PROJECT CHARTER

(Project Charter is a document issued by the project initiator or sponsor that formally authorizes the existence of a project, and provides the project manager with the authority to apply organizational resources to project activities. Please note: Project Charter approval is mandatory before project work can be initiated).

This document is to be completed by the Project Manager or the Project Sponsor. Any questions on the completion of the document, contact the OIT Project Management Office at PMO@oit.state.nj.us.

NOTE: The Project Charter replaces the Business Case Review document.

Agency/Dept. Name	Rutgers University on behalf of the Center for State Health Policy ("CSHP" or "Center")
Project Title	Integrated Population Health Data (iPHD) Project
Tactical Planning #	
Agency Project Tracking # (If different then Tactical Plan#)	
Estimated Start Date	August 2016
Estimated Completion Date	February 2018
Estimated Duration of Project	Ongoing
Project Charter Submitted Date	November 2016- Amended February 2018

TABLE OF CONTENTS

1. BASIC PROