

PROJECT CHARTER

Connecticut Health Information Technology Program Management Office

Immunization Information System Implementation and Alignment Design Group

VERSION: 1.3

REVISION DATE: 6/27/2017

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 (health IT) 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 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, **providers and hospitals ranked public health reporting as an area where there are opportunities for the state to expand and/or improve its services, as well as to continue to address the need for streamlined public health reporting, particularly to the Connecticut Immunization Registry and Tracking System (CIRTS)**¹.

In March 2017, the **Centers for Disease Control and Prevention (CDC) conducted a gap analysis of CIRTS that reported on limitations to being able to meet standards required to support bi-directional information exchange (interoperability)** and to implement new functionality required by the CDC (e.g., vaccine ordering and tracking). The State of Connecticut Department of Public Health (DPH) is currently reviewing commercial off the shelf vendor options for a new Immunization Information System (IIS) that could provide more robust functionality and better meet CDC functional standards including the ability to integrate and support interoperability with electronic health record systems (EHRs) for those providers who administer immunizations. Due to the synchronous timing of the CDC report, the likelihood of DPH to upgrade the registry to meet existing and future standards, and the stakeholder and environmental scan findings, **the HITO with the support of the Commissioner of the Department of Public Health agreed to the formation of a time-limited Design Group to provide recommendations and a clear pathway to not only support the implementation of the DPH IIS plans, but to help ensure the alignment of the anticipated implementation of a new IIS system with the current HIE planning to support interoperability between providers, health care organizations, CIRTS, and a future statewide HIE entity.**

The purpose of this Design Group is:

- 1. To familiarize the members with the high-level functional standards of an IIS based on the current and anticipated CDC functional standards and the work DPH has already completed to identify use cases, existing gaps, existing and future functionality, and proposed implementation timelines. This will give the group a baseline of knowledge about the IIS, DPH mandates and uses of the IIS, and current and future functional requirements.**
- 2. With that foundation, the Design Group will identify any additional stakeholder needs for the IIS and determine the prioritization of those needs. This will allow DPH to create or enhance the**

¹ <http://www.ct.gov/dph/cwp/view.asp?a=3136&Q=467374&PM=1>

appropriate use cases and business requirements in the new IIS implementation. In addition, the group will define the high-level stakeholder needs for how the IIS would become a sustainable, efficient, and shared statewide health-IT enabled solution. This Design Group will focus on the needs of DPH, consumers, and providers to support all relevant activities with immunizations and identify any technical assistance needed by providers and DPH to successfully implement electronic reporting to the IIS.

3. The Design Group will review a high-level timeline and action plan that incorporates the identified needs of all stakeholders to be considered for the new IIS implementation.

4. The Design Group recommendations will identify any additional follow-up activities.

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).

- ⇒ **Review the high level functional requirements** of an IIS, using existing and future CDC functional standards^{2,3} as a foundation to **identify issues, risks, and gaps**.
- ⇒ **Identify and prioritize any additional stakeholder needs** that will be used to create new or enhance existing use cases and business requirements for the new IIS.
- ⇒ **Identify any additional stakeholders that are not already captured in the existing IIS roadmap. Define their potential roles in the process.**
- ⇒ **Review a high-level timeline and action plan** to implement and provide IIS services.
- ⇒ Identify the technical assistance framework necessary for providers and DPH to successfully implement electronic reporting to the IIS.
- ⇒ Provide recommendations that align with CDC functional standards, and meet the requirements of DPH, providers, and consumers.
- ⇒ **Identify value propositions** of a health IT-enabled IIS solution for key stakeholders, including but not limited to DPH.
- ⇒ **Consider financial sustainability models** and define the financial gaps.

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.

² <https://www.cdc.gov/vaccines/programs/iis/func-stds.pdf>

³ In early 2017, CDC circulated draft IIS Standards for 2018-2022 for a comment period.

Project Includes
Creation of a document that identifies new stakeholder needs and business issues, the associated stakeholders and their potential role in the IIS implementation project.
Create a risk assessment document that outlines risks and gaps to be met and their impact on the IIS project.
Review a high-level timeline and action plan.
Identify possible financial sustainability models.

Project Excludes
The IIS vendor selection process.
Creation of use cases and specific business requirements. These will be created after the stakeholder needs are identified and incorporated into the IIS requirements documents.
Data validation methods, including patient attribution to providers and organizations.

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 five 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 DPH is exploring options and will be able to procure and implement a new IIS platform
- ⇒ The functionality exists or is implemented to support identified needs and newly identified requirements (e.g., ability to capture vaccines given past age 6)
- ⇒ Assumes IIS will be connected to HIE services if and when those services are implemented
- ⇒ Assumes appropriate data use agreements and financial sustainability options can be implemented based on state requirements
- ⇒ Assumes appropriate vendor selection can be completed

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 by the 8/17/17 report milestone 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 by the Health Information Technology Program Management Office.
- ⇒ The funding model to support the implementation of the recommendations of the Design Group will be determined based on the scope and scale of the recommendations. Options could include CDC funding that is currently available, as well additional funding that could be leveraged, such as funding from the Centers for Medicare and Medicaid Services (CMS) depending on the availability of state matching funds.

