

2026 DEFENSE HEALTH INFORMATION TECHNOLOGY SYMPOSIUM

August 11-13, 2026
Hyatt Regency New Orleans
New Orleans, LA

Medical Devices and Equipment PMO

Terri Pryor, Program Manager

Cory Martynski, Deputy Program Manager

Quincy Martin, APM, Image Management Services

Terrell McCaa, APM, Cyber – Centrally Managed Devices

Andrew McGraw, APM, Cyber – Non-Centrally Managed Devices



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Learning Objectives

- Providing the MTF CIOs and support staff a general understanding of the current and future process for procurement of MDE
- Providing the audience with general guidance on how Cybersecurity Support will be provided for Centrally Managed (CM) and Non-Centrally Managed (NCM) managed products
- Provide an overview of the general acquisition process the MDE PMO will follow to support MTFs, including life-cycle management, recommendations and future year acquisitions

Agenda

- What is the Program Management Office (PMO) Composition
- Why MDE PMO was put into place
- What is a P025MO
- MDE PMO Org Chart
- Image Management Services
- Clinical Support
- Planning, Programming, Budgeting and Execution (PPBE)
- MDE Cyber
- What's changed
- NER Review Timelines
- Urgent / Emergency Requirements
- Important Informational Links

Ms. Terri L. Pryor



Terri L. Pryor, Program Manager

Medical Device and Equipment PMO
Program Acquisition Executive, Medical Products

Terri Pryor is the PM of the Medical Device and Equipment PMO. Terri Pryor has been the PM of various iterations of the PMO since 2015. The MDE PMO was Chartered as a DHA PMO in March 2026 and is responsible for the total life cycle management of all imaging equipment and systems, high dollar surgical equipment and radiation oncology equipment. Additionally, the MDE PMO has functional oversight of all medical systems in the enterprise, to include the support of cybersecurity for centrally procured systems, and those managed and supported by the MTFs.

What Is The PMO Composition

- All Medical Devices and Equipment are now managed within 1 PMO under Medical Devices and Equipment PMO under the RDA, under the PAE Medical Products (MP). This includes PP over \$350K.

- ICS
- MEDLOG HT&S
- POD

<https://militaryhealth.sharepoint-mil.us/sites/hit-sd-ICSPMO> (Gov email only access)

- ✓ Link address still works but is for all MDE and is now nestled under AD-S
- ✓ Link address will change eventually but will be able to find under PAE-MP

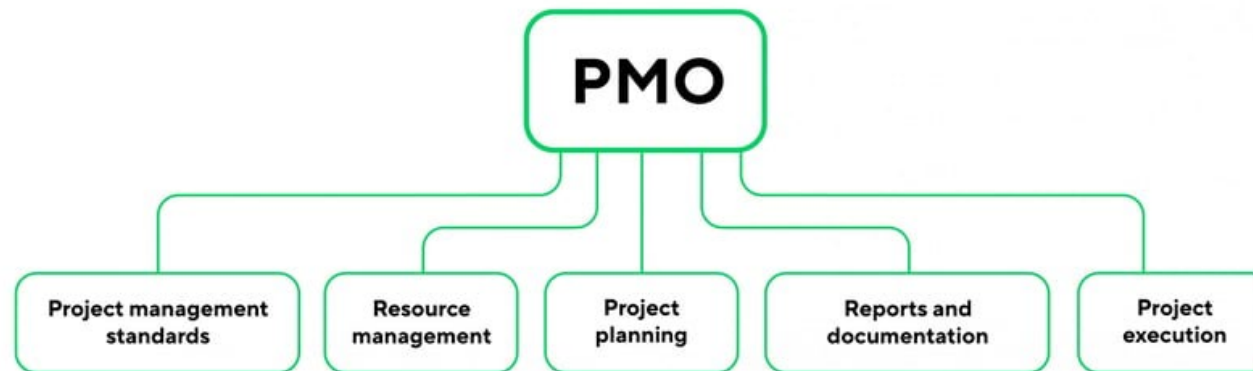
Why MDE PMO Was Put Into Place

Leadership was looking for:

- Strong lines of communication up and down
- Integration into the HCA community and Networks
- More Central Management (CM) of equipment
- Integrated streamlined transparent processes with differing processes being as translucent as possible to the user
- Standardization
- Gain efficiencies and cost savings/avoidances across the MHS.
- One belly button

