

PROJECT CHARTER

Connecticut Health Information Technology Program Management Office **Health Information Exchange Use Case Design Group**

VERSION: 1.1

REVISION DATE: 7/5/2017

Approval of the Project Charter indicates an understanding of the purpose and content described in this deliverable. By signing this deliverable, each individual agrees work should be initiated on this project and necessary resources should be committed as described herein.

Approver Name	Title	Signature	Date
Allan Hackney	Connecticut Health Information Technology Officer		

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Section 1. Project Overview

1.1 Problem Statement and Project Purpose

Describe the business reason(s) for initiating the project, specifically stating the business problem.

The Health Information Technology Officer (HITO) is legislatively charged with the planning, design, implementation, and oversight of health information exchange (HIE) services for the State of Connecticut. The HITO has responsibility for coordinating all state health information technology initiatives. All requests for federal health IT funds will be reviewed by the HITO and the Health IT Advisory Council.

As part of the planning and design phase of this work, the HITO undertook a four-month stakeholder engagement and environmental scan to assess the current state and desired future state of the health information technology (health IT) environment in Connecticut. One of the key objectives of this environmental scan was to identify the health IT and HIE opportunities of the greatest value to stakeholders to help advance better health and better healthcare in Connecticut. Through this engagement process, **many HIE use cases, HIE services, and shared infrastructure services were discussed as possible priorities with stakeholders.**

In light of the findings of the environmental scan, **the HITO with the support of Health IT Advisory Council agreed to the formation of a time-limited, multi-stakeholder design group to discuss and prioritize a list of HIE use cases and HIE services that will bring the most value to the planning that will take place around shared infrastructure services in the state of Connecticut.**

The purpose of this design group is:

1. To develop **use cases** that align with Council recommendations
2. To establish **value propositions** to prioritize the use cases
3. To validate high-level **functional requirements** for prioritized use cases
4. To provide **recommendations on “buy vs. build” and “federated vs. central”** shared infrastructural services

1.2 Project Goals and Objectives

Describe the business goals and objectives of the design group project. Refine the goals and objectives stated in the Business Case (Section 1.1).

- ⇒ **Create as comprehensive a list as possible of HIE use cases** representing all stakeholders in the healthcare ecosystem in the state.
- ⇒ Prioritize use cases by **creating value propositions** for each use case
- ⇒ Review and **validate high-level functional requirements** for each of the prioritized use cases
- ⇒ Identify pros, cons, and gaps related to **buy vs. build** models for shared infrastructural services
- ⇒ Identify pros, cons, and gaps related to **federated vs. central** models for shared infrastructural services

1.3 Project Scope

Describe the project scope. The scope defines project limits and identifies the products and/or services delivered by the project. The scope establishes the boundaries of the project and should describe products and/or services that are outside of the project scope.

Project Includes
Creation of a list of HIE use cases and shared services.
Creation of value propositions for use cases.
Creation of high-level functional requirements document.
Creation of recommendations document regarding “buy vs. build” and “federate vs. central” shared infrastructure services models.

Project Excludes
Vendor selection process.
Timeline and action plan.
HIE entity planning.
Financial models.
Technical requirements.

1.4 Critical Success Factors

Describe the factors or characteristics that are deemed critical to the success of a project, such that, in their absence the project will fail.

- ⇒ Ability of stakeholders to commit to 90-minute, weekly meetings for nine sessions
- ⇒ Appropriate stakeholder community representation by design group members
- ⇒ Ability to work collaboratively to identify solutions that will support the needs of not only themselves, but other stakeholders

1.5 Assumptions

Describe any project assumptions related to business, technology, resources, scope, expectations, or schedules.

- ⇒ Assumes HIE entity planning will take place outside of Design Group.
- ⇒ Assumes appropriate vendor selection can be completed.
- ⇒ Assumes technical requirements and financial models will take place outside of Design Group.

