

SUPPORTING STATEMENT FOR PAPERWORK REDUCTION ACT SUBMISSION

A. JUSTIFICATION

1. Needs and Uses

In accordance with DoD Planning Guidance FY 1997-2001; ASD(HA) Memorandum, 31 Mar 1995, Medical Program Guidance; ASD(HA) DoD Corporate Information Management Strategic Plan and Enterprise Integration Implementing Strategy; the ASD(HA) Medical Readiness Strategic Plan 2001; 10 U.S.C; 5 U.S.C. 301, Departmental regulations; E.O. 12656, Assignment of Emergency Preparedness Responsibilities; DoD-I 1322.24, Military Medical Readiness Skills Training; DoD 6010.13-M, Medical Expense Performance Reporting System (MEPRS) for Fixed, Medical/Dental Treatment Facilities; DoD 5136.1-P, Medical Readiness Strategic Plan (MRSP); DoD-D 6000.12, Health Services Operations and Readiness; HEHS-00-10 Defense Health Care: Tri-Service Strategy Needed to Justify Medical Resources, the DoD is required to provide and account for personnel, medical training and readiness and to establish a Joint strategy to justify Medical Resources for Readiness and Peacetime Care. In response, the Assistant Secretary of Defense, HA/TMA and the Service Surgeon Generals of the Army, Navy and Air Force approved development of a single Joint electronic database to provide visibility of and to support the preparedness of all Military Healthcare System (MHS) medical personnel (to meet national security emergencies).

2. Purpose and users of the information

The Defense Medical Personnel Preparedness Database is the database for the Defense Medical Human Resources System - internet – DMHRSi, a Department of Defense application that provides the MHS with a joint comprehensive enterprise human resource system with capabilities to manage human capital across the entire spectrum of medical facilities and person types – military, civilian, contractor, Reserve component and volunteer. DMHRSi not only provides visibility of all personnel working within MHS activities, it will assist in the standardization/centralization of Joint medical HR information; accurate Joint data collection and reporting and standardized management and analysis. DMHRSi will be deployed to all DHP funded activities and will ultimately include 170K MHS users, The system utilizes best practices in a commercial off the shelf application across five functional areas – Manpower management, Personnel management, Labor Cost Assignment, Education and Training management, and Medical Readiness. The Manpower management function provides a standard MHS information system to support efficient medical personnel distribution at the activity level to include: education, training, provider and support staff assignment, and labor utilization and cost. Additionally, DMHRSi facilitates medical manpower requirements and authorization tracking

and reporting at a Joint level in peacetime and wartime. The personnel management function provides personnel visibility and accountability across the MHS as well as the ability to match personnel assets to command needs and assign individuals to work centers. This includes Defense Health Program (DHP) and non- DHP personnel including, civilians, volunteers and contractor personnel. Additionally, staffing and scheduling supports duty assignments, labor utilization, and workload acuity measurement and reporting. It will standardize and streamlines business processes on a Joint level. For Labor Cost Assignment, DMHRSi provides the ability to assign the costs of the human capital assets to the appropriate health care delivery product line, education and training efforts, or mandated readiness activities as mandated by Medical Expense Performance Reporting System (MEPRS) guidelines. This new joint tool will replace three distinct Service-level MEPRS tools. The MHS will now have a more precise recording of labor hours and more accurate reporting of costs accrued and resource utilization thus, resulting in more timely and detailed data for executive information and decision making. For Education and Training, DMHRSi centralizes education and training data and resources and enables online registration and approval of courses supports MHS health care personnel education, training, and course management for individual development and maintenance of skills and command specific needs. The education and training features feeds into the Readiness requirements. For Readiness, DMHRSi supports individual personnel and unit readiness in documenting, monitoring, evaluating and reporting of ongoing person-specific and team/unit personnel training and certification to provide immediate readiness status for deployment to theater operations.

3. Information Collection Techniques

The DMHRSi application uses reoccurring electronic data feeds from other DoD and Service source systems as well as one time local data feeds from MTFs to populate information fields to the extent possible. Source systems feeds are primarily for military and government civilian personnel. No authoritative or centralized source system exists for contractors and volunteers working within MHS facilities (DMHRSi will become that system); consequently, the majority of information will be captured from the local collection methods currently employed by the MTFs. If such methods are not in place, MTFs will be required to do a one time collection for import or manually input the information directly into DMHRSi. All users will have a self-service capability which will allow them to update personal information on an as needed basis. Once deployed, DMHRSi will be used as the authoritative source within the MHS to provide consistent human resource data and demographics to other MHS IT systems; thus, eliminating the necessity for redundant collection activities and information re-solicitation. As a web-based joint system with horizontal and vertical visibility, it will reduce the need for “data calls” for analytics.

4. Duplication and Similar Information

There is no duplication of data collection. As identified in paragraph 3, previously captured information will be used to the greatest extent possible. This is the first time contractor and/or volunteer personnel data is collected by the DoD for these specific purposes.