What Is a Program Management Office (PMO)

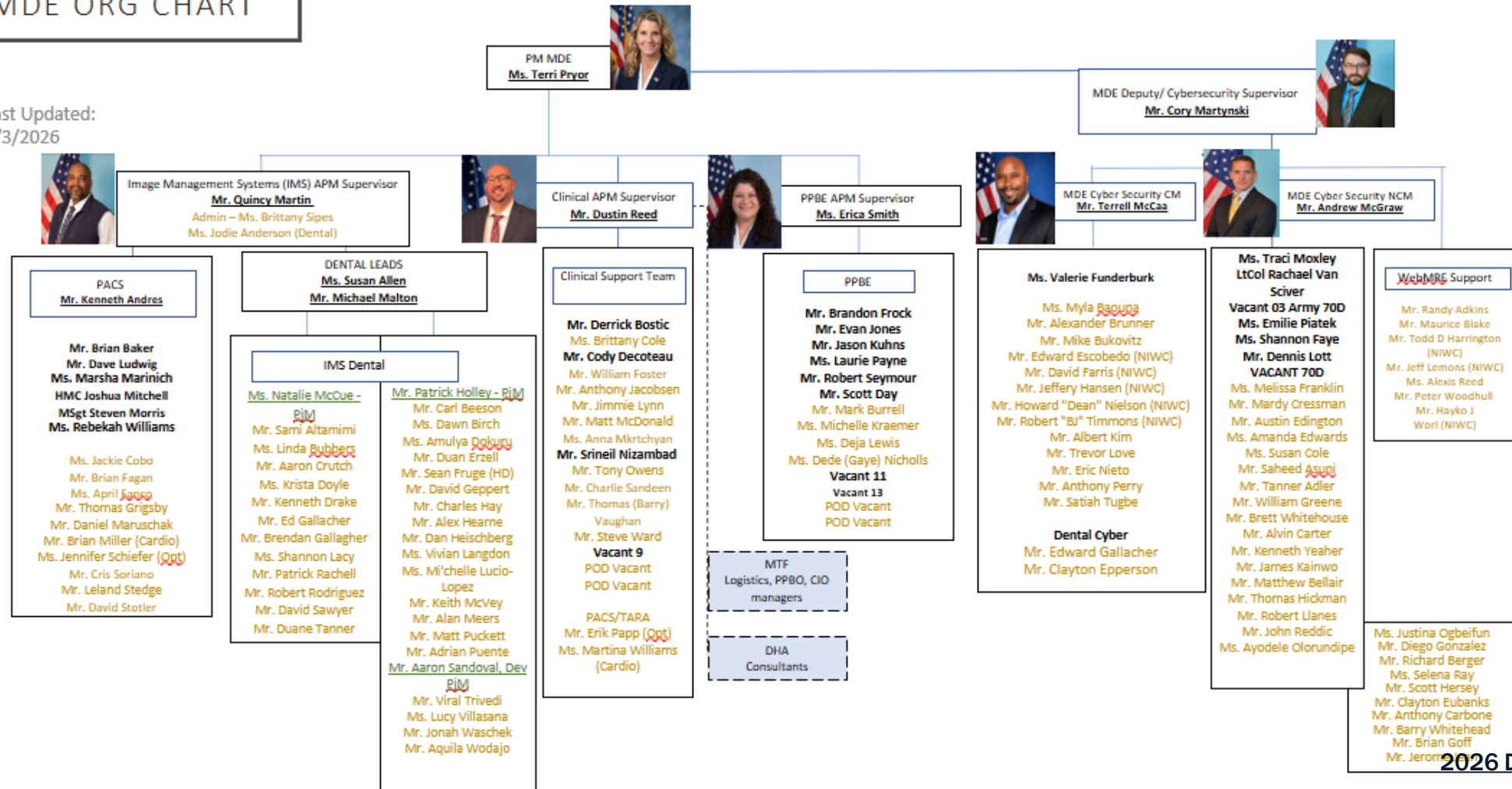
- A project management office (PMO) is a group, or functional unit, that sets, maintains, and enforces the practices, policies, and standards for structuring and executing projects within an organization.



MDE Org Chart

MDE ORG CHART

Last Updated:
8/3/2026



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2026 DHITS 8

Mr. Quincy J. Martin



Quincy J. Martin, Assistant Program Manager

Medical Device and Equipment PMO
Program Acquisition Executive, Medical Products

Quincy Martin is the APM of the Image Management Services section of the Medical Device and Equipment PMO. Mr. Martin's team is responsible for the lifecycle management and sustainment of the Picture Archiving and Communication Systems (PACS) for Radiology, Cardiology, Dental, Oncology, Ophthalmology, and the Enterprise Clinical Imaging Archive (ECIA). He and his team support clinical workflow, archiving, and integration into the electronic health record.

IMS Supported -Ology

- Radiology
 - Enterprise Voice Dictation
 - Orthopedic Templating Software
 - 3D Reconstruction
 - Mammo Reporting System
 - Dose Monitoring
- Cardiology
 - Enterprise Cardiology Rollout
 - Hemodynamic Rollout
- Oncology
- Ophthalmology
 - Enterprise System Consolidation
- Dental
 - IMS Dental Enclave ATO
 - Apteryx vs MiPACS vs What's Next?
- Maternal Fetal Medicine
- Enterprise Video Image Sharing
 - Gastrointestinal
 - Pulmonary
 - Urology
 - Surgery – General, Colorectal, Bariatric

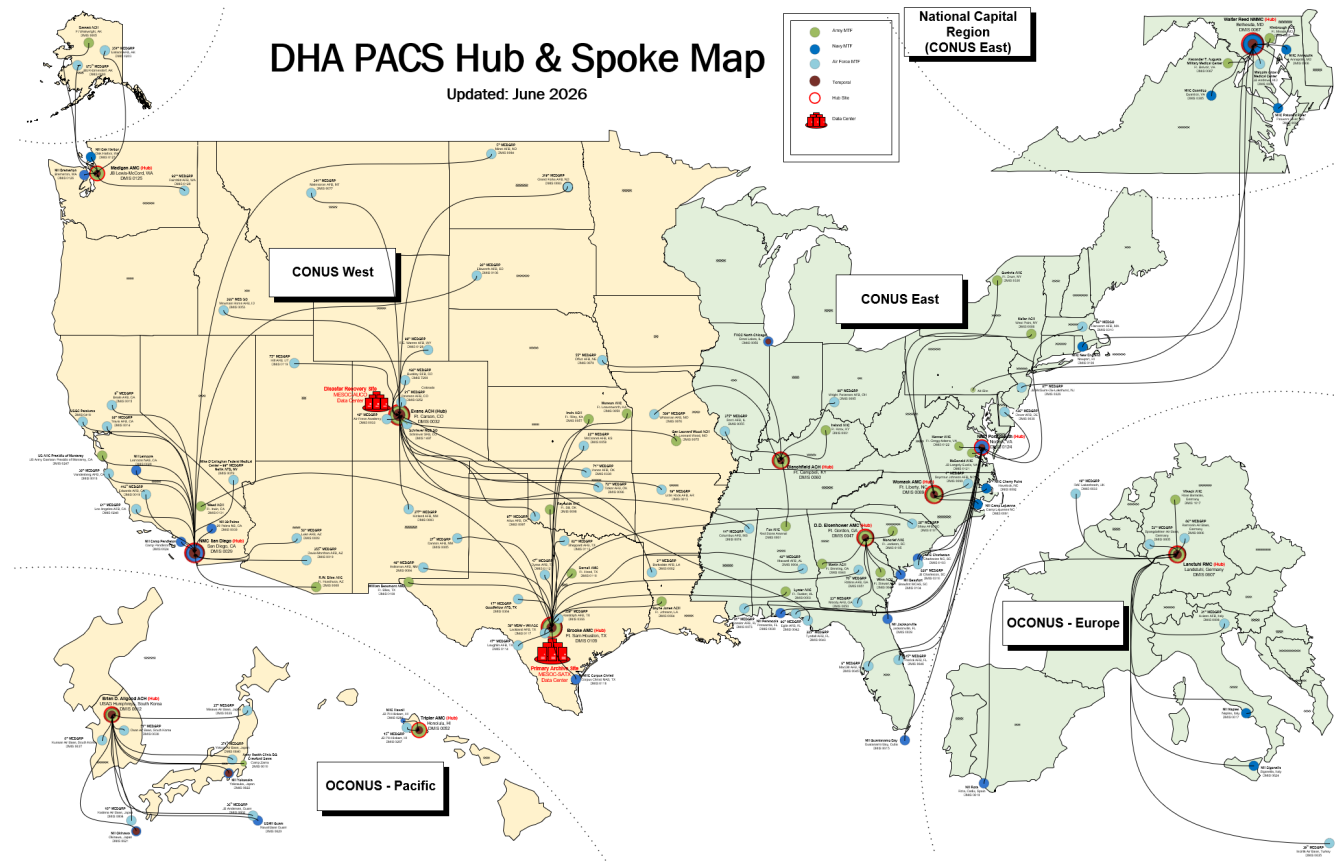
IMS: 12 Hubs Supporting over 316 Spokes

FUJIFILM
MEDICAL SYSTEMS

6 Hub PACS



6 Hub PACS

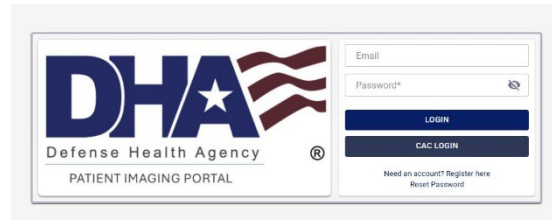


NUANCE
Enterprise Voice Dictation

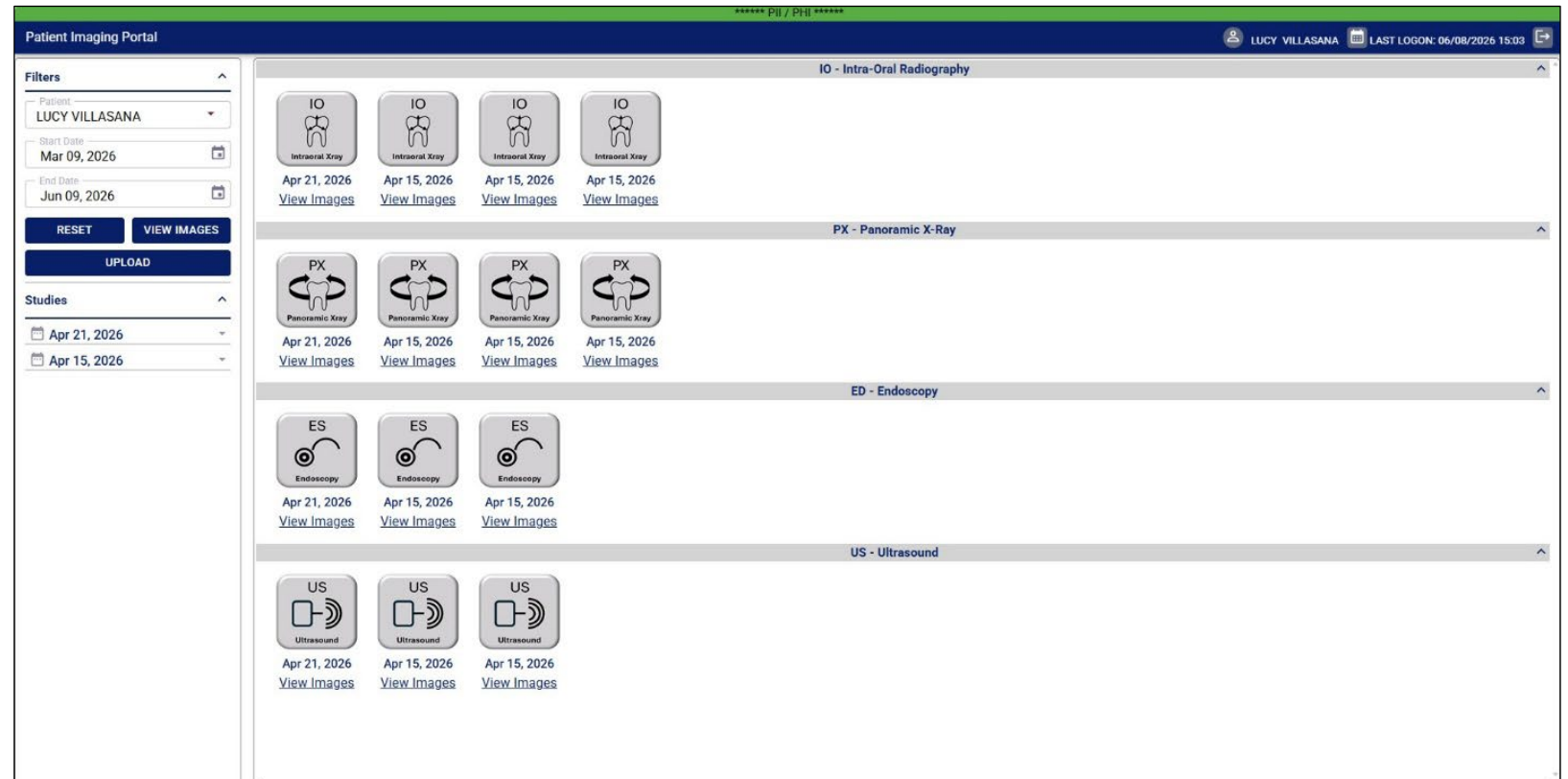
Enterprise Clinical
Imaging Archive
(ECIA)



