



# **Medication History Project Charter**

**Define recommendations for medication history for point  
of care delivery**

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## 1. Document Control

### 1.1. Document Properties

**Document Title:** Medication History  
**Original Author(s):** Vicki Y. Estrin  
**Owner:** Keith Cox  
**Document Version:** 1.2  
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### 1.2. Document History

Version	Date	Revised By	Description of Changes
1.0	6/13/2011	Vicki Estrin	Initial Draft with a number of blanks to be filled in by Keith Cox, CEO of HIP TN
1.1	6/21/2011	Becky Paslick	Refined areas previously documented
1.2	6/27/2011	Vicki Estrin	Refined based upon some comments from Eric Harkness, Becky Paslick and Ashlea Lifsey

## 2. Project Overview

### 2.1. Introduction

Anecdotally it is reported that providers repeatedly note that access to a complete medication history is instrumental in patient care. Gaining an understanding of what medications and supplements that a patient is taking is instrumental to understanding the status of their health as well as preventing medication errors.

he summer of 2010 under the leadership of the Office of eHealth, there was a Request for Information (RFI) sponsored by the State to understand the potential solutions available to provide a medication history to providers at the point of care. This was done in collaboration with other states across the country.

In addition, in the State Plan submitted to ONC, there was a proposed Enterprise Service – Medication Management which was identified as a potential service that would be State-sponsored and provide value to those connected to the HIP TN Network. Since the State plan was submitted, there have been additional conversations and there is some question as to whether or not this should be an Enterprise Service or a Value Add Service. The difference being is that if it is a Value Add Service, there would be an intention to monetize the value of the service and an expectation that end users of the service would pay for it.

### 2.2. Business Opportunity or Need

When asked to identify the most critical pieces of clinical information about a patient that should be available at the Point of Care (POC), providers will identify a medication history as one of the most critical pieces of information. In today's environment if a provider ePrescribes, depending on the tool used, a medication history should/could be available through a SureScripts connection. Providers report various levels of satisfaction and

also have identified that while some information is better than no information, the information received is almost always incomplete. In addition, there are some pieces of the medication history that can only be identified by the patient (or caregivers) and the providers. Examples of this data include over the counter medications, vitamins and herbal supplements, samples received from other providers, generics that were so low cost that a claim was not filed, or access to another family member’s medication.

There is a need to provide a complete medication history at the point of care. Ultimately the goal is that this medication history meets the requirements of the provider as opposed to what exists today – some information that is “better than no information.” The ultimate goal is most logically achieved in incremental steps that are crafted and driven by providers and pharmacists with a focus on improved patient care at the POC.

HIP TN will assemble a group of stakeholders to develop a set of recommendations that outline an approach to providing a complete medication history with the intention of creating enough value in the outcome that providers will pay for the service.

### 2.3. Project Description

HIP TN will convene and facilitate a small group of stakeholders representing providers and pharmacists called the Medication History Planning Group (Planning Group). The Planning Group will provide direction on methods to reach as many interested stakeholders as possible. Stakeholders include, but are not limited to, providers in ambulatory practices, providers in hospital environments, pharmacists, EMR vendors and ePrescribing vendors.

### 2.4. Project Approach

- **Assess:** Scan the environment to understand the needs from providers and pharmacists for a medication history. The environmental scan may include focus groups, surveys, interviews, review of existing research, etc. Understand the commercial options available.
- **Develop:** Develop a set of recommendations that represent the needs of providers and pharmacists for a medication history that expands the depth and breadth of data currently available.
- **Position:** Recommend a path and an approach to address the needs identified for a more complete medication history at the point of care.

