

2026
DEFENSE HEALTH INFORMATION
TECHNOLOGY SYMPOSIUM

AUGUST 11-13, 2026
HYATT REGENCY NEW ORLEANS
NEW ORLEANS, LA

Opening the Gateway to New Technologies and Enterprise Standardization

Mr. Matt Wimpee, Mr. Bruce Tuckerman, Mr. Travis Hall, Mr. Morgan Valentine



UNCLASSIFIED

Agenda

- 1** Medical Community of Interest Requirement Review
- 2** Service Delivery Management (SDM) Process
- 3** Engineering Review Board (ERB) / Architecture Review Board (ARB) Architecture Standardization

Speaker Introduction



Matt Wimpee
Moderator

ESA-BAD
DHA



Bruce Tuckerman
SDM

ESA-BAD
DHA



Travis Hall
Med-COI

ESA-BAD
DHA



Morgan Valentine
ERB/ARB

ESA-BAD
DHA

Speaker Introduction (cont'd)

Matt Wimpee

DHA Engineering, Solutions Architecture & Business Analytics Division (ESA-BAD), Chief Operations Officer

Mr. Wimpee leverages 15+ years of experience leading IT programs and projects supporting the Military Health System. He served key roles in the Desktop-to-Datacenter program, was the Med-COI Program Manager, and Program Operations Branch Chief. Matt holds certifications in PMP, CISSP, and ITIL Foundation.

Bruce Tuckerman

DHA ESA-BAD, Program & Project Management Section Chief

Mr. Tuckerman has a combined 43 years military and government service, 24 of which have been with Navy Medicine and DHA J-6. His service with DHA includes Customer Liaison, the Directors Action Group, and has recently served as the US Coast Guard, DoD Drug Demand Reduction Program (DDRP), Defense Manpower Data Center (DMDC) and Guard & Reserve PM. Currently, he is serving as the ESA-BAD Program and Project Management Section Chief.

Speaker Introduction (cont'd)

Travis Hall

DHA ESA-BAD, Med-COI Section Chief/Program Manager

Mr. Hall has over 20 years of project management experience in the public/private sectors. He served as a human intelligence professional in the US Army, worked as a Project Execution Planning Manager for major industrial construction projects, served as a Health IT Program Manager within the DHA, and presently is the Med-COI Section Chief.

Morgan Valentine

DHA ESA-BAD, Network Engineer

Mr. Valentine has 10 years of experience deploying, engineering, and sustaining Med-COI, Local Area Network (LAN), Wireless LAN, and Wide Area Network (WAN) systems. As the Senior Network Engineer for the ERB section within the ESA-BAD division, he specializes in analyzing and supporting systems integrated into the Med-COI architecture.

Learning Objectives

- 1** Describe the importance of aligning Med-COI extension requests with DHA technical standards.
- 2** Outline the Service Delivery Management (SDM) request process for new Med-COI extensions.
- 3** Explain the importance of the ERB/ARB in the Med-COI request process.
- 4** Outline the Med-COI Extension Request Guidelines

A Day in the Life of a Med COI Requirement

What should my path look like?

Execution

- Manage deployment of approved architectural and engineering changes.

*Service Offering Workflow (Med-COI/Cloud/ERB/AI)

- Review & evaluate requests.
- Generate design solutions.
- Review proposed designs.

Service Offerings:
Med-COI Extension
Cloud Hosting
Engineering
AI Solutions

Service Delivery Management Intake

- Initial point of entry.
- Requirements gathering.
- Validation of workflow.

Why Begin the Journey? ...Benefits



Receive authorization for enterprise use.



DHA infrastructure and architecture compliance.



Includes cybersecurity review, compliance, and authorization.



Includes consultation/support from all J-6 Functional areas.

What Do I Need to Request A Med-COI Extension

1

Valid Operational Need

Mission cannot be executed securely or efficiently without direct Med-COI connectivity.

2

Medical System Dependency

Mission depends on medical systems, protected data, medical devices, or enterprise services only available within Med-COI.

3

You Have Approved Funding

Defense Health Program (DHP) or non-DHP funding must be programmed.



How Do I Request a Med-COI Extension?



Med COI Extension Guidelines

YES

NO

- 1 Do we have a Functional Champion?
- 2 Is this a medical mission?
- 3 Is it funded?



Let's Go!