IMS: Patient Portal Access



The login form features the DHA logo on the left. On the right, there are input fields for 'Email' and 'Password*', a 'LOGIN' button, and a 'CAC LOGIN' button. Below the buttons, a link reads 'Need an account? Register here' with a 'Reset Password' link underneath.



The main interface is titled 'Patient Imaging Portal' and shows the user 'LUCY VILLASANA' with a last login of '06/08/2026 15:03'. A left sidebar contains 'Filters' (Patient: LUCY VILLASANA, Start Date: Mar 09, 2026, End Date: Jun 09, 2026) and 'Studies' (Apr 21, 2026, Apr 15, 2026). The main area displays a grid of study thumbnails categorized by type: IO - Intra-Oral Radiography (4 thumbnails), PX - Panoramic X-Ray (4 thumbnails), ED - Endoscopy (3 thumbnails), and US - Ultrasound (3 thumbnails). Each thumbnail includes an icon, a date, and a 'View Images' link.

IMS: Artificial Intelligence vs. Augmented Intelligence

- **Artificial Intelligence:** Completes task or predictive diagnosis autonomously without human interaction. In the field of Radiology, the system would provide diagnosis without the need of a Radiologist to over-read the x-ray.
- **Augmented Intelligence:** Provides assistance and tools to assist in the Radiologist diagnosis, increasing efficiency and accuracy by identifying specific areas of interest.
- True Artificial Intelligence is not mature enough to implement without the oversight of Radiologist at this time. IMS is currently pursuing Augmented Intelligence (AI) utilizing Computer-Aided Detection or Diagnosis (CADe\CADx) to support the Radiologist community. Evaluated Annually at Radiological Society of North America (RSNA) trade show by DHA & Civilian leaders in the industry.

IMS: Five Augmented Intelligence Initiatives

- **Brain:** Detection of traumatic brain injury (TBI) and hemorrhagic stroke, but also for the identification and quantification of acute ischemic stroke
- **Heart/Chest:** Detection of Pulmonary Embolisms, Aortic Dissections, and perform bone suppressions
- **Breast:** Review 2D & Tomo 3D images to identify cancers
- **Lung:** Track and characterize lung nodules
- **Worklist Orchestration:** Ensure the right doctor receives the right type of images in a seamless swift manner. (Specialty Radiologist & Enabling Critical Results)



Mr. Dustin Reed



Dustin Reed, Assistant Program Manager

Medical Device and Equipment PMO
Program Acquisition Executive, Medical Products

Dustin Reed is the APM of the Clinical Systems section of the Medical Device and Equipment PMO. Mr. Reed's team is responsible for the lifecycle management and sustainment of all the centrally managed systems in the MDE PMO portfolio. In addition to supporting the acquisition process for centrally managed devices, he and his team support Modality Manager Assessments to all MTFs by developing and supporting 5 year acquisition plans for capital equipment.

Clinical Support (1 of 2)

Team responsible for the Medical Material Assessments (MMA) – Produces LCM of equipment and develops a 2+7 year POM for all CM equipment at the MTFs.

MedCen's:

- CM & NCM (over \$350k if the systems are not RPIE)
- Lifecycle Rotation- Average 2 Networks/Year; 5-year Lifecycle Plan
- Extent of Assessment- Remote assessment for the MedCen's
- Require meeting discussions with the clinical staff & questionnaires- for identified equipment ultrasounds, operating room, radiology, patient monitoring
- Send networks MTF surveys (1-2) sent with quick teams to discuss outliers or questions from the date.
- Send networks MTF Property book pull – send questions back to site for verification
- Send network MTF clinical questionnaires

Non MedCen's

- Property book pull; replacement based on Maint % & LE
- DHN would have to validate the requirements and ensure right size of the departments

Clinical Support (2 of 2)

- Responsible for all Higher Level Review (HLR) NER reviews.
- Team responsible for working with the clinical community and the sites through the NER's and discussions to: develop the Essential Characteristics (EC) to ensure what we are procuring for the sites is what is actually needed, coordinate vendor walk throughs, develop acquisition strategies and build procurement carts.

