IT INVESTMENT CAPITAL FUND PROJECT CHANGE REQUEST

To: Information Technology Strategy and Investment Committee John Vittner, Office of Policy & Management

FROM: Michael Clark, CT Dept. of Veterans Affairs

Date: 05/03/2016

AGENCY: DVA

PROJECT NAME: Electronic Health Record Project

PROJECT MANAGER: Suzanne Krassler

Original Funds Requested:	\$818,956
Additional Funds Requested:	\$300,000
New Total Funds Requested:	\$1,118,956

Instructions:

- 1. Please complete the below table describing your change(s), the rationale for the change(s), any additional funding required to support the change(s) and the Fiscal Year any additional funding is needed.
- 2. Please also provide:

a. An update to the original Investment Brief (Financial Spreadsheet and Brief Word Document)

b. A high level project plan that will also depict key milestones, associated dates and required funding for each milestone

Change Description	Rationale for Change	Amount of Additional Funding (\$\$)	Date additional funding is required
Current DVA Project Manager (PM) budget can carry DVA through the implementation phase of patient census, billing, and medical notes— estimated completion time June 2016.	Project Manager to carry the EHR project through implementation of the main clinical operation and the interface of Lab and Pharmacy modules.	\$300,000	FY17
DVA needs the PM resource for continuity to carry the EMR project through completion – an estimated	Projected cost of <u>\$200,000.</u>		
additional year for the implementation phases of clinical operation, which is care plan, assessment, doctors' order and the_interfaces of lab and pharmacy. These are crucial functions of the health records management system requiring PM's involvement throughout planning and implementation.	The additional Project Manager cost from 7/1/2016 thru 12/31/2017 to retire and sunset the PCS/PBS legacy systems within the estimated timeline will operationally phase out support and retire the old legacy platforms. Projected cost of <u>\$100,000.</u>		
The Agency estimates that the clinical operations, the pharmacy and lab interface will be completed by June 30, 2017. However, additional PM support for planning and execution of the			

sunset of the PCS/PBS legacy systems		
will add up to an additional 6 months		
of project work. This additional		
funding change request extends the		
PM resource from 7/1/2016 thru		
12/31/2017 an additional 18 months.		