Initial Project Plan

Health Information Exchange Project Evaluation

Monica Chiarini Tremblay Gloria J. Deckard

DOCUMENT REVISION HISTORY

Document	Version	Summary of Changes	Modified by	Date
Initial Project Plan	1.0	Initial Version	Deckard and Tremblay	7/11/2011
Initial Project Plan	2.0	Updated after comments were received from AHCA	Deckard and Tremblay	7/24/2011
Initial Project Plan	2.1	Minor corrections requested by AHCA	Deckard and Tremblay	7/28/2011



Table of Contents

Introduction	4
Project Definition	4
Scope/Deliverables	5
Activities	6
Stakeholder Interviews	6
Ranking of Metrics with Stakeholder Input	10
Feasibility Determination of Chosen Metrics	11
Review by Expert Panel	11
Data Assembly and Knowledge Management System (KMS) Construction	12
Plan for Population of Each Metric	13
Preliminary Timeline	13
Work Breakdown Structure (WBS) / Precedence Relationship	13
Gantt Chart (Partial)	17
PERT Chart (Partial)	20



List of Tables

Table 1: Deliverables	5
Table 2: Florida HIE- Direct Secure Messaging Potential Performance Metrics	8
Table 3: Florida HIE- Patient Lookup Potential Performance Metrics	9
Table 4: Work Breakdown Structure	16
List of Figures	
Figure 1: Approach and Work Plan	
Figure 2: Initial Stakeholder Interviews	7
Figure 3: Feasibility Grid	10
Figure 4: Overview of Activities in Metric Identification	12



Introduction

This document presents the Initial Project Plan for the process evaluation of the implementation of the state-wide health information exchange which aims to assist the Agency in monitoring and guiding the establishment of the Florida HIE. This evaluation will include both qualitative and quantitative data in order to 1) identify appropriate and feasible metrics and 2) to determine stakeholder perceptions of barriers, benefits and value. These data will allow the State to identify opportunities for improvement throughout the process, plan for sustainability and expansion, and institute a platform for ongoing data collection. As a longitudinal process, the evaluation will allow the Agency to continuously modify the strategic and operational plan and to address opportunities for improvement in order to realize an appropriate and secure Florida HIE. In addition, this information and the lessons learned can be shared as feedback to the ONC.

Planning is an iterative process, and multiple iterations of the planning process are necessary. This Initial Project Plan will be revisited and updated on an annual basis.

Project Definition

The evaluation team will develop and recommend methods, techniques and tools that will track and maintain project information throughout implementation and which will allow the Agency to conduct ongoing self-evaluations of the Florida HIE afterwards.

Performance measures will be grouped into five domains related to HIE capacity and oversight as requested by ONC: governance, finance, technical infrastructure, business and technical operations, and legal policy. These measures will inform both the state and national program-level evaluation. In addition, stakeholder perceptions of and satisfaction with the Florida HIE will be monitored. Figure 1 presents the approach and work plan.



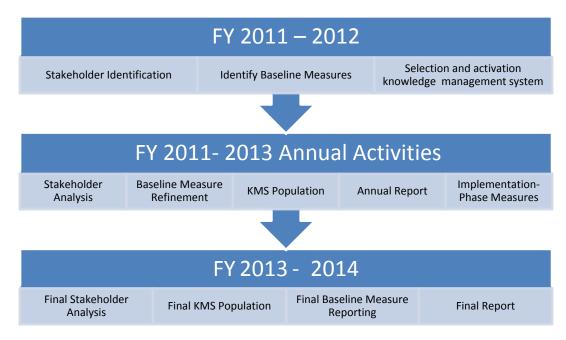


Figure 1: Approach and Work Plan

Scope/Deliverables

Table 1 outlines the deliverables to the Agency and their due dates.

Table 1: Deliverables

No.	Deliverable	Due Date
1	Initial Project Plan	Within thirty (30) calendar days from the effective date of the Contract.
2	Disaster Recovery Plan	Within thirty (30) calendar days from the effective date of the Contract
3	KMS Activation	Within six (6) months from the effective date of the Contract.
4	Monthly Progress Status Reports	By the last day of the month following the end of the reporting period.