Ms. Erica Smith



Erica Smith, Assistant Program Manager

Medical Device and Equipment PMO
Program Acquisition Executive, Medical Products

Erica Smith is the APM of the Planning, Programming, Budgeting, and Execution (PPBE) section of the Medical Device and Equipment PMO. Mr. Smith's team is responsible for planning and programming for current and future equipment requirements, budgeting within current and future years, and supporting the execution of MDE requirements for the PMO. The section also provides internal contract writing support, and oversight for centralized maintenance contracts.

Planning, Programming, Budgeting, and Execution (PPBE)

- Team responsible for execution of procurements from the Clinical Support team.
- Team responsible for notification through the NER and Email about procurement, <https://militaryhealth.sharepoint-mil.us/sites/ADS-MEDLOG/SitePages/MEDLOG-Champions.aspx> to include:
 - Contract info, to include the list of equipment included in procurement
 - Estimated delivery time
 - Cost
 - Any info needed to close out acquisition on the MTF side through DMLSS.
 - As we work with all sites across the DHA we utilize MEDLOG Champions for site POC information.

Mr. Cory Martynski



Cory Martynski, Deputy Program Manager

Medical Device and Equipment PMO
Program Acquisition Executive, Medical Products

Cory Martynski is the Deputy Program Manager of the Medical Device and Equipment PMO. Mr. Martynski is responsible for the day to day oversight of the PMO functions, Supervision of Cybersecurity, and development of the PPBE application (WebMRE).

MDE Cyber

- All Cyber support falls under the MDE PMO
- Cyber is broken out into two support teams: Centrally Managed vs Non-Centrally Managed
- Equipment will not be/should not be delivered until an ATO is achieved
- Cyber will have input within all NER's pushed up for HLR to the PMO
- Cyber Questions: dha.ncr.mbx.mde-cyber-support@health.mil
- Cyber Dashboard: [*Cyber Dashboard*](#)
- Where to find the status of cyber efforts:
 - CSTAR <https://play.apps.appsplatform.us/play/e/a216ae84-cd19-e927-ac2a-e2649682a589/a/2d45f887-13e7-4f5c-...>
 - Cyber Dashboard

Mr. Andrew McGraw



Andrew McGraw, Assistant Program Manager

Medical Device and Equipment PMO
Program Acquisition Executive, Medical Products

Andrew McGraw is the Associate Program Manager for Cybersecurity, Non-Centrally Managed Devices. He and his team are responsible for reviewing LogiCole requests, and providing RMF support for non-centrally procured devices within the MDE PMO. He and his team were previously aligned under HT&S Cyberlog.

Non-Centrally Managed Cyber

- All NER's will be updated with guidance:
 - If the device does not have a current RMF awarded, the NER will be update to reflect how to proceed with the procurement
 - MTF's may be allowed to procured, but instructed to delay delivery until ATO is achieved
 - NER may be placed on hold until after ATO is awarded
 - If the MTF decides to procure something that isn't approved by the PMO, they are responsible for the ATO accreditation and support
- Responsible for any enterprise related MTF equipment that is not CM
- *Process for gaining access to a credentialed boundary to be added as a deployed location. dha.ncr.mbx.mde-cyber-support@health.mil*
- Majority of actions are A&I and A&U

Mr. Terrell McCaa



Terrell McCaa, Assistant Program Manager

Medical Device and Equipment PMO
Program Acquisition Executive, Medical Products

Terrel McCaa is the Associate Program Manager for Cybersecurity, Centrally Managed Devices. He and his team are responsible for reviewing and providing RMF support for all centrally procured systems. The team ensures all cybersecurity requirements are implemented in RFOs, evaluated accordingly, and ensures procured systems are compliant with RMF standards in the DHA.

