency Level Justification | Specific details on how the request meets the “High” criteria as defined in 3.8 Request Urgency Level, must be provided in support of the identified High Urgency level. |
| **If Change Request, the Following Fields Are Optional but Can Help to Expedite Resolution of Request** | | |
| 3.11 | Risks & Risk Mitigation | Summarize the risks associated with not addressing the issues outlined in the Problem Statement in Section 3.2. A risk is defined as an uncertain event or condition that can impact the achievement of stated benefits or the costs of solving the business need, including information about risks that could impact execution of the improvement strategy.  Provide an assessment of each risk’s likelihood of occurrence and describe the mitigation strategy for each. |
| 3.12 | Performance Indicators | Describe specific key performance indicators that will be used to measure performance and success for the investment once purchased and/or implemented:   * What are the process and outcome measures, linked to the problem statement that will be used to gauge the business success of the development/modernization (i.e. cost, production, time, & defect)?   If possible, identify the current and target performance for each measure:   * Process Measures: Any quantifiable performance measure of the process that is used by the system to achieve its aim, (e.g., number of patients vaccinated, system availability, system speed) * Outcome Measures: Any quantifiable performance measures of the results of the submission, relative to its aim, (e.g., system usability, beneficiary satisfaction) |
| 3.13 | Customers | Describe the key stakeholders involved in or affected by the problem identified either directly or indirectly (i.e., DoD beneficiaries, MTF staff, TMA, etc.) Identify the type of users for the capability and all associated stakeholders. For example: doctors, nurses, dentists, administrative staff, patients, IT staff, etc. |
| 3.14 | Estimated Number of Users | Estimate how many people will be using the requested capability. This information is used to help scope the request. |
| 3.15 | Scope of Deployment Requested | Select the scope of deployment for the IM/IT capability being requested. This includes the following:   * ***Single Installation:*** IM/IT request is for only one specific location * ***Multiple Installations:*** IM/IT request is for more than one location, but is not for enterprise wide consideration * ***Component Standard/Enterprise Wide:*** IM/IT request is to be either made available or deployed to the entire Component community * ***Military Service Standard/ Enterprise Wide:*** IM/IT request is to be either made available or deployed to the entire DoD community * ***Joint Services Standard:*** IM/IT Request is to be made available or used within other military services or DoD organizations * ***MHS Standard:*** IM/IT Request is to be made available or used by the MHS * ***DoD Standard:*** IM/IT Request is to be made available or used by the DoD (possibly non-health related investments) * ***Veterans Affairs (VA) Standard:*** IM/IT request is to be made available or used by the VA * ***To Be Determined:*** Scope of deployment has not yet been identified * ***Other:*** Operational Level is not contained within the selected choices; please describe in detail |
| 3.16 | What type of information will be collected, passed, and/or stored? (Sensitive, PHI, PII, etc.) | Identify the type of information that the requested capability would process/transmit, or store. Please seek assistance from your local Command Information Officer (CIO) or Information Assurance Officer for clarification. |
| 3.17 | Strategic Driver | All requests must identify the requirement driving the request. The requirement can be mandated policy, law, or instruction coming down from the DoD level, the Component level, MHS level, overall Federal level, etc. If there is no policy or instruction mandating the request of a capability, transformation has been outlined to capture those requests that would improve the operational capacity of the enterprise or site while not yet being required by an outside force. For any driver that is not captured in the choices provided, please check ‘other’ and provide a detailed description of what the related strategic driver is and who is requiring it. |
| 3.18 | Strategic Alignment to MHS Initiatives | Identify how the submission aligns with Component level strategic initiatives. All requests should correspond directly with the goals and objectives outlined in the MHS IM/IT 2010-2015 Strategic Plan. |
| 3.19 | Analysis of Duplicative or Related Initiatives | Identify and describe analysis that has been performed regarding the identification and potential use of alternate investments that will meet the need of the requested business requirements. Please explain the outcome of this analysis effort and why a specific investment was/was not chosen. |
| 3.20 | Is the submitting Component prepared to allocate/contribute Component Fair Share funds for this initiative? | If the submitting component is/is not prepared to allocate/contribute Component Fair Share funds, please select ‘Yes’ or ‘No’. |
| 3.21 | Has funding been identified for the acquisition and sustainment of this IM/IT Request? | Describe if funding has already been provided for this IM/IT, if so who will be supplying the funds, or if funding if a funding request will be part of this application. |

# Military Health System (MHS) Submission Form

| **Section 1: Submission Overview** | | | |
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| * 1. **Submission Title:**   Click here to enter text. | | | * 1. **Submission Date:**   Click here to enter a date. |
| * 1. **Submitter’s Component Alignment:**   Choose an item. | | * 1. **Type of Request:**   Choose an item. | |
| * 1. **If Change Request Selected in Box 1.4, Please Provide the Following Information:**   **Which Electronic System(s) Does this Change?**  Choose an item.  Choose an item.  Choose an item. | | | |
| **If Other or Unknown, please describe below:**  Click here to enter text. | **Provide Helpdesk Ticket # Below (if applicable):**  Click here to enter text. | | |

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| **Section 2: Submitter Contact Information** | | |
| 1. **Name:**   Click here to enter text. | 1. **Title/Rank:**   Click here to enter text. | 1. **Organization:**   Click here to enter text. |
| 1. **Office Phone:**   Click here to enter text. | 1. **Email:**   Click here to enter text. | |
| 1. **Site Name:**   Click here to enter text. | | |
| 1. **Please Provide Unit Identification Code ID (Optional):**   Click here to enter text. | | |

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| **Section 3: Initial Business Proposition** | | | |
| 1. **IM/IT Request Overview:**   Click here to enter text. | | | |
| 1. **Problem Statement:**   Click here to enter text. | | | |
| 1. **Expected Business Outcomes:**   Click here to enter text. | | | |
| 1. **Current State “As-Is”:**   Click here to enter text. | | | |
| 1. **Desired Future State “To-Be”:**   Click here to enter text. | | | |
| **Required For Existing/Legacy Systems Only** | | | |
| 1. **Existing Work Around:**   Choose an item. | | | |
| 1. **Work Around Description:**   Click here to enter text. | | | |
| 1. **Unacceptable Work Around Rationale:**   Click here to enter text. | | | |
| 1. **Request Urgency Level:**   Choose an item. | | | |
| 1. **High Urgency Level Justification:**   Click here to enter text. | | | |
| **If Change Request, the Following Fields Are Optional but Can Help to Expedite Resolution of Request** | | | |
| 1. **Risks & Risk Mitigation:**   Click here to enter text. | | | |
| 1. **Performance Indicators:**   Click here to enter text. | | | |
| 1. **Customers:**   Click here to enter text. | | | |
| 1. **Estimated Number of Users:**   Click here to enter text. | | | |
| 1. **Scope of Deployment Requested (Check all that apply):**   Single Installation  Multiple Installations  Component Standard / Enterprise Wide  Military Service Standard / Enterprise Wide  Joint Services Standard | | MHS Standard  DoD Standard  Veterans Affairs (VA) Standard  To Be Determined  Other | |
| Please Describe: Click here to enter text. | | | |
| 1. **What type of information will be collected, passed, and/or stored? (Sensitive, PHI, PII, etc.):**   Click here to enter text. | | | |
| 1. **Strategic Driver (check all that apply):** | | | |
| Public Law | DoD Directive/Instruction | | Component Directive/Instruction |
| Transformation | MHS Directive/Instruction | | Service Directive/Instruction |
| Program Budget Decision / Program Decision Memorandum  Other  Please Describe: Click here to enter text. | | | |
| 1. **Strategic Alignment to MHS Initiatives (check all that apply):** | | | |
| Implement policies, procedures, & partnerships to meet Individual Medical Readiness (IMR) goals  Integrate & optimize Psychological Health (PH) programs to Improve Outcomes and Enhance Value  Implement Evidence Based Practices Across the MHS to Improve Quality and Safety  Provide Enterprise Intelligence tools for informing decision-making from the point-of-care to the enterprise-level beginning with clinical data  Implement Patient Centered Medical Home (PCMH) model of care to increase satisfaction, improve care and reduce per capita healthcare costs  Improve the Measurement and Management of Population Health to Accelerate the Shift from Healthcare to Health | | Implement alternative payment mechanisms to pay for value (Performance Planning)  Optimize Pharmacy Practices to Improve Quality and Reduce Cost  Implement modernized EHR to improve outcomes and enhance interoperability  Improved Governance to achieve better Quadruple Aim performance in multi-service markets  Operate MTFs at full capacity to support readiness and GME (Market Optimization) | |
| 1. **Analysis of Duplicative or Related Initiatives:**   Click here to enter text. | | | |
| 1. **Is the submitting Component prepared to allocate/contribute Component Fair Share funds for this initiative?**   Choose an item. | | | |
| 1. **Has funding been identified for the acquisition and sustainment of this IM/IT Request?**   Choose an item.  Please describe available funding sources: Click here to enter text. | | | |

| **Please send the completed form to the Information Management/Information Technology (IM/IT) Request Inbox:** dha.ncr.health-it.mbx.information-management-information-tech@mail.mil |
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