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 IT 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**, with the support of the **Commissioner of the Department of Public Health**, agreed to the formation of the **Immunization Information System Implementation and Alignment Design Group**.
- ⇒ 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 and the Department of Public Health.
- ⇒ The **Health IT Advisory Council** will be responsible for reviewing and accepting the Design Group recommendations.
- ⇒ The **Immunization Information System Implementation and Alignment Design Group** will be responsible for developing and providing recommendations to the Health IT Advisory Council, the HITO, the Commissioner of Public Health, and the Connecticut Department of Public Health Immunization Program.
- ⇒ The **Health Information Technology Program Management Office** will facilitate additional input from key stakeholders and partners, including the Health IT Advisory Council, Centers for Medicare and Medicaid Services (CMS), Office of the National Coordinator for Health Information Technology (ONC), American Immunization Registry Association (AIRA) and the Centers for Disease Control (CDC), 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
Charter review by Health IT Advisory Council	6/15/17
Session 1: Kick-Off Meeting – validate charter, roles and responsibilities, and timeline of Design Group; receive update on current status of IIS system; identify value propositions	7/7/17
Session 2: Discuss value propositions, high level review of CDC IIS functional standards and overall services; identify issues, obstacles, gaps	7/13/17
Session 3: Determine stakeholder needs and prioritization, identify additional stakeholders and their roles, review high level implementation roadmap	7/20/17
Present update to Health IT Advisory Council	7/20/17
Session 4: Complete roadmap and draft action plan; review role of the HIE entity in supporting IIS interoperability	7/27/17
Session 5: Considerations for financial sustainability models and future Design Group needs, if necessary; draft recommendations	8/3/17
Present Report and Recommendations to Health IT Advisory Council	8/17/17

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](#)

Immunization Information System Implementation and Alignment Design Group:

Name	Stakeholder Representation
Thomas Agresta, MD, MBI	Healthcare provider at a primary care setting and at UConn Health; Designee for the Health IT Advisory Council
Martin A. Geertsma, MD	Pediatrician providing services at a Federally Qualified Health Center
Deirdre Gruber, MSN, FNP-BC	School Nurse Supervisor at a large Local Health Department
Hyung Paek, MD	Medical Director of Information Technology of a health system and healthcare provider at a Federally Qualified Health Center

Design Group support:

Name	Organization
Christina Coughlin	Facilitator, CedarBridge Group
Sarju Shah, MPH	Project Manager, CT Health IT PMO
Kathy Kudish, DVM, MSPH	Immunization Program Manager, DPH
Nancy Sharova, MPH	IIS Coordinator, DPH
Nancy Barrett, MS, MPH	Public Health Informatics Lead, DPH
Wayne Houk	Project Manager, CedarBridge Group
Pete Robinson	Senior Consultant, CedarBridge Group

Consulted:

Victoria Veltri, Chief Health Policy Advisor, Office of Lt. Governor Nancy Wyman
Raul Pino, MD, MPH, Commissioner of Public Health
Vanessa Kapral, Information Technology Section Chief for Department of Public Health

3.2 Roles and Responsibilities

Summarize roles and responsibilities for the Immunization Registry Design Group and stakeholders identified in the project structure above.

Name/Role	Responsibility
Thomas Agresta, MD, MBI	Healthcare provider in private practice with direct patient care responsibilities. This representative should have knowledge of the Medicare and Medicaid EHR Incentive Program and either utilize or have familiarity with certified EHRs and the opportunities for the EHR to interface with the IIS. This representative is the designee who will represent the Health IT Council.
Martin A. Geertsma, MD	Healthcare provider in a federally qualified health center with direct patient care responsibility. This representative should have knowledge of the Medicare and Medicaid EHR Incentive Program and either utilize or have familiarity with certified EHRs and the opportunities for the EHR to interface with the IIS.
Deirdre Gruber, MSN, FNP-BC	Representative of a local health department that manages the delivery of immunizations. School nurse supervisor for a large urban center who promotes a healthy school environment by monitoring immunizations ensuring appropriate exclusion for infectious illnesses, and reporting communicable disease as required by law.
Hyung Paek, MD	Medical Director of Information Technology of a health system and healthcare provider in a federally qualified health center with direct patient care responsibilities. The representative should have knowledge of the Medicare and Medicaid EHR Incentive Program and either utilize or have familiarity with certified EHRs and the opportunities for the EHR to interface with the IIS.

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
Provide content related to the CIRTS	Department of Public Health
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
American Immunization Registry Association (ARIA)	A membership organization that promotes the development and implementation of immunization information systems (IIS) as an important tool in preventing and controlling vaccine preventable diseases.
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
Connecticut Immunization Registry and Tracking System (CIRTS)	Connecticut's statewide immunization registry, maintained by the Connecticut Department of Public Health.
DPH	Department of Public Health
Electronic health record (EHR)	An information system containing an electronic version of a patient's medical history, that is maintained by the provider over time. The EHR may include the key administrative clinical data relevant to that person's care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports.
Federally Qualified Health Center (FQHC)	An organization providing comprehensive healthcare services, often including primary care, dental, and mental health services, for an underserved area or population that qualifies for funding under Section 330 of the Public Health Service Act.
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.
Immunization Information System (IIS)	An IIS is a confidential, population-based, computerized database that records all immunization doses administered by participating providers to persons residing within a given geopolitical area.
ONC	Office of the National Coordinator for Health Information Technology

Term or Acronym	Definition
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. ⁴

⁴ <http://searchsoftwarequality.techtarget.com/definition/use-case>

Section 5. Revision History

Identify document changes.

Version	Date	Name	Description
1.0	6/7/17	Version 1.0: First Draft	First Draft, released to the Department of Public Health on 6/7/17
1.1	6/12/17	Version 1.1: Second Draft	Second Draft, incorporating Department of Public Health comments, released to Health IT Council
1.2	6/26/17	Version 1.2: Third Draft	Third Draft, incorporates new Design Group member
1.3	6/27/17	Version 1.3: Fourth Draft	Minor copy edits, changed language regarding HIE in section 1.5, and added dates to timeline