



HIP TN DIRECT Strategy Project Project Charter

**Establishing a Health Information Service Provider (HISP)
for HIP TN to connect healthcare entities
(using the DIRECT protocol)**



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1. Document Control

1.1. Document Properties

Document Title: HIP TN DIRECT Strategy Project
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Owner: Keith Cox
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1.2. Document History

Version	Date	Revised By	Description of Changes
1.0	6/13/2011	Becky Paslick	Initial Draft with a number of blanks to be completed by Vicki Estrin, HIP TN Program Manager and Keith Cox, HIP TN CEO
1.1	6/30/2011	Vicki Estrin	Review and revisions including requirements documented in meeting with Keith Cox on 6/28/2011
2.0	8/20/2011	Vicki Estrin	Revised to reflect activities and changes since last update to prepare for formal approval by Keith.
3.0	8/25/11	Becky Paslick	Final Draft (for Didi Davis' review)
3.1	8/30/2011	Didi Davis	Minor changes/edits
4.0	9/15/2011	Didi Davis	Folded in comments received from HIP-TN committees
5.0	10/5/2011	Didi Davis	Changed language to allow other possible Direct solutions to be considered.
6.0	10/9/2011	Didi Davis	Folded in suggested changes/comments from Keith Cox and Will Rice – Per George and Keith, this document is approved as of 10/7, so there is no need for an additional round of approval.

2. Pilot Project Overview

2.1. Introduction

The HIP TN Direct Strategy Project develops specifications for the set of **standards** and **services** that, with a **policy** framework, enable simple, directed, routed, scalable transport over the Internet to be used for secure (encrypted) and meaningful exchange between known, trusted participants in support of **meaningful use**. The Direct Project standards and services can be adopted by any organization or person (such as a physician or a patient) seeking to implement simple direct point-to-point electronic communications. For some providers, these communications are part of satisfying Stage 1 Meaningful Use objectives. The Direct Project can also help improve business processes for a practice, or empower patients and families by supporting efficient exchange of health information using widely available technology. The Direct Strategy Project expands the standards and service descriptions available to address the key Stage 1 requirements for Meaningful Use, and provides an "on-ramp" for a wide set of providers and other entities. Participants include, but are not limited to, providers, EHR and PHR vendors, medical organizations, integrated delivery networks, federal

organizations, state and regional health information organizations, and organizations that provide health information exchange capabilities. <http://wiki.directproject.org/>

In June and July there were two other Direct projects. The first was completed the first week of August with the submission of the Direct strategy document to the Office of eHealth which was sent to ONC. The second project is a pilot between the VA Mountain Home and Mountain States (in Johnson City, TN) to use Direct to facilitate a Mammography use case.

2.2. Business Opportunity or Need

Today, communication of health information among healthcare organizations, providers, and patients is most often achieved by sending paper through the mail or fax. The Direct Project seeks to benefit patients and providers by improving the transport of health information, making it faster, more secure, and less expensive. The Direct Project will facilitate “direct” communication patterns with an eye toward approaching more advanced levels of interoperability than simple paper can provide.

There is a need for providers and other healthcare entities within and outside the State to exchange information via the Direct protocol. This project enables:

- **Market-based solutions** by establishing parameters for trust and creates a conducive environment for market-driven solutions through enabling policies, certification criteria, etc. Further, the project leverages other State HIE services, e.g., facility and provider directories.
- **Filling in of the gaps** by providing services to under-served participants, e.g., rural and remote providers and labs (white space).

The goal of the Direct Project is to coexist gracefully with health information exchange services based on the existing Nationwide Health Information Network standards and services. The Nationwide Health Information Network is expected to ultimately include the standards and services developed by the Direct Project, in addition to the standards and services it includes already. Any Qualified Organization (QO) can choose to support both Direct and existing Nationwide Health Information Network Exchange specifications to connect as many participants as possible. To support information exchange between those who implement Direct exchange and those who use existing Nationwide Health Information Network specifications and standards, the Direct Project provides an option to convert messages between senders and receivers who support different protocols.

HIP TN may want to provide a set of services to community members who can buy, build, or contract Health Information Service Provider (HISP) services from HIP TN to vendors to set up HISPs and Certificate Authorities.

2.3. Pilot Project Description

The focus of this project is to outline a strategy for HIP TN to provide a statewide HISP that enables secure email (using the Direct protocol) that will transport health-related information from one healthcare entity to another. The project will build on lessons learned in the Mountain Home (VA) and Mountain States project but requirements will need to be built to address not only the Use Cases developed by the HIP TN Clinical Workgroup but also additional Use Cases that may be applicable.

This project will define the requirements for provider directory interaction, certificate management requirements, provisioning of providers and other such services for the HISP services provided by HIP TN.

This project will include an assessment of Axolotl’s capabilities, along with other Direct product vendors to determine the Direct functionality required for Tennessee stakeholders for the best possible solution to implement as the go forward product. In addition, policy development, legal data sharing agreements and certificate needs will be analyzed and defined.

2.4. Pilot Project Approach

HIP TN will incorporate lessons learned from the VA Direct Mammography project. In addition, HIP TN will leverage existing assets and contractual agreements with OptumInsight (formerly, Axolotl) – specifically, the Clinician and Facility Indexes which are included in the HIP TN Core Services contract with OptumInsight during the pilot implementation

HIP TN will consider whether to contract with a single vendor to provide statewide services (i.e., a HISP) that allows entities to connect via the Direct protocol to transport the above-mentioned secure emails through the HIP TN Network. A certification authority provision will also need to be made available.

The legal agreements required will be clarified and identified as a deliverable in this project. It is imagined that the HIP TN Connectivity Agreement will acknowledge the use of Direct; however, because there is an end user responsibility associated with Direct, consideration is being given to a “click through” set of terms and conditions that would bind the end user.

2.5. Goals & Objectives

	Business Goal/Objective	Project Goal/Objective	Metric
1.	Coordination of Care	Requesting entity sends a secure email request (may include an attachment) for a service to be performed by the receiving entity. Requesting entity receives the resulting service response (may include an attachment) back from the receiving entity.	Number of requests matches number of responses sent back to requesting entity.
2.	Confirmation of the Use Cases and their applicability to the Direct Infrastructure	Document user requirements to support the Use Cases.	Use Cases and requirements documented.
3.	Stand up the Direct infrastructure for Tennessee	Stand-up a HISP for the HIP TN to enable stakeholders in theState of Tennessee to facilitate the transport of messages from provider to provider or from one healthcare entity to another	Documentation of the architecture, establishment of the HISP and testing of the infrastructure.

2.6. Critical Success Factors

The following factors have been identified as items that will make this project successful:

- Set up of a HISP at the HIP TN (State) level that can assign (if needed) a Direct email address for HIP TN (e.g., name@direct.hiptn.org).
- Set up of a HISP at the HIP TN (State) level that can provide Direct services for users that wish to assign Direct email address using their own subdomain (e.g., name@direct.hospital.com)
- ONC-published Direct protocol standards are finalized.
- Clinician and Facility Indexes are utilized and populated for provisioning of users/entities.

- Identify and set-up the Certificate Authority (HIP TN) granting body and process for issuance of certificates to each provider/entity.
- Socialize the capability to entities across the State.
- Determine cost model (what will HIP TN charge prospective customers – i.e., providers, other healthcare entities)?

2.7. Cost/Benefit

As a result of this project, and based upon the cost of the HIP TN Infrastructure (HISP) and the Certificate Authority, as well as other related overhead costs (testing with new Direct customers, signing of agreements, etc.), HIP TN will need to assess and determine cost to subsequent provider/healthcare entities for participation.

3. Pilot Project Resources

3.1. Team Structure

Didi Davis is the project manager for this project. Keith Cox is representing HIP TN as the Project and Product Owner and Vicki Estrin is the HIP TN Program Manager. Other HIP TN PMO staff may engage in the project including Sarah Stewart and Ashlea Lifsey. Randy Sermons will assist with legal agreements.

The Office of eHealth has identified Will Rice as the liaison to coordinate efforts between HIP TN and the Office of eHealth.

3.2. Stakeholders

Below is a list of the stakeholder representatives for this project.