5	Updated Project Plan	June 30, 2012
6	FY 2011-12 Annual Report	July 31, 2012
7	Updated Project Plan	June 30, 2013
8	FY 2012-13 Annual Report	July 31, 2013
9	Data Sharing Plan	November 30, 2013
10	Final Report	January 31, 2014
11	Submission of All Records and Data Generated by the Contract	February 28, 2014

Activities

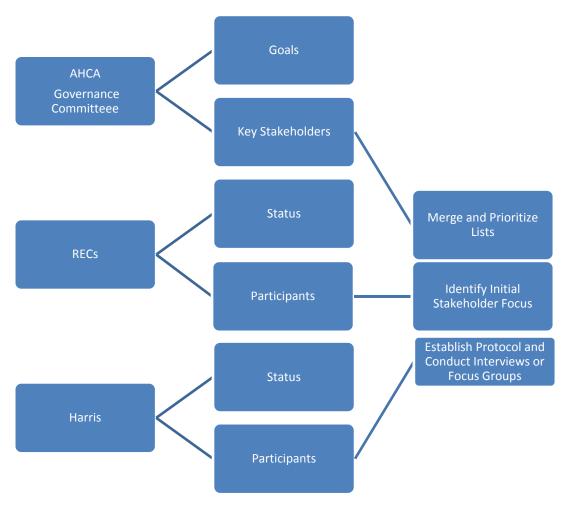
Stakeholder Interviews

To guarantee a high level of participation and the long term sustainability of the Florida HIE, it is imperative to solicit stakeholder involvement and to assure the development of an HIE that provides value and supports quality reporting. Evaluation efforts can also identify the willingness of stakeholders to participate in data exchange and under what terms. Comprehensive process evaluation must seek to involve both those stakeholders who participate and those who do not currently participate in the data exchange in order to provide a complete understanding of the issues related to promotion, adoption and exchange of information. Key stakeholders include hospitals, county health departments, federally-qualified health centers (FQHC), regional extension centers (REC), regional health information organizations (RHIO), state agencies, including the Florida Department of Health, professional organizations, health plans, HIT vendors, health care providers, pharmacies, clinical laboratories and consumers.



We will utilize a multi-stakeholder process which brings a number of different groups into constructive engagement, dialogue and decision making. The team will begin this process by interviewing key stakeholders including members of the HIECC, staff of Harris Corporation and staff of RECs in order to determine the current status of the project and to prioritize the stakeholder groups and feedback appropriate for this stage in the implementation process. For instance, interviews with "network of network" candidates may allow us to gather the initial baseline measures on satisfaction with selection, on-boarding and Florida HIE. Interviews with professional organizations, e.g. the Florida Medical and Hospital Associations, may lead to focus groups with providers that will clarify perceptions of benefits and barriers and identify value expectations. An iterative process will allow us to involve the appropriate key stakeholders at each stage of the process (see Figure 2).

Figure 2: Initial Stakeholder Interviews





The metrics included as evaluation measures will focus on the five domains identified by the ONC: governance, finance, technical infrastructure, business and technical operations, and legal policy. Identification of specific metrics will begin with a review of measures identified by the Agency in conjunction with the data collected by Harris Corporation. The initial metrics currently proposed by AHCA in the Florida HIE Performance Metrics for Consideration and the Direct Secure Messaging Outreach Plan include the following outlined in Tables 2 and 3.