Centrally Managed Cyber

- Any device or system that is Centrally Managed, when procured, the ATO is the responsibility of the PMO.
- A&I Timeline: 6-8 Months
- A&A Timeline: 8-12 Months
- *Process for gaining access to a credentialed boundary to be added as a deployed location. dha.ncr.mbx.mde-cyber-support@health.mil*

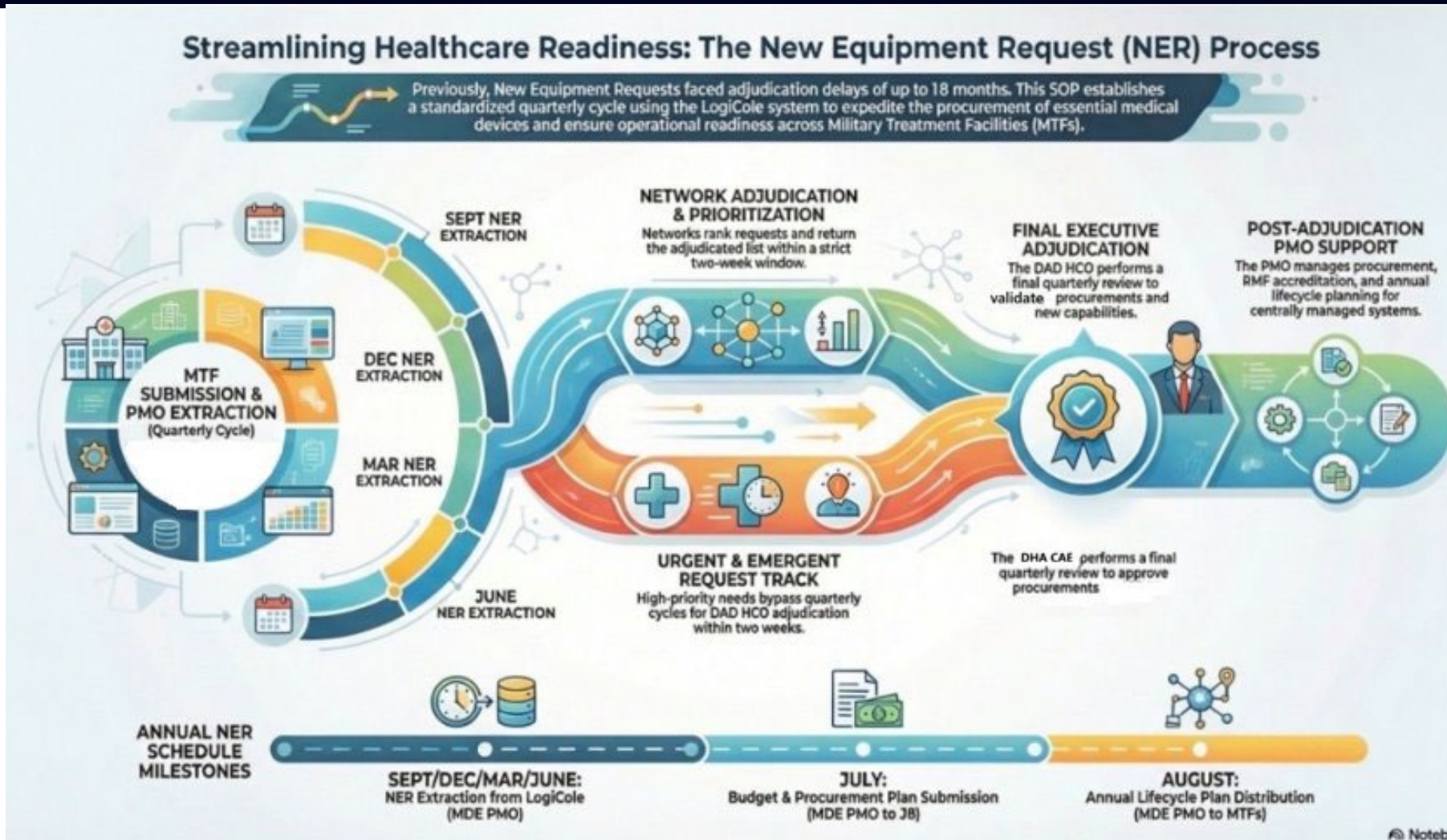
What's Changed



What has CHANGED in our Organization

- New execution year 1-N list process
 - Quarterly review instead of yearly (through the Networks)
 - Applies to all needs for all MHS – DHA entities, RDTE, Fixed Facilities, PP
- All equipment buys are required to be placed into the LogiCole system and a NER is required to be approved by either the Network or the PMO (for all HLR items) - Applies to all needs for all MHS – DHA entities, RDTE, Fixed Facilities, PP
- Equipment list Centrally Managed (CM), PMO responsible for LCM, acquisition and procurement VS Non-CM site procures and manages
- Centrally Managed items CANNOT be procured by the MTF's, only the MDE PMO using Procurement (OP) dollars – **NO EXCEPTIONS** unless it is VET equipment.
- New Urgent and Emergency request process
 - New SOP