Step 1: Submit a Service Request for a Med-COI Extension

Submit Service Request for Med-COI Extension

<https://info.health.mil/apps/HIT/services/SitePages/Home.aspx>



Functional and technical SMEs



Sponsor and funding



Identify the problem



Proposed solution



Justification to change the network



CIO support

DHA Defense Health Agency

**ENGINEERING REVIEW BOARD
ARCHITECTURE REVIEW BOARD
ENGINEERING REQUEST**

SERVICE REQUEST NO: [] * REQUEST TYPE: [ATO] New Service Review [] DATE: []

PROJECT INFORMATION

Submitter to complete Pages 1-2 for ALL Service Requests - Fields marked with a single asterisk (*) are REQUIRED to be completed. Page-3 must also be completed for ALL Med-COI Extension Service Requests - Fields marked with a double RED asterisk (**) are REQUIRED to be completed (enter "N/A" if field is not applicable).

* PROJECT REQUEST TITLE: []

* REQUESTING ORGANIZATION NAME / PROGRAM OFFICE: []

* TARGET PRODUCTION DATE: [] * TARGET PRODUCTION DATE - JUSTIFICATION: []

The ERB has established a 6-month baseline fulfillment lead time from the date the Service Request and relevant artifacts transition to the ERB for the development of a technical solution. This 6-month lead time may change if the ERB identifies scope or complexity issues impacting the development of a technical solution. ERB leadership may change the baseline fulfillment lead time if cross-functional workload changes or ERB mission or task priorities arise.

All URGENT service requests MUST have written ERB Leadership approval before work reprioritization occurs. Use the PROJECT DEPENDENCIES/CONSTRAINTS field on Page-2 to document and justify the urgency of the Service Request so that the ERB Project Managers are aware of this requirement.

PROJECT POINTS OF CONTACT

* SERVICE REQUEST SUBMITTER (Govt Email + Phone): [] * GOVERNMENT POINT OF CONTACT (Govt Email + Phone): []

* PROJECT MANAGER (Govt Email + Phone): [] * PROJECT TECHNICAL SMES (Govt Email + Phone): []

PROJECT ACCREDITATION INFORMATION

* PROJECT ISSO / ISSM [] * ATO eMASS ID # [] * Accreditation Status (Full, Conditional, Provisional and If Type or System) [] * Authorization Termination Date []

* FUNDING REQUIREMENT: []

* Select Funding Requirement * []

FUNDED AMOUNT (* IF AVAILABLE): []

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Fun Fact:

Over **244** requests were submitted through the Portal in **FY26!!**

Step 2: Review Functional Requirements *(Business Rules)*

Request Reviewed Against
Functional Requirements

Business Rule	Requirement	Key Details
User Count Threshold	> 10 personnel	• Must support sufficient scale to justify infrastructure, cybersecurity, and sustainment overhead. Ensures resources are applied only where operational demand exists.
Medical Mission / Workflow Requirement	Demonstrate clinical tie to MHS operations	• The mission function, operational dependency on Med-COI. • Whether the workload is enterprise-wide or localized.
Printing / Medical Device Dependency	Dependencies must be adequately explained and justified	• If a capability requires direct connection to medical devices or connected printers, particularly those involved in diagnostics, imaging, or clinical reporting, this dependency must be explained and justified.
Demonstrate that Alternatives Won't Work	Provide evidence that existing capabilities won't meet the requirement	• Unable to use the VPN or access the MHS Genesis URL. • Application Virtual Hosting Environment (AVHE) –not technically sufficient to access clinical applications. • Azure Virtual Desktop (AVD) –AVD is not technically sufficient to access required clinical applications
Provide Operational Justification	Demonstrate impact to care	• Why the function must operate inside Med-COI. • The impact on patient care, mission success, or readiness. • Risks of NOT implementing the extension.
Technical Feasibility and Sustainment	Must be technically viable within the Med-COI	• WAN transport compatibility (e.g., SD-WAN). • Security stack alignment. • Device and system management adherence. • Supportability and sustainment pathways.

Step 3: Request to ERB/ARB for Assessment

Validated Request
Submitted to the ERB/ARB
for Consideration

Document the Architecture

- Integration or modification of current architecture.
- Network requirements including LAN, WAN, WLAN.
- Hardware approved product list.
- Software approved product list..

- Ports, protocols and services and traffic flows.
- Hosting requirements.
- Med-COI Zone Architecture assignment.
- Vendor documentation and deployment guides.

Cyber Status

- Accreditation status (new or modification of existing).
- Inherited controls.

Viability Assessment

- Is it deployable, sustainable?
- Do we understand the hardware/ software lifecycle and can we maintain it?



**Standards-Based
Architecture**

Step 4: Implementation of Med-COI Extension

Implementation of
Med-COI Extension
Request

Once approved, submitter works with the Med-COI Program for implementation.



Questions? Contact

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Thank You!



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