1.6 Constraints

Describe any project constraints being imposed in areas such as schedule, budget, resources, products to be reused, technology to be employed, products to be acquired, and interfaces to other products. List the project constraints based on the current knowledge today.

⇒ Meeting intensive timeline goals given summer schedules

Section 2. Project Authority and Milestones

2.1 Funding Authority

Identify the funding amount and source of authorization and method of finance approved for the project.

- ⇒ The funding for the design group is being provided of the Health Information Technology Program Management Office.

2.2 Project Oversight Authority

Describe management control over the project. Describe external oversight bodies and relevant policies that affect the agency governance structure, project management office, and/or vendor management office.

- ⇒ Section 4 of **Public Act 16-77**, enacted June 2, 2016, authorized the Lieutenant Governor to designate an individual to serve as the HITO and granted the HITO responsibility for coordinating all state health information technology initiatives. Public Act 16-77 also defines the role of the Health IT Advisory Council to advise the HITO on developing priorities and policies for the state’s health IT efforts.
- ⇒ The **HITO** will be accountable for the project, reviewing the strategy and recommendations, providing project resources as needed, monitoring progress, and removing barriers. Project resources include facilitation of the design group by health IT consultant group CedarBridge Group LLC, and additional support as needed from the SIM Program Management Office.
- ⇒ The **Health IT Advisory Council** will be responsible for reviewing and accepting the design group recommendations.
- ⇒ The **Health Information Exchange Use Case Design Group** will be responsible for developing and providing recommendations to the Health IT Advisory Council, and the Health Information Technology Officer.
- ⇒ The **Health Information Technology Program Management Office** will facilitate additional input from key stakeholders and partners, including the Health IT Advisory Council, UConn Health, Centers for Medicare and Medicaid Services, and the Office of the National Coordinator for Health Information Technology, if needed to support the design group’s objectives.

2.3 Major Project Milestones

List the project’s major milestones and deliverables and the planned completion dates for delivery. This list should reflect products and/or services delivered to the end user as well as the delivery of key project management or other project-related work products.

Milestone/Deliverable	Planned Completion Date
Session 1: Kick-Off Meeting	Tuesday 6/27/17
Session 2: Review Use Cases (Part 1)	Wednesday 7/12/17

Session 3: Review Use Cases (Part 2)	Wednesday 7/19/17
Present update to Health IT Advisory Council	Thursday 7/20/17
Session 4: Use Case prioritization	Wednesday 7/26/17
Session 5: Input from stakeholders with technical assets	Wednesday 8/2/17
Session 6: Review models and approaches	Wednesday 8/9/17
Session 7: Validate value propositions	Wednesday 8/16/17
Session 8: Review/validate high-level draft functional requirements	Wednesday 8/23/17
Session 9: Draft recommendations	Wednesday 8/30/17
Present Report and Recommendations to Health IT Advisory Council	Wednesday 9/21/17

All meetings are open to the public. Meeting materials will be posted on the [Health IT Advisory Council page](#).

Section 3. Project Organization

3.1 Project Structure

Executive Sponsor:

Allan Hackney, Connecticut's Health Information Technology Officer

Project Governance:

Health IT Advisory Council: [Member Listing](#)

Health Information Exchange Use Case Design Group:

Name	Stakeholder Representation
Stacy Beck	Payers (Designee)
Patricia Checko, DrPH	Consumers
Kathy DeMatteo	Health system that includes more than one hospital
Gerard Muro, MD	Provider (Designee)
Mark Raymond	State
Jake Star	Provider of home health care services
Lisa Stump, MS, RPh	Large hospital system

Design group support:

Name	Organization
Michael Matthews	Facilitator, CedarBridge Group
Carol Robinson	Principal, CedarBridge Group
Sarju Shah, MPH	Project Manager, CT Health IT PMO
Wayne Houk	Project Manager, CedarBridge Group
Chris Robinson	Senior Analyst, CedarBridge Group

Consulted:

Victoria Veltri, Chief Health Policy Advisor, Office of Lt. Governor Nancy Wyman

3.2 Roles and Responsibilities

Summarize roles and responsibilities for the Health Information Exchange Use Case Design Group and stakeholders identified in the project structure above.