### 2.5. Goals & Objectives

	Business Goal/Objective	Project Goal/Objective	Metric
1.	Establish a Planning Group.	<ul style="list-style-type: none"> <li>• Identify the issues and further define the problem(s) with medication histories</li> <li>• Identify other stakeholders that need/should be involved</li> <li>• Review methods to gather input from stakeholders</li> </ul>	Consistent participation from the Planning Group
2.	Gather input from as many stakeholders as possible to understand the issues and possible solutions.	<ul style="list-style-type: none"> <li>• Identify methods by which stakeholder input can be gathered to understand the needs surrounding a medication history at the point of care. Potential methods include focus groups, surveys, and interviews.</li> </ul>	Number of stakeholders who provide input; methods used to maximize participation
3.	Develop a set of recommendations to address the expansion of a medication history at the POC.	<ul style="list-style-type: none"> <li>• Recommendations that are reflective of the providers’ and pharmacists’ collective needs.</li> <li>• Associated costs are identified as well as potential revenue.</li> </ul>	Recommendations made; proposed cost model

	Business Goal/Objective	Project Goal/Objective	Metric
4.	Evaluate the recommendations and propose an approach / next steps.	<ul style="list-style-type: none"> <li>The next steps are clearly defined and can be translated into a project plan.</li> </ul>	Final report and sign-off by Planning Group and if formed Advisory Group

## 2.6. Critical Success Factors

Critical success factors are internal, business related, and project related items that are measurable and will have, on an ongoing basis, a major influence on whether or not the project meets its stated objectives. The following factors have been identified as items that will contribute to the success of the project:

- Stakeholders involved in the process are subject matter experts
- Stakeholders should understand the aim of the project and be willing to provide input and opinions on what will define the issues
- Stakeholders provide insight into a set of recommendations.
- The role of HIP TN and the role of the Office of eHealth is clear to the stakeholders.
- Recommendations that are generated can be implemented.

## 2.7. Cost/Benefit

Assuming this medication history project suggests a positive return on investment and projects value to the provider / patient, this project will have laid the foundation for a medication history project implementation.

## 3. Project Resources

### 3.1. Team Structure

The HIP TN Project Management Office (PMO) will support the project and report on progress, document risks and issues and seek guidance with appropriate support from Keith Cox (HIP TN CEO) and/or the HIP TN Operations Council. The project manager for the project is Becky Paslick. The team assembled will represent multiple stakeholders that will volunteer their time to participate. The Office of eHealth will participate but also provide support to the project through Eric Harkness. Eric will serve as the liaison between this project and the Office of eHealth.

### 3.2. Stakeholders

Stakeholders are individuals, groups, or organizations that are affected by, or have influence over, the outcome of the project. In the event that a group or organization is a stakeholder, individuals will be chosen to represent the stake of that particular group or organization. Below is a list of the stakeholder representatives for this project.

Stakeholder Representative	Group or Organization	Project Interest
George Beckett	State of Tennessee Office of eHealth	Enterprise Service oversight/MU implications and Funder
Will Rice	State of Tennessee Office of eHealth	Enterprise Service oversight/MU implications
Russ Leftwich	State of Tennessee Office of eHealth	Enterprise Service oversight/MU implications
Keith Cox	HIP TN CEO	Service implications (Enterprise, Core, and VAS)

Clinical Workgroup	HIP TN Clinical Workgroup	Feedback, input, etc. on processes and approach given experience with medication history
Subject Matter Experts to be named	TBD	Provide expertise and market intelligence through participation in interviews and meetings.
Medication History Source Vendors	Surescripts, payers, clearinghouses, etc.	Provide information and market knowledge through participation in interviews.

### 3.3. Roles and Responsibilities

Roles and responsibilities for this project are defined as follows:

