

APPENDIX J: LIST OF PROJECT RISKS AND PROPOSED MITIGATION STRATEGIES

Statewide HIE Summary Risk Analysis

Severity H - (high) M - (medium) L - (low)	Type of Risk	Risk Description	Basic Mitigation Strategies
H	Financial and Operational	Business model sustainability, large hospitals and IDNs decide to build their own HIE due to the “cost of collaboration” or perceived strategic advantage – we end up with a bunch of HIEs that do not talk to each other and are expensive to change in the future	⇒ Leverage meaningful use to ensure participation. ⇒ Focus on market needs and “value” for participating.
H	Scope	Excessive focus on ARRA process and requirements, lose sight of market needs and priorities.	⇒ Market leadership & project structure ⇒ Project management
H	Scope	Trying to accommodate too many unique special needs leading to scope creep and unmanageable project	⇒ Project management
H	Adoption and Financial	Lack of real commitment from critical mass players.	⇒ Communication and outreach ⇒ Involve market leaders early and often
M	Timeline	Process takes precedent over real development results in a series of endless meetings and lots of talk without real and meaningful action.	⇒ Project management and strong facilitation ⇒ Focus on results and real transactions in the market
H	Architecture and	Make too many simplifying assumptions in interests of short term progress	⇒ Multi-year, phased architecture, use “active parking lot”

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	Adoption	resulting in architecture that does not accommodate long term needs	⇒ Project management and strong facilitation
M	Architecture and Adoption	Lack of thought out business requirements for long term.	⇒ Business requirement “sign-off” ⇒ Listen carefully to Market thought leaders, learn from other States
M	Architecture and Adoption	Chicken and egg on design. Organizations s don’t really know their needs until they have a chance to absorb the architecture, use the basic functionality and “grow their enterprise more”	⇒ Leadership engagement
H	Timeline	Timeline for Meaningful Use – HIE is not available in time to meet MU timelines.	⇒ Project management and strong facilitation
M	Functions and Features	Initial setup is cumbersome, service is so complicated that no one signs up and uses it	⇒ Clear business requirements that address usability ⇒ Vendor selection
M	Stakeholder management	Meeting needs of all types of players: ⇒ Engaging small players – they have different business requirements than larger organizations ⇒ Engaging larger players – they have ideas of “system-to-system” connectivity and may forget smaller players ⇒ Engaging specialty players – they have unique types of transactions, e.g. images / PACs	⇒ Ensure leadership is representative. ⇒ Project Management ⇒ Focus on getting Business requirements from different stakeholders ⇒ Separate “hub functions” from data types.
L	Scope and	Business needs are driven by project managers vs. real customers	⇒ Role definition and active market leadership

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<p>H - (high) M - (medium) L - (low)</p>			
	Leadership		
H	Timeline and Scope	<p>Security and Privacy concerns dominate HIE - study and debate takes precedence over progress and “compliance risks” chill implementation:</p> <ul style="list-style-type: none"> ⇒ Policy needs remain vague or become esoteric ⇒ Insistence that every risk be completely defined and addressed before we can do anything. ⇒ Can’t define operations/arch until policy is defined, can’t define policy until we know the arch/system capabilities 	<ul style="list-style-type: none"> ⇒ Project management and strong facilitation ⇒ Cross linking policy and development teams ⇒ Avoiding too many “hands” involved in core design work – keep design team relatively small
L	Product usability	Software salesman – “we can do that” and we believe them...	<ul style="list-style-type: none"> ⇒ Clear business requirements. ⇒ Industry leadership sign off and involvement ⇒ Contractual approaches for deliverables, testing and sign off ⇒ Reference checks and analysis of capabilities
M	Governance and Leadership	<p>Governance Confusion:</p> <ul style="list-style-type: none"> ⇒ Confusion around leadership ⇒ HCA and OneHealthPort roles unclear ⇒ Too many conflicting messages from federal agencies ⇒ Community Oversight Org thinking they are “co-leaders” and departing from oversight role 	<ul style="list-style-type: none"> ⇒ Role clarity and written descriptions ⇒ Clear escalation procedures ⇒ Communication protocols and coordination

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L	Communication and stakeholder buy in	Lack of broad communications/transparency	<ul style="list-style-type: none"> ⇒ Active communications and outreach ⇒ Transparent operations
L	Stakeholder management and involvement	Hidden agendas, participants engaged to slow or delay HIE or seeking to direct funds to their own projects	<ul style="list-style-type: none"> ⇒ HCA policy on how money will be used ⇒ Scope management ⇒ Clear and open communication
L	Scope management	<p>Distractions and attempt to accept every business requirement, e.g. solving access to data and every need that an agency might want.</p> <p>FIX</p>	<ul style="list-style-type: none"> ⇒ Multi-year, phased architecture and extensive use of “active parking lot” ⇒ Project management and strong facilitation
M	Scope management	Interoperability with existing systems – inability of legacy systems to comply with “standards”	<ul style="list-style-type: none"> ⇒ Leadership sign off on “transformation” approaches ⇒ Use of national standards ⇒ Scope and project management
M	Scope management	<p>Under defined Federal standards... Standard is so broad that that they cannot really be implemented. (need implementation guides)</p> <p>FIX</p>	<ul style="list-style-type: none"> ⇒ Leadership sign off on “transformation” ⇒ Use of national standards ⇒ Scope and project management

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L	Financial and Contractual approaches	Clarity on exit strategies for HIE operator and other key contributors of intellectual property	⇒ Clear provision on how to exit and how to account for federal dollars and asset transition
L	Scope, architecture, and business requirements	System vision is too limited by current reality	⇒ Leadership engagement ⇒ Active and continuous planning
L	Business	Lead Organization motives/actions questions	⇒ Clear and open communications ⇒ Effective oversight ⇒ HIE Leadership Group
L	Staffing and budget management	Challenges of staffing a core team for continuity and competency: ⇒ Access to “right people” ⇒ How to keep people busy when work load may fluctuate ⇒ Avoiding “rotating door and knowledge continuity and consistency across enterprise and project	⇒ Staffing plan ⇒ Prioritize depth, cross training and frequent information exchange
L	Business	Managing “losing” vendors	⇒ Transparent process ⇒ Engagement of HIE Leadership Group ⇒ Oversight ⇒ Project Management
H	Multiple HIE efforts/market	Confusion, redundancy, lack of coordination between NHIN, Beacon community grants, and Telehealth programs and HIE, end up duplicating HIE functions,	⇒ Leadership and coordination ⇒ Scope management

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	confusion	worsen "interoperability"	⇒ Stakeholder communication ⇒ ONC action
	Timeline and Scope	Delays in approval of plans results in missed deadlines relative to support of meaningful use	⇒ Timeline management ⇒ ONC action