Table 2: Florida HIE- Direct Secure Messaging Potential Performance Metrics

Type of Metric	Measure	
Governance	Participants By Organization Type	
	Requests for Access	
Network Reach	Registrants by Area	
Network Usage	Number of Registrants	
	Users monthly	
	Transactions monthly	
	Transactions by type of health care	
	provider	
Network Responsiveness	Help Desk Requests	
Financial Management of HIE	Contribution to HIE Sustainability	
Outcomes	User surveys of health care impact	
	Other TBD	
Consumer Engagement	Consumer Inquiries	
	Complaints	

Table 3: Florida HIE- Patient Lookup Potential Performance Metrics

Type of Metric	Measure	
Governance	Participants By Type of Network	
Network Reach	Number of Registrants	
Network Usage	Transactions monthly	
	Transactions by type of document	
	exchanged	
	Transactions by network	
Network Responsiveness	Help Desk Requests	
Financial Management of HIE	Contribution to HIE Sustainability	
Outcomes	Hospital Readmissions	
	ED Visits	
Consumer Engagement	Permissions	
	Complaints	

As with the stakeholder interviews, the identification of metrics will be an iterative approach which allows us to determine metrics, grade metrics in order of importance to stakeholders and to assess the feasibility of existing and proposed metrics. Through the iterative process at recurring stages of implementation, the potential impact of the measures will also be assessed. Would the metrics truly measure impact at this stage of implementation? We will also assure that measures are consistent with and include the domains and requirements established by the ONC.

Exploration of metrics will also focus on current availability of data from stakeholders. As mentioned above, the first step will establish metrics which can be obtained from Harris and secondly, we will identify measures currently collected by the local HIEs or RHIOs that these organizations are willing to share. Then, we will seek likely participant groups that are already collecting data that might be useful as an evaluation metric if shared with the Agency. For instance, laboratory services, pharmacies, hospitals and other such groups generally collect a tremendous amount of data for multiple purposes to satisfy various federal and state



requirements, to conduct ongoing quality assurance evaluations, to measure patient and staff satisfaction, etc.

Ranking of Metrics with Stakeholder Input

Once the listing of potential metrics has been established, the importance as well as the relevance, i.e., whether and how the Florida HIE or other initiatives in the State, e.g., RECs and the Medicare/Medicaid Incentive Program, might impact each metric will be reviewed. Representatives from the Agency, the HIECC and a sample of key informants from stakeholder groups will be asked to grade each metric in order of importance based on a Likert scale: 1 = Very Important, 2 = Moderately Important, 3 = Not Important. This rating will help us begin to filter out those metrics that will not provide information of importance to stakeholders. At the same time, but as a separate exercise, these individuals will be asked to rate the feasibility of the potential metrics based on a Likert scale: 1 = Feasible, 2 = Feasible with Moderate Effort, 3 = Not Feasible. (Feasibility determinants are described in the next section).

The team will populate the scores obtained from the exercises described above into the grid below:

			Feasibility Scale	
		1 - Feasible	2 - Moderate Effort	3 - Not Feasible
nce	1- Very important	(1)	(2)	(3)
Importance Scale	2 - Moderately important	(2)	(2)	(3)
Impo Scale	3 - Not important	(2)	(3)	(3)

Figure 3: Feasibility Grid

Those metrics that fall within the green (1) zone (Most important, Most Feasible) are ones to definitely undertake; the yellow (2) zones are ones that we may undertake in the order listed; those in the red (3) zones will be removed from the list.



Feasibility Determination of Chosen Metrics

The final decision on metrics should include consideration of the availability of data, the labor-intensity in collection of the data and the expense of collecting the data. The exploration of metrics will also include contact with various groups to learn the reporting capabilities of their current software programs and their willingness to share this data. If we identify useful metrics that groups are willing to share, this will simplify data collection and minimize costs.

The proposed key data sources of initial interest include Harris and the local HIEs and RHIOs. Other potential data sources include the Department of Health's (DOH) Health Management System data which includes electronic lab results for patients treated by DOH county facilities, DOH immunization registry data, two networks of federally qualified health centers (FQHC), and medication history from Surescripts, which includes the Florida Medicaid prescription history. We will also incorporate the Agency's planned obtaining of electronic lab test results on Medicaid recipients from two national laboratories.