Project Role	Resource(s)	Responsibility
Project Sponsor	George Beckett	<ul style="list-style-type: none"> <li>• Provide funding within agreed upon budget</li> <li>• Review and oversight of project milestones</li> <li>• Resource allocation</li> <li>• Address barriers and mitigate risks to success</li> </ul>
HIP TN Board Sponsor	Rick Sain	<ul style="list-style-type: none"> <li>• Advise on direction; provide input, as appropriate</li> </ul>
Project Owner and Leadership	Keith Cox	<ul style="list-style-type: none"> <li>• Review and oversight of project milestones</li> <li>• Support and direction, as needed</li> <li>• Address barriers and mitigate risks to success</li> <li>• Resource Allocation</li> </ul>
Project Manager	Becky Paslick	<ul style="list-style-type: none"> <li>• Overall management of project</li> </ul>
Program Manager	Vicki Estrin	<ul style="list-style-type: none"> <li>• Coordination of this project in the context of other HIP TN projects</li> </ul>
Project Support	Ashlea Lifsey	<ul style="list-style-type: none"> <li>• Coordination and support as needed</li> </ul>
Project Support/Office of eHealth Liaison	Eric Harkness	<ul style="list-style-type: none"> <li>• Assist with project activities, as defined in the project plan</li> <li>• Communication/project liaison with Office of eHealth and</li> <li>• Advise on past work done by Office of eHealth with Medication History RFI</li> </ul>
Project Support	Sarah Stewart	<ul style="list-style-type: none"> <li>• Assist with project activities, as defined in the project plan</li> <li>• Provide link to the HIP TN Consumer Advisory Group and Clinical Workgroup when appropriate</li> </ul>
EMR Vendor Community access	tnREC (ask Jennifer McAnally for a resource)	<ul style="list-style-type: none"> <li>• Provide insight and when appropriate access to the EMR vendor community to seek their insight and input into the issues identified by the clinicians.</li> </ul>
Planning Group	Russ Leftwich, BW Ruffner, Diane Pace, Elizabeth Breeden, Justin T. Collier, Sherry Galloway, Sigrid Johnson, Paula Kelling, Don Lighter, Troy Sybert	<ul style="list-style-type: none"> <li>• Provide subject matter expertise on Project Approach</li> <li>• Recommend final position</li> </ul>

**3.4. Additional Resources – assumes there could be cost associated**

Resource Classification	Allocation / Source Description	Responsible Owner
Equipment	<ul style="list-style-type: none"> <li>Materials for focus group management</li> <li>Web Conferencing audio/video</li> </ul>	<ul style="list-style-type: none"> <li>Vicki Estrin - TBD</li> <li>HIP TN (ReadyShow)</li> </ul>
Facilities	<ul style="list-style-type: none"> <li>Focus Group Meeting Space</li> <li>Planning Group Meeting Space July and January</li> </ul>	<ul style="list-style-type: none"> <li>C3 with notice can provide space</li> <li>C3 with notice can provide space</li> <li>State with notice can provide space</li> </ul>
Hardware	Appropriate hardware for focus group management	TBD
Software	Possible survey tool – Survey Monkey	Office of eHealth
People	<ul style="list-style-type: none"> <li>Assistance with survey development</li> <li>Assistance with focus group process including invitation, set up, design, facilitation and analysis.</li> </ul>	<ul style="list-style-type: none"> <li>Need to consider outsourcing to expert in this area.</li> </ul>
Travel Expenses	<ul style="list-style-type: none"> <li>Travel in accordance with HIP TN Policy</li> </ul>	<ul style="list-style-type: none"> <li>HIP TN</li> </ul>

**4. Project Scope**

**4.1. Scope**

This project gathers the concerns of prescribing providers at the Point of Care (POC). Data availability, quality of data available, workflow issues and costs are unknown and should be reasonably addressed in this project. The needs of the clinicians (providers and pharmacists) should be accommodated in the recommendations. In addition, recommended next steps should be decided and associated cost/benefit included. The EMR vendors will be represented through tnREC’s existing vendor relationships. The Planning Group should explore multiple sources of medication history data and document the availability, accessibility, usability, and cost of the data.

**4.2. Out of Scope**

- Selection of a medication history solution
- Implementation of a medication history solution
- Solutions to prevent adverse drug reactions and medical errors related to medication administration
- Medication Reconciliation process (as defined by Joint Commission)
- Dispensing solutions
- Durable Medical Equipment (DME)

**4.3. Additional Considerations**

This project is intended to run in parallel to the larger effort to create the HIP TN infrastructure core services and connect Qualified Organizations.

## 5. Assumptions

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

- Planning Group membership and subject matter experts are identified and available in the time frames suggested in the project plan.
- Support and resource time from the Office of eHealth (Eric Harkness).
- Budget available (via funds disbursed through the Office of eHealth) to manage and complete the project as outlined in the project plan.
- Additional resources may be required to execute focus groups and develop and distribute surveys.

