Lessons Learned in Implementing a Worldwide Credentials/Risk Management Application

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Round Table/Case Study Presented To:
Healthcare Information Management and Systems Society
2003 Annual Conference and Exhibition
10:00 to 11:15, Room 8
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Purpose

Facilitate Round Table Discussion of Challenges and Lessons Learned in Implementing a Worldwide Credentials/Risk Management Application

Compare/contrast Military Health System and civilian IT acquisition and project management techniques

Share Best Project Management Practices
Agenda

- Introduce participants
- Provide project background and scope
- Debate importance of several pre-defined project challenges, solutions employed, and lessons learned
- Circulate attendance list for follow-up questions and collaboration, if interested
Participant Introductions

You:
- Position?
- Facility?
- Location?
- Why interested in topic?
- Any plans to implement similar system?

Me:
- 22 years project management experience in MHS
- CDR, MSC, USN, Retired
- Held positions as Hospital Administrator, CIO, Corporate CKO, Corporate Managed Care Analyst, Assistant Administrator
- Currently Federal Civil Service responsible for MHS Patient Safety, Risk Management, Credentials, and Enterprise-Wide Provider Database Solutions
- MS in IT; MHA; FACHE; CPHIMS
Background

Military Health System (MHS) recently implemented worldwide, web-based credentials, adverse privileging, and risk management application

Central repository at

- 790 users
- 365 sites
- 44,155 active credentials records
- Thousands of malpractice claims, adverse medical events, and adverse privileging actions, protected from legal discovery

10 months to Initial Operating Capability

Credentials application 100% deployed to active duty component

Risk Management/Adverse Actions deployment underway
Background, continued

System will double in size when fully deployed to Guard and Reserve components

Defense IT Security Certification and Accreditation Process (DITSCAP)

$1.7 Million spent on custom Design, Development, Testing, Hosting, Implementation and Training

~$700K/year to maintain

Considered small-scale MHS IT Project
Background, continued

http://demo.asmr.com/ccqas provides demonstration
  – Logon: User id “NMTEST” and password “NMTEST”
  – Search for provider last name “Connors”

Case study available on HIMSS Proceedings CD

Application evolving into Enterprise-Wide Provider Database to support Primary Care Manager by Name Assignment, and TRICARE Next Generation Contracts

Future calls for integration with Defense Medical Human Resources System, Internet (DMHRSi), an Oracle 11i COTS product
CCQAS 2.6.7 Technical Architecture
Future Integration
Project Challenges
Open for Discussion

- Developing applications as part of a larger corporate architecture
  - Tied to corporate strategies, goals, and objectives
  - See the Zachman Framework

- Determine the relationship of Risk Management and Patient Safety Programs

- Implementing the best design and development methods to elicit and manage requirements

- Choosing “the right” web technologies

- Performance over The Internet
Project Challenges
Open for Discussion, continued

- Balancing Access versus Security versus Performance
- Planning for Training and Implementation, including traditional in-person methods; training teleconferences, and computer or web-based training
- Migrating from many help desks to one to leverage problem resolutions in knowledge management database
- Providing for robust, but easy-to-use decision support
Lessons Learned
Open for Discussion

Employ “possibly ideal management practices”:

- comprehensive planning
- efficient operations
- effective organization
- leadership
- integrated controls
- empowered workers
- innovation and world view
- involved team learning
- shared vision
- systems-thinking (Senge)
Lessons Learned
Open for Discussion, continued

Hire senior project management personnel who:
- Know the organization, culture, and business processes at hand
- Can facilitate consensus building and manage group dynamics
- Can work with, and manage, contracted outsourcing experts, if required
- Probably more important than having expert knowledge of web technologies

"It's usually not the technology that increases project risk, but the people, process, and politics...."
Lessons Learned
Open for Discussion, continued

- Conduct Map/Gap analysis to decide on custom, COTS, or modified COTS acquisition strategy
- Use RAD/JAD to firm-up soft requirements
- Use formal charter for Configuration Control Board (CCBs) or In-Progress Review (IPRs)
- Insistent user participation in RAD/JAD from hospital, regional, and corporate levels
- Consider value of requirements management documentation tools, like DOORS COTS product.
- Consider writing the user manual first and working backwards
- Determine decision support requirements first
Lessons Learned
Open for Discussion, continued

- Consider data conversion requirements up front
- Consider use of CASE Tools, like Visio, Erwin, Oracle Designer and/or Embarcadero Design Suite in software engineering process
- Use Project Planning software such as Microsoft Project Central or Primavera to develop schedules, track major milestones and make resource allocations.
- Consider use of Earned Value Management
- Employ SEI CMM principles
- Employ Jakob Nielsen-like GUI principles
Lessons Learned
Open for Discussion, continued

- Ensure developmental, operational, load, and security penetration testing (including white or gray market hacking)
- Document risks and risk mitigation strategies frequently. No upward leaping monkeys!
- Demonstrate product frequently during development to senior corporate authorities; may help obtain additional funding
- Engage systems engineering and security consultants in initial design phase
Point of Contact

For more information concerning credentialing, risk management, adverse actions, patient safety, or other MHS applications, please contact:

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