

THEATER MEDICAL INFORMATION PROGRAM (TMIP)



The Theater Medical Information Program (TMIP) is a tri-Service system that is designed to provide information to deployed medical forces to support all medical functional areas, including command and control, medical logistics, blood management, patient regulation and evacuation, medical threat/intelligence, health care delivery, manpower and training, and medical capability assessment and sustainment analysis. TMIP will perform this service by integrating information from other medical systems, including the Composite Health Care System (CHCS), CHCS II, Defense Blood Standard System, and Defense Medical Logistics Standard Support (DMLSS). TMIP will also integrate other medical applications that have been developed for use during deployment such as the TRANSCOM Regulating and Command and Control Evacuation System. TMIP integrates medical systems at the theater level to support deployed forces, to enhance the Services' capability to collect, process, and disseminate an uninterrupted flow of information, and to allow more efficient protection of lives and resources.

BACKGROUND INFORMATION

TMIP will be developed incrementally in "blocks" or "builds" of increasing functionality and integration. The military Services are expected to fund their own infrastructure (networks and communications) and computer hardware to host the TMIP software in the theater environment. The Joint Requirements Oversight Council (JROC) approved a Capstone Requirements Document (CRD) in January 1999 and the Operational Requirements Document (ORD) for TMIP Block 1 in October 1999. The JROC revalidated the Block 1 ORD in August 2001.

TEST & EVALUATION ACTIVITY

In March 2001, ATEC, the lead independent OTA, conducted a Limited User Test (LUT) on a prototype version of TMIP Block 1 at Fort Sam Houston, TX, in combination with a LUT of the Army's TMIP hardware. A Capstone TEMP, along with an annex that specifically addresses TMIP Block 1, was approved in April 2001 and is being updated to reflect specific planning for Block 1 IOT&E. A program-wide Milestone B and Block 1 Milestone C decision is planned for March 2002. A joint Block 1 IOT&E is scheduled to begin in November 2002 and will be conducted over a 6-week period at a minimum of four locations, one for each of the four Services.

TEST & EVALUATION ASSESSMENT

TMIP must integrate several existing and developmental systems into a single system that can be easily used by theater commanders and medical personnel in combat environments. Its heavy dependence on the successful operation of the other systems presents additional technical challenges. The functional and operational testing of each TMIP application is planned to be accomplished prior to delivery to the TMIP PM for integration. This can impose a scheduling problem for TMIP, since a delay in or problem with any application can impact the delivery of that TMIP block. This has resulted in some slippage of the schedule, and there have been some difficulties in sharing data with the various applications. However, the PM has nearly completed Block 1 integration, and independent DT&E will begin in January 2002.

For connectivity, TMIP will depend on existing (but limited) tactical communications systems that will be heavily stressed with fragmented responsibilities. While some of these situations may be unavoidable, they complicate both operational testing and operational planning and execution. DOT&E is working with the medical functional community, ATEC, and TMIP PM to address all of these issues so that a comprehensive T&E plan can be developed. It will be challenging to ensure that the testing environment mirrors the expected theater operational conditions.

During the LUT of the Block 1 prototype, ATEC determined that all of the features and capabilities that were available for testing were operationally effective, but these included only about half of the planned IOC capability. Using an Army infrastructure, TMIP successfully provided the following capabilities to deployed users: CHCS, DMLSS Assemblage Management, preparation of several Joint Task Force reports, and limited administrative processing of patients. The planned IOC capabilities that were not tested include operations using Air Force and Navy infrastructures, immunization tracking, lower echelon reporting and surveillance, and more detailed patient encounters. The TMIP Block 1 prototype was not considered suitable due to deficiencies in continuity of operations, security, and information assurance. There were also shortfalls in training and documentation.