Stakeholder Representative	Group or Organization	Project Interest
George Beckett and Will Rice	State of Tennessee Office of eHealth	Project Sponsors Ensuring that providers have a method to exchange data for MU
Keith Cox	HIP TN	Product Owner. HIP TN will own, manage and support the solution aget project go-live HIP TN CEO and Project Sponsor
Clinical Workgroup	Representing providers across the state	Ability to exchange clinical information in order to meet the MU requirements
Technology Workgroup	Representing the technology needs for providers across the state	Acknowledgment of the Direct Strategy for HIP TN and coordination with other IT efforts that may be in process at the HIP TN, QO or Provider level.
Sustainability Workgroup	Representing stakeholders needs across the state to define and recommend financial sustainability plans to support health information exchange activities.	Address the licensing aspect of how Direct this might be interesting for them to consider in their thinking around how Direct could be a complimentary service to other services offered in the

		regional markets
OptumInsight	Pilot HIP TN Solution Provider for Core Services	Project milestones related to Clinician and Facility Indexes which need to be leveraged for the project

3.3. Roles and Responsibilities

Roles and responsibilities for this project are defined as follows:

Project Role	Resource(s)	Responsibility
Project Manager	Didi Davis	<ul style="list-style-type: none"> Overall management of project Technology Workgroup coordination
Project Team Member	Sarah Stewart	<ul style="list-style-type: none"> Overall project support Clinical workgroup coordination
HIP TN Owner & Leader	Keith Cox	<ul style="list-style-type: none"> Oversight and direction
HIP TN Coordinator	Ashlea Lifsey	<ul style="list-style-type: none"> Understand the project and communicate status to other entities/stakeholders
Program Manager	Vicki Estrin	<ul style="list-style-type: none"> Coordination of this project in the context of other HIP TN projects Assist Randy with legal agreements
Office of eHealth Liaison	Cynthia Coulter or Will Rice	<ul style="list-style-type: none"> Involvement in project tasks, as assigned; participate in status meetings.
Development, set-up/configuration, and testing	OptumInsight- TBN	<ul style="list-style-type: none"> Set up hardware and software; configuration; provide specs, as necessary; testing; development, if necessary

3.4. Additional Resources

Resource Classification	Allocation / Source Description	Responsible Owner
Equipment		
Facilities		
Hardware	HISP (supplied by OptumInsight via contract with HIP TN or alternative vendor)	Keith Cox
Software	Direct Certificate Authority	Keith Cox/Ashlea Lifsey
Other Resources	Legal – agreements	Keith Cox/Randy Sermons
Personnel	Provider/healthcare entities	Keith Cox

4. Pilot Project Scope

4.1. Scope

The pilot project scope is described in the context of HIP TN's role and responsibility.

HIP TN will schedule and coordinate all project-related activities. It is the responsibility of HIP TN to create a project charter and implementation plan. The plan will list all activities required for successful implementation of this pilot project. HIP TN will be responsible for coordinating status calls and meetings and take the lead on issues related to the creation and implementation of a HIP TN HISP. In addition, where there are policies or legal agreements involving HIP TN, Randy

Sermons will work with Keith Cox to ensure that the appropriate agreements and review processes are in place.

4.2. In Scope

The following items are considered within the scope of this project:

- HISP at the HIP TN (State) level that can assign (if needed) a Direct email address for HIP TN (e.g., name@direct.hiptn.org).
- Scalable solution (ability to replicate for multiple, unlimited healthcare entities statewide).
- Leverage HIP TN Core Services – Facility Index, Clinician Index and NHIN Gateway, as appropriate.
- HIP TN serving as the Certificate Authority.
- Provider to provider secure messaging via Direct protocol.
- Secure messaging between healthcare entities, other than providers, as it is deemed appropriate.
- Charge model for services to Direct customers (of HIP TN).
- Testing with providers.
- Pilot phase with production data.
- Development of appropriate legal agreements.
- As this project is completed (fully executed strategy between two providers or healthcare entities), it will need to be operationalized.
- Establishment of “user friendly” provisioning technology and processes.
- Set-up Support and management structure for solution.
- Define Service Levels and Support matrix.
- Knowledge transfer from development to support staff.
- Development of Training and Communication materials.

4.3. Out of Scope

The following items are NOT considered within the scope of this project:

- Any additional Direct functionality, other than described
- Onboarding of additional providers (for Direct at the HIP TN level) outside of proof of concept of this project (with two providers or healthcare entities).

4.4. Additional Considerations

This pilot project is intended to model a HIP TN HISP infrastructure for HIP TN core services and to connect providers/healthcare entities within and outside of a QO.

5. Assumptions

In order to identify and estimate the required tasks, timing, and costs for the pilot project, certain key assumptions need to be made. Based on the current knowledge today, the pilot project assumptions are listed below:

- OptumInsight can stand-up a production HISP for HIP TN.
- Budget dollars are available to cover the costs for the HISP and other related Direct costs (certificate authority, etc).
- Providers, or other healthcare entities, are interested in accessing and paying for the Direct messaging service.
- Required agreements can be drafted and signed between HIP TN and providers or other healthcare entities.