5. Small Business

This collection of information will involve small businesses, non profit agencies, or other small entities providing support within Military Treatment Facilities within the Military Health System. The burden directly resulting from this system is minor. Many of these businesses may already collect the information from their employees.

6. Less Frequent Collections

If this information is not collected, HA/TMA will be unable to accurately manage, account for, cost and train the personnel providing healthcare on a Joint basis. Less frequent collections are anticipated after the initial input. Individuals are requested to review their self-service personnel data quarterly. Individuals are required to update their information as needed (i.e. changes in their work or home addresses, phone numbers, etc).

7. Special Circumstances

There is only one (1) special circumstances that require the collection to be conducted in a manner inconsistent with the guidelines in 5 CFR 1320.5 (d) (2). If an individual has extreme turbulence in information contained on the self-service screen (i.e. home address, phone numbers, etc), that information would need to be updated as changed.

8. Federal Register Notice/Consultations

The Federal Register Notice for this collection of information was published on January 26, 2007, 72 FR 3798. Copy attached. No public comments were received.

9. Payment/Gift to Respondents

None

10. Confidentiality

The information in DMHRSi is sometimes personal or sensitive; therefore, it contains built-in safeguards to limit access and visibility of this information. DMHRSi uses role-based security so a user sees only the information for which permission has been granted. It uses state-of-the-market 128-bit encryption security for our transactions. It is DITSCAP certified having been subjected to and passed thorough security testing and evaluation by independent parties. It meets safeguards specified by the Privacy Act of 1974 in that it maintains a published Department of Defense (DoD) Privacy Impact Assessment and System of Record covering Active Duty Military, Reserve, National Guard, and government civilian employees, to include non-appropriated fund employees and foreign nationals, DoD contractors, and volunteers. DMHRSi is hosted in a secure facility managed by the Defense Information Systems Agency. A detailed Privacy Act Statement appears prior to system access. As an HR system, DMHRSi will collect and store Social Security Numbers (SSN). Although DMHRSi issues each individual a distinctive employee number, collection of SSNs is required for successful continuity of operations within DoD and interoperability with federal organizations external to DoD. As the DoD and other federal organizations migrate from the use of the SSN as a primary means of identification in accordance with executive guidelines, DMHRSi will reduce usage. Protection of personally identifiable information (PII) is required by federal statutes and policy and DoD guidelines and regulations. Future capabilities include a even greater reduction in access and full encryption of PII.

11. Sensitive Questions

DMHRSi will not collect information based on questions of a sensitive nature.

12. Burden Estimated (hours)

As previously stated, the majority of information will be fed from existing source systems or collected for initial input. The sustainment or annual burden is directly dependent upon “as needed” changes to information contained on the self-service screen. The projected population of users is 85,000. Using the requirement for a minimum of a quarterly review as a baseline, estimate that an individual may need to update some aspect of their information an average of once every other year. The total annual response burden is 10,625 hours (.125 x 85,000).

13. Cost to Respondents

None.

14. Cost to Federal Government

The initial development and focus of the DMHRSi program was for the capture of MHS personnel. Consequently, the development costs for the capture of information for non-DOD personnel information was minimal as a separate item. The collection of information costs for non-DOD civilian personnel is limited to the cost of importing the service provide data into the DMHRSi application via the automated import tool. The estimated cost average for the necessary labor and resources is \$15,000 per site. With a total of 178 collection sites, the start-up costs to the government is approximately \$2.67 million. The total operation and maintenance costs for non-DOD personnel are indistinguishable from the overall annual maintenance cost for the project. DMHRSi will serve as the authoritative source and disseminate human resource demographic information to downstream systems. Since non-DOD personnel are only outlined as a different person type, none of the existing requirements require isolation of their information. Therefore, the estimate of annual cost for maintenance for non-DOD personnel is conservatively not greater than 20% of the budget. That cost is approximately \$2 million annually to POM Year 2010 and includes enterprise software licensing, and account maintenance. Additionally, annual collection of this information would be relegated to “as needed” electronic updates by any of the proposed 85,000 users. Users cover the spectrum of MHS personnel and a wide salary range. The annual costs of maintaining this information in DMHRSi should not exceed the current annual cost of either maintaining this information manually or effort spent during “data calls”. The costs for updating and additional personnel is equivalent to \$183,813.

15. Change in Burden

The increase in burden is due to a program change requiring the DoD to collect this information for the first time from contractors and volunteers as stated in the Needs and Uses section of this document.

16. Publication/Tabulation

Information gathered through this collection will not be published.

17. Expiration Date

DoD is not seeking an exception to displaying the expiration date of this information collection.

18. There are no exceptions to the certification statement in Item 19 of OMB Form.

SECTION B. This collection does not employ statistical methods.