NER Review Timelines Process



Urgent / Emergency Requirements

Equipment Request Criteria	Routine	Urgent	Emergency
Normal Replacement; Lifecycle Replacement			
Normal Replacement; Beyond Economical Repair			
New Requirement or Leases: Not replacing existing equipment			
New Requirement or Leases: Increased Workload			
New Requirement or Leases: Initial Outfitting			
New Requirement or Leases: New Capabilities/Mission			
New Requirement or Leases: Reduce Operating Cost			
New Requirement or Leases: Technological Upgrades			
Accelerated Replacement; Reached Lifecycle			
Accelerated Replacement; Reduce Operating Cost			
Accelerated Replacement; Technological Upgrades			
Accelerated Replacement; Enhanced Patient Care			
Accelerated Replacement; Beyond Economical Repair			
Unanticipated mission essential requirement			
Diverting Patient Care			
Identified as mission essential & required to meet mission current FY			
Cost to outsource exceeds value of replacement			
Patient/Operator Safety Risk			
Harm Caused to Patient/Operator			
Only Device Available (Life Saving/Life Sustaining)			
Outsourcing Exceeds Equipment Cost & reduces MTF level of support			
Circumstances exist permitting other than full and open competition (execution now)			

[Urgent NER Equipment Request Process](#)

[Ted Talk - Urgent and Emergency Requests Process.mp3](#)

Important Information Links

- MDE SharePoint: <https://militaryhealth.sharepoint-mil.us/sites/hit-sd-ICSPMO>
- MDE Equipment and POCs - Centrally Managed vs Non-Centrally Managed: <https://militaryhealth.sharepoint-mil.us/sites/hit-sd-ICSPMO/SitePages/ICS-Equipment.aspx>
- MDE NER SOP: [MDE NER SOP](#)
- PACS: [https://militaryhealth.sharepoint-mil.us/sites/hit-sd-ICSPMO/SitePages/Image-Management-Systems-\(IMS\).aspx](https://militaryhealth.sharepoint-mil.us/sites/hit-sd-ICSPMO/SitePages/Image-Management-Systems-(IMS).aspx)
- Running 1-N list: [Running 1-N List](#)
- MDE Policies and Authority Documents: [MDE Policies and Authority Documents](#)
- Completed MMA Reports: <https://militaryhealth.sharepoint-mil.us/sites/hit-sd-ICSPMO/TARAReportLibrary/Forms/AllItems.aspx>
- WebMRE: <https://webmre.health.mil>
- NER Timeline and Urgent Request SOP: [Urgent NER Equipment Request Process](#)
- Urgent Process Ted Talk: [Ted Talk - Urgent and Emergency Requests Process.mp3](#)

Questions



Contact Information

- Ms. Terri L. Pryor (PM, MDE PMO) terri.l.pryor.civ@health.mil / cell: 571-651-1817
- Mr. Cory D. Martynski (Deputy PM, MDE PMO), cory.d.martynski.civ@health.mil / ofc: 301-619-9979
- Mr. Quincy Martin (APM, IMS, MDE PMO) quincy.j.martin.civ@health.mil, ofc: 571-835-6610
- Mr. Andrew McGraw (APM, NCM Cyber) andrew.w.mcgraw.civ@health.mil, cell: 571-835-6477
- Mr. Terrell McCaa (APM, CM Cyber), terrell.mccaa.civ@health.mil, Ofc: 301-619-4062

Planning, Programming, Budgeting, and Execution (PPBE)

Time lines

Procurement Action Timelines:

- ECAT 30-60 Days
- DLA IDIQ Without Cyber 135 - 165 Days
- DLA IDIQ With Cyber 315 – 495 Days
- DLA RFO Without Cyber 300 - 360 Days
- DLA RFO With Cyber 540 – 720 Days

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Thank You!



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