6. Dependencies

The following key dependencies have been identified as having a significant impact on the planning and success of this project.

- Lessons learned from the VA Direct Mammography pilot project
- The initial design for Core Services envisioned the Clinician Index and Facilities Index to be incorporated into the Trust Broker; this cannot be forgotten as the focus on Direct impacts the design.
- Direct protocol standards are developed and released by the ONC.
- Success of the HISP hardware.
- Success of the Direct protocol software.
- Ability to replicate the Direct protocol for other providers/healthcare entities.
- Ability to issue certificates (HIP TN becoming a certificate authority).
- Appropriate legal agreements and policies are in place to allow for exchange.
- Participation by providers, healthcare entities connecting.

7. Constraints

- There are still some parts of the Direct protocol standards under development specifically those related to the Clinician (Provider) Directory and certificate interoperability.
- Other EMR/EHR vendors are also developing HISPs which are likely to allow for the providers email sent under the Direct protocol to be in the providers inbox within the proprietary EHR/EMR inbox.

8. Risks

Key risks for this project have been included below.

Risk Description	Response Strategy
Coordination of resources across multiple companies/entities	Communication.
Alpha project – software and hardware	Build sufficient Testing in project plan. Have contingencies where possible.
Development of Direct standards by ONC	Monitor the progress.

9. Milestones & Deliverables

The key milestones & deliverables for this project are as follows.

Milestone or Deliverable	Completion Date	Owner
Development of requirements for the Clinician Index to support the Direct project	Awaiting date updates from Axolotl and MSHA - TBD	Project Team
Development of requirement for Facilities Index to support the Direct project	Awaiting date updates from Axolotl and MSHA - TBD	Project Team
Development of requirements for a HIP TN HISP based upon Use Case	12/31/2011	Project Team with input from Clinical Workgroup
Set up a HIP TN HISP (that follows ONC standards)	Awaiting date updates from final ONC	OptumInsight

	standards, Axolotl and MSHA - TBD	
Identify use case and participants in pilot connection	3/31/2012	Project Team
Provision users (Facility and Clinician Indexes)	Awaiting date updates from Axolotl and MSHA - TBD	OptumInsight and Project Team
Testing	Awaiting date updates from Axolotl and MSHA - TBD	OptumInsight and Project Team
Production Ready	Awaiting date updates from Axolotl and MSHA - TBD	OptumInsight and Project Team
Project Wrap-Up	Awaiting date updates from Axolotl and MSHA - TBD	Project Team

10. Project Communication

10.1. Project Communication Plan

Group	Purpose	Frequency	Form
Project Team and Stakeholders (workgroup chairs will represent the workgroups)	Kick-off of project	Once	In-person
Design Meeting	Track progress of hardware and software set-up; determine use case and participants	2-3 sessions	WebMeeting
Project Meetings	Ongoing project tracking and status updates	Weekly	WebMeeting
Status Meeting Minutes	Report on weekly meetings	Weekly	Email
Status Reports	Report on project status to the stakeholders	Monthly	Email or as part of a larger project status report compiled for HIP TN.

10.2. Project Team Contact Information

Contact Name	Title	Phone	Email
Didi Davis	HIP TN/PMO	865-300-5559	didi@serendipityhealth.net
Cynthia Coulter	State of Tennessee Office of eHealth	615-507-6353	Cynthia.coulter@tn.gov
Keith Cox	HIP TN CEO	770-364-2306	Keith.cox@hiptn.org



Ashlea Lifsey	HIP TN Coordinator	615-828-2890	Ashlea.lifsey@hiptn.org
Daniel Heller & Kenn Hamm	Optum/Insight	408-920-0800	dheller@axolotle.com and khamm@axolotle.com
TBN	Providers/participants		

11. Approvals

The purpose of this Charter is to seek authorization for the Direct Project. The signatures of the people below document acceptance and approval of the formal Project Charter. These representatives acknowledge an understanding of the purpose and content of this document, and have the authority to commit the organization’s resources to the project. Upon approval, the Charter allows the assigned resources to proceed with the project as stated in this document.

Name	Title/Role	Signature	Date
George Beckett	Tennessee HIT Coordinator	Approved via email	
Keith Cox	HIP TN CEO/Project Owner	Approved via email	