Review by Expert Panel

Following the identification of the metrics, we will share the list of metrics with experts in the field to validate the importance and relevance of the metrics for HIE evaluation. These experts may also provide information on potential pitfalls or unanticipated issues with obtaining or utilizing each metric.



Figure 4 gives a broad overview of activities in metric identification.

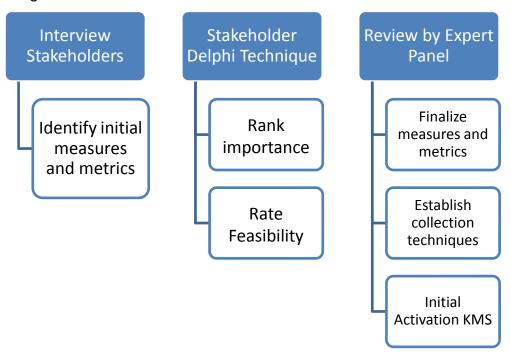


Figure 4: Overview of Activities in Metric Identification

Data Assembly and Knowledge Management System (KMS) Construction

We will identify and select a knowledge management system where key measures will be stored for easy retrieval by the Agency. The initial task will be to identify the appropriate KMS technology. We plan to meet with key contacts at the Agency in order to identify technology that is compatible with what is available internally within the Agency to ensure that at project completion, the Agency will have the option to continue the use and update of the KMS.

Secondly, we will create the functional specifications for the web-deployed portal that will have secure and encrypted access for the Agency.

Thirdly, we will work with the Agency and the HIECC to identify the dashboards and the key performance indicators needed (we anticipate one dashboard for each five domains related to health information exchange capacity and oversight as requested by ONC: governance, finance, technical infrastructure, business and technical operations, and legal policy).



Finally we will design an indexing technique, so that baseline metrics will be easy to search and retrieve to fulfill for Agency's reporting needs. Additionally, upon request the dashboards can be modified.

Plan for Population of Each Metric

As data is collected and stored we will decide on a refresh rate and calculation for each of the metrics (since it will not be feasible to update every metric on the same schedule). Additionally, we will also have to determine the unit for each metric (for example percentage or ratio, versus a count) by utilizing previous studies, subject area experts and data availability. Information on refresh rates and unit for each metric will be stored in a data dictionary, which will be available on the portal to the KMS.

Preliminary Timeline

We will utilize Microsoft Project and Basecamp to manage and document our progress and costs. The following figures show the initial timeline. Since we are in the planning stages, some of the activities do not have exact time estimates. We are in the process of specifying these estimates (as specified under section "Planning Tasks, Estimate Task Duration").

Work Breakdown Structure (WBS) / Precedence Relationship

Below is a list of the activities that compose the proposed project. To the right of each task is the task number of any required predecessor.

Task Number	Task Name	Predecessors
1	Start Project	
2	Create Project Plan	
3	Draft to AHCA	
4	Review with Governance Committee	3
5	Additional Review	4
6	Finalize Project Plan	5
7	Planning Tasks	·
8	Disaster Recovery Plan	
9	Estimate Task Duration	



Task Number	Task Name	Predecessors
10	Interview for Graduate Assistants (GA)	
11	Assign Resources	
12	Determine Task Relationships	
13	Review Gantt and PERT Information	
14	Review Plan with Stakeholders	9,11,12,13
15	Executing Tasks	
16	KMS Set-Up Task	
17	KMS Design	
18	Platform Selection	
19	Technology Selection	18
20	Functional Specifications	19,18
21	KMS Activation	17
22	Initial Analysis Tasks	
23	Content Analysis of available documentation	
24	Identify key stakeholders	23
25	Identify baseline measures	23
26	Consider project impacts on potential metrics	25
27	Rank metrics in order of importance to stakeholders	26
28	Determine feasibility of chosen metrics	27
29	Draft plan to populate metrics	28
30	Assemble data	29
31	KMS Design	30
32	Ongoing Task Analysis	
33	Ongoing Task Analysis 2012	
34	Identify new stakeholders	
35	Surveys, interviews and focus groups	
36	Identify additional baseline measures	35
37	Consider project impacts on potential metrics	36
38	Rank metrics in order of importance to stakeholders	37
39	Determine feasibility of chosen metrics	38
40	Populate KMS	39
41	Ongoing Task Analysis 2013	
42	Identify new stakeholders	
43	Surveys, interviews and focus groups	
44	Identify additional baseline measures	43
45	Consider project impacts on potential metrics	44
46	Rank metrics in order of importance to stakeholders	45



