

Project Closeout Report

Project Name: ND Health Information Network (NDHIN)

Agency: Information Technology Department

Business Unit/Program Area: Health Information Technology Office

Project Sponsor: Sheldon Wolf

Project Manager: Jennifer Kunz

Project Objectives	Measurements	
	Met/ Not Met	Description
Business Need 1: Connect North Dakota for a healthier future, encourage and sustain health information sharing, and ensure that all eligible providers have options to meet federal meaningful use requirements		
Objective 1.1: Increase electronic prescribing (e-prescribing)	Met	<p>DESCRIPTION: Increase the number of community pharmacies e-prescribing to 95% and increase the percentage of physicians routing prescriptions electronically to 50% by December 31, 2013</p> <p>RESULT: For the month of December 2013, 168 of 177 (95%) community pharmacies were activated with Surescripts and 167 (94%) received e-prescribing transactions.</p> <p>Based upon Surescripts reporting, North Dakota had 98% of physicians routing prescriptions electronically as of December 2012. The latest report available.</p>
Objective 1.2: Increase electronic Lab Exchange	Met	<p>DESCRIPTION: Develop the capability of the reference labs that handle 95% of the reference lab work to be able to exchange bi-directional data by March 14, 2014</p> <p>RESULT: As of March 14, 2014, reference labs have two ways to exchange lab requests and results. They are through Direct and query based services using health language 7 transactions.</p>
Objective 1.3 Increase the exchange of Patient Care Summaries	Met	<p>DESCRIPTION: Providers, have, at a minimum, one method to securely, electronically exchange patient care summaries</p> <p>RESULT: Providers can share patient care summaries securely using Direct.</p>
Objective 1.4 Increase electronic immunization transactions	Met	<p>DESCRIPTION: By March 14, 2014, the number of practice-based electronic immunization transactions reported to the North Dakota Immunization Information System will be 50% of all reported transactions</p> <p>RESULT: For the period beginning September 1 and ending December 31, 2013 the average number of practice-based electronic immunization transactions reported to the NDIIS each week is 12,308, representing 56.5 percent of all transactions.</p>
Objective 1.5 Develop goal-specific evaluation tools to ensure that the goals identified in the work plan are met in a timely manner and as opportunities for improvement are identified that they are incorporated into the work plan goals	Met	<p>DESCRIPTION: Work with stakeholder groups to identify tracking mechanisms to complete evaluations; obtain approved budget from ONC to include additional funding for surveys and evaluations.</p> <p>RESULT: Approved budget was obtained from ONC, which included surveys and evaluation funding. The surveys and evaluations were completed by the Center for Rural Health.</p>
Business Need 2: Health improvement in North Dakota beyond the ONC grant period		

Project Closeout Report

(ONC breakthrough health improvement goal): By 2014, increase annual use of the North Dakota Tobacco Quitline (Q-line) and North Dakota QuitNet (Net) to at least 2 percent of all smokers and smokeless tobacco users	Met	<p>DESCRIPTION: Within six months (of Phase 1 completion), identify process to use to refer smokers to the North Dakota Tobacco Quitline using an automated approach (i.e. Direct) and identify process for Quitline to be able to respond back to providers with progress reports on referred smokers.</p> <p>RESULT: Direct is set up to be used by the Quitline for referrals.</p>
	Met	<p>DESCRIPTION: Within one year (of Phase 1 completion), a process is in place for providers to refer smokers to the North Dakota Tobacco Quitline and providers are using the new process; a Process is in place for the Quitline to submit reports to providers using an electronic process.</p> <p>RESULT: Completed, the Quitline vendor has Direct capabilities, can receive referrals and submit reports amongst providers.</p>
	N/A - In Progress	<p>DESCRIPTION: Within five years (of Phase 1 completion), the process to refer smokers to the North Dakota Tobacco Quitline is automated into the workflow for providers and referrals are made automatically by the EHR systems; progress reports are submitted directly by the Quitline system to the providers EHR system for their use within that system.</p> <p>RESULT: Task still in progress. We continually work on establishing a process to complete this task.</p>

Schedule Objectives					
Met/ Not Met	Original Baseline Schedule (in Months)	Final Baseline Schedule (in Months)	Actual Schedule (in Months)	Variance to Original Baseline	Variance to Final Baseline
Met	17	17	19	18.6% behind	18.6% behind

Budget Objectives					
Met/ Not Met	Original Baseline Budget	Final Baseline Budget	Actual Costs	Variance to Original Baseline	Variance to Final Baseline
Met	\$4,479,405.00	\$5,437,277.41	\$5,129,561.85		5.6% under

Major Scope Changes
CR1 PDMP Integration CR4 Sanford Bismarck Integration CR7 Altru Integration CR8 Family Healthcare Integration CR10 Essentia Health Integration CR11 Mid Dakota Clinic Integration CR12 Trinity Health Integration CR15 Deliverable 4 - Patient Portal Schedule Change / Scope split CR18 Deliverable 7 – eHealth Exchange Gateway Schedule/Scope split CR20 Participant Interfaces Change (Scope removal) CR21 Deliverable 9 – Business Intelligence modified deliverable schedule / Scope split CR22 eHealth Exchange Certification (7B) – Scope removal

Project Closeout Report

Lessons Learned

Collected via the Team Lessons Learned Meeting
1. Building a diverse, positive team was a key lesson learned; the NDHIN team aligned to achieve a goal and worked together
2. Following through on all contract requirements and documenting all discrepancies via issues was another key lesson learned; involving legal counsel with applicable steps (Dave Schaibley was excellent) and pursuing a mutual contract termination can be beneficial
3. Maintaining a strong working relationship with the vendor on a COTS/SaaS solution and focusing on collaboration and relationship-building were key lessons learned
4. Taking time as a team to celebrate and promote success is also key
5. When a vendor team changes personnel, take time to engage them and share history of the project, explain the bigger picture; Chad Peterson was excellent at creating awareness about the NDHIN, both to external and internal stakeholders
6. Engaging in external user groups was another positive lesson learned
Collected via Post Implementation Survey
7. I think the communications on this project were excellent and were very key in the success; the team kept all the stakeholders well informed
8. No complaints
9. The interface specialists were very knowledgeable and great to work with; for the testing and training it was easy to work with the NDHIN resource and they answered all of our questions; they have been a great team to work with
10. Need to actively monitor the work of the vendor to ensure they are getting this accomplished according to the timelines; build a project team where the vendor and the team all work together as one; work with the vendor to ensure project is moving along, if it is not, don't be afraid to change vendors; sometimes, in the long run it may be the best alternative
11. I learned that this was a collaborative project that involved many different disciplines within the healthcare setting
12. Technical review at start of each engagement was a good learning and would have helped eliminate a few of the smaller issues that came up later

Success Stories

Collected via the Team meeting
1. The Legislative and Administrative support for the project was a huge factor for success – the appropriations were critical
2. The engagement and support of the HITAC were vital to the success of the project
3. Procurement success – the quick turnaround of procuring a new vendor after the mutual termination with the first vendor was a huge success; the team worked very well together and quickly; Brandy Peterson was a key player for that success
4. The ability and commitment of all teams (NDHIN and participants) to accomplish work and get tasks completed was a key success
5. In the March 2014 ND Evaluation of Health Information Exchange report by the Center for Rural Health <ul style="list-style-type: none">• The Stakeholder Interviews section states that “the most common theme was praise for NDHIN staff”• The Takeaways section, it was stated

Project Closeout Report

- There is “high awareness of NDHIN amongst hospitals, clinics, public health; results illustrate need to increase education with other providers; however, there is an increased interest in wanting more information” as well as the “NDHIN staff/team has been valuable in NDHIN progress and NDHIN users should be re-evaluated in 2015”

6. Also refer to the March 5, 2014 presentation to the HITAC where Sheldon Wolf provided a summary of the accomplishments of the HITAC/NDHIN Project

- Excellent Governance Board and workgroups
- Hired excellent staff
- Built trust amongst Stakeholders
- Built the query based services and established interfaces with multiple participants
- Built integration with the Immunization Registry and Public Health Reporting
- Assisted providers to meet Meaningful Use
- Created a reputable NDHIN
- Established Direct Secure Messaging service and integration with the NDQuits program
- Working on integration with the ND Early Detection and Intervention Program
- Working on connections of Healthway
- Federal Agency collaboration – SSA, VA, IHS (6 months) DOD (unknown)
- Large Project Oversight Process
- HISP services for Large Providers
- Early Adopter Program with Orion Health
- Prescription Drug Monitoring Program integration
- Interaction with other states regarding inter-state issues
- Provider and consumer education material, training program for participants
- Working on an Imaging solution (view PACS images)
- Advance Care/Directive Planning Initiative
- User Group Meetings
- Communication: Newsletters, Project updates, Tradeshow

Collected via the Post Implementation Survey

7. The communication with NDHIN

8. Practitioners are able to access the NDPDMP directly from their patient interface

9. One success is for providers to electronically submit immunizations directly to the NDIIS system from their EHR system; this eliminated duplicate entry by the nurses, saving time; other areas of success include lab results being sent directly to the NDDOH

10. I feel there are many success stories, but the most important one was the incredible teamwork and support displayed by the NDHIN team, making the March 14 push into Production for so many participants possible