Name/Role	Responsibility
Stacy Beck	Clinical Quality Program Director of Anthem. Design Group member will represent perspectives of the payer community, both as data consumers and data providers.
Patricia Checko, DrPH	Co-chair of State Innovation Model Consumer Advisory Board and Health IT Advisory Council Member. Design Group member will take the role of public health advocate and will represent the views and needs to consumers and patients.
Kathy DeMatteo	Chief Information Officer of Western Connecticut Health Network and Health IT Advisory Council Member. Design Group member will represent the perspective of a multi-hospital network with an integrated network of affiliated physicians.
Gerard Muro, MD	Chief Medical Information Officer of Advanced Radiology Consultants and board member of Charter Radiology Network. Design Group member will represent physicians' perspective and will advise on opportunities and implications related to informatics.
Mark Raymond	State Chief Information Officer and Health IT Advisory Council Member. Design Group member will provide perspective of the state, including information assets that can be leveraged in furtherance of the use of health IT.
Jake Star	Chief Information Officer of VNA Community Healthcare and Health IT Advisory Council Member. Design Group member will represent perspectives of non-hospital and non-physician stakeholders in the larger healthcare team, and will advise on needs and challenges of Long-Term Post-Acute Care providers.
Lisa Stump, MS, RPH	Senior Vice President and Chief Information Officer of Yale New Haven and Health IT Advisory Council Member. Design Group member will provide perspective of an Epic customer and advise on unique needs and opportunities related to academic medical centers.

3.3 Project Facilities and Resources

Describe the project's requirements for facilities and resources, such as office space, special facilities, computer equipment, office equipment, and support tools. Identify responsibilities by role for provisioning the specific items needed to support the project environment.

Resource Requirement	Responsibility
Consultants – subject matter expertise, facilitation, content development, and synthesis of discussions and decisions by Design Group	Connecticut's Health Information Technology Program Management Office – CedarBridge Group
Web meeting technology	Connecticut's Health Information Technology Program Management Office – CedarBridge Group

Section 4. Glossary

Define all terms and acronyms required to interpret the Project Charter properly.

Term or Acronym	Definition
Health IT Advisory Council	Advisory group created by Public Act 15-146, and revised under Public Act 16-77, to advise in the development of priorities and policy recommendations for advancing the state's health information technology and health information exchange efforts. The Advisory Council is also charged with advising in the development and implementation of the statewide health information technology plan and health IT standards.
Health information exchange (HIE)	Health information exchange can be a verb or a noun. As a verb it refers to the transmission of information between healthcare stakeholders and organizations. As a noun, it refers to an entity or organization that manages the trust and legal relationships and provides the technology infrastructure and services to support the flow of health information between stakeholders and organizations.
Health Information Technology Officer (HITO)	Position created by Public Act 16-77. Designated by the Lieutenant Governor and responsible for coordinating all state health information technology initiatives.
Long-Term Post-Acute Care (LTPAC)	Long-term and post-acute care settings include inpatient rehabilitation facilities, assisted living facilities, skilled nursing facilities, nursing homes, and home health agencies, among others who provide care services to patients for an extended period.
Use Case	A use case is a methodology used in system analysis to identify, clarify, and organize system requirements. The use case is made up of a set of possible sequences of interactions between systems and users in a particular environment and related to a particular goal. A use case can be thought of as a collection of possible scenarios related to a particular goal, indeed, the use case and goal are sometimes considered to be synonymous. ¹

¹ <http://searchsoftwarequality.techtarget.com/definition/use-case>

Section 5. Revision History

Identify document changes.

Version	Date	Name	Description
1.0	6/26/17	Version 1: First Draft	Draft for Design Group review
1.1	7/5/17	Version 1.1: Second Draft	Addition of meeting dates