Task Number	Task Name	Predecessors
47	Determine feasibility of chosen metrics	46
48	Populate KMS	47
49	Controlling Tasks	
50	Update Project Plan	
51	Update Project Plan 2012	
52	Update Project Plan 2013	
53	Monthly Report	
54	Monthly Report 1	
55	Monthly Report 2	
56	Monthly Report 3	
57	Monthly Report 4	
58	Monthly Report 5	
59	Monthly Report 6	
60	Monthly Report 7	
61	Monthly Report 8	
62	Monthly Report 9	
63	Monthly Report 10	
64	Monthly Report 11	
65	Monthly Report 12	
66	Monthly Report 13	
67	Monthly Report 14	
68	Monthly Report 15	
69	Monthly Report 16	
70	Monthly Report 17	
71	Monthly Report 18	
72	Monthly Report 19	
73	Monthly Report 20	
74	Monthly Report 21	
75	Monthly Report 22	
76	Monthly Report 23	
77	Monthly Report 24	
78	Monthly Report 25	
79	Monthly Report 26	
80	Monthly Report 27	
81	Monthly Report 28	
82	Monthly Report 29	
83	Annual Report	

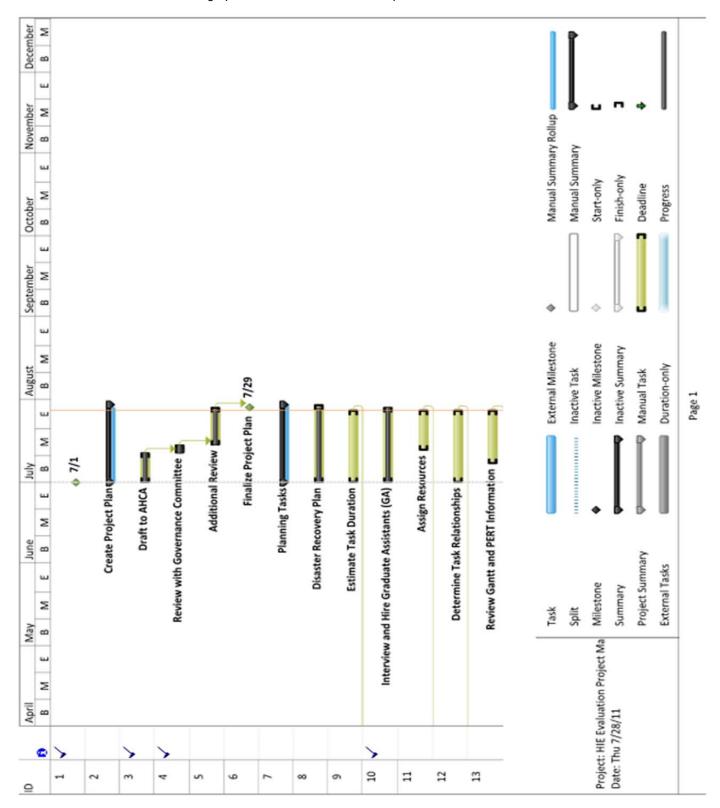


Task Number	Task Name	Predecessors
84	Annual Report 2012	
85	Annual Report 2013	
86	Closing Tasks	
87	Data Sharing Plan	
88	Final Report	
89	Submission of all records and data generated by contract	87,88
90	End Project	

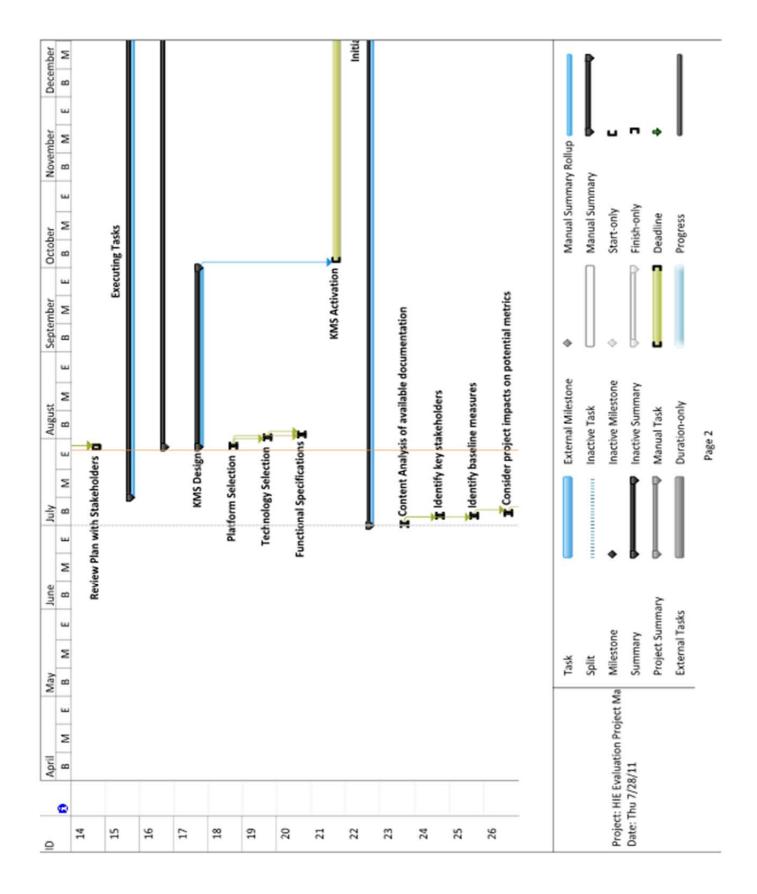
Table 4: Work Breakdown Structure

Gantt Chart (Partial)

**check marks on the far left of the graph identifies task that are complete









_	27	28	59	30	31	32 (33	34	32	36	37	38			ij	E			
•).					0									HIE EV	Date: Thu 7/28/11			
April	3														Project: HIE Evaluation Project Ma	/11			
Σ	-														Projec				
Σ	-														t Ma				
May B	+												Task	Split	Mile	Sum	Proj	Exte	
Σ	-												PG	12/27	Milestone	Summary	ect Sur	External Tasks	
2 2	-																Project Summary	sks	
June B	+																		
×	-													Ē	•	ŀ	Ĭ.		
July 8		-												Ī		ı	ı		
Σ	Rank	Dete	Draf	→ V	-	J										ľ	Î		
w	metric	rmine	t plan	Accemble data		Г							Exte		Inac	luac	Mar	Dar	
August	Rank metrics in order of importance to stakeholders	T Determine feasibility of chosen metrics	▼ Draft plan to populate metrics	data									External Milestone	Inactive Task	Inactive Milestone	Inactive Summary	Manual Task	Duration-only	
M	er of in	tyofch	late mo										lestone	*	estone	nmary	~	λļε	
ш	nportar	nosen n	etrics			ı											_		
September B M	ce to s	netrics				ı									•		J		
	takeho					ı												ı	
E OCT	lders					ı							_	n	S	R			
October B M	+					ı							Janual	Aanual	Start-only	Finish-only	Deadline	Progress	
w						ı							Manual Summary Rollup	Manual Summary	<u>^</u>	أد			
November B M						ı							ry Rollu	2					
M Per						ı							9	Į.	•	-	•	U	
December E B M	-					ı								ı				ı	
8 m	3																		

PERT Chart (Partial)

**crossed-out boxes identifies task that are complete