## 6. Dependencies

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

- Participation of various Planning Group Members and Subject Matter Experts (volunteering of their time)
- Participation of stakeholders in focus groups and surveys.

## 7. Constraints

- Aggressive timeframe with little to no opportunity for slippage
- Availability of adequate number of stakeholder to effectively conduct focus groups and surveys.
- Productivity of volunteers is likely to be limited for 1 week in November and 2 weeks in December.

## 8. Risks

Risks are characteristics, circumstances, or features of the project environment that may have an adverse effect on the project or the quality of its deliverables. Key risks for this project have been included below.

Risk Description	Response Strategy
Planning Group Availability	Personal invitation and conversation regarding participation. Receive commitment to participate via email or conversation. Commit to Planning Group members advance notice of meetings and calls. Provide Planning Group members an estimate of the time required and the total time frame for the project (start and end).
Stakeholder availability and participation for focus groups and surveys	Identify specific individuals who have an interest and history in working with EMRs and ePrescribing and/or have participated in HIP TN or the state's ePrescribing project.  Invite 20% more to participate in focus groups than we need.  Send reminder emails regarding survey participation.
Time allocated for the project.	Strive to provide notice of meetings and time requirements as far in advance as possible.

## 9. Milestones & Deliverables

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

Milestone or Deliverable	Completion Date	Owner
Establish Medication History Planning Group	7/18/11	Becky Paslick
Plan and Execute Medication History Planning Group Meeting	8/11/11	Becky Paslick
Establish Medication History Advisory Group (or extended Planning Group)	9/16/11	Becky Paslick
Develop Provider / SME Engagement Strategy	9/28/11	Becky Paslick
Conduct Focus Groups, Surveys, Interviews	12/2/11	Becky Paslick
Compile Focus Group, Survey and Interview Data	12/22/11	Becky Paslick
Analyze Focus Group, Survey, and Interview Results	2/3/12	Becky Paslick
Discuss Finding and Provider Recommendations with Planning Group and Achieve Sign-Off	2/16/12	Becky Paslick
Publish Medication History Recommendation Final Report	2/29/12	Becky Paslick

## 10. Project Communication

### 10.1. Project Communication Plan

The project communication plan describes the methods used by the project team for regular coordination and collaboration.

Group	Purpose	Frequency	Form
Planning Group individuals	Introduce the project and its purpose	Once before the project starts	Personal conversation, phone calls, emails
Planning Group and/or expanded Advisory Group	Kick-off meeting and ongoing status/input meetings. Kick off meeting is to introduce project and prepare for in-person meeting the following week.	6 – 8 calls approximately one per month	Web Meeting
Planning Group	Meeting to plan approach for data collection and stakeholder involvement.  Final meeting to review recommendations and proposed approach	Twice: In July at the beginning of the project  In January at the end of the project	In-person Meeting
SME interviews	To understand different market issues as well as provider and pharmacist issues.	4 – 8 one hour interviews	If local, in person, otherwise conference call.

Focus Groups	Collect data (from providers and SMEs) on medication history needs	One, per group (# of groups TBD)	In-person facilitated sessions
Surveys	Collect data (from providers and other constituents, possibly vendors) on medication history needs and challenges.	One survey per purpose (up to 3 different surveys)	Electronic communication with automated response roll-up
HIP TN Keith Cox and Ashlea Lifsey	Keep apprised of status and results	Weekly	Update meetings and emails
Office of eHealth	Keep apprised of status and results	Weekly	Update meetings and emails

**10.2. Project Team Contact Information**

Contact Name	Title	Phone	Email
Becky Paslick	Project Manager		
Eric Harkness	Project Team Member		
Vicki Estrin	Program Manager		
Sarah Stewart	Project Team Member		

### 11. Approvals

The purpose of this Charter is to seek authorization for the Medication History 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/ Project Owner		
Keith Cox	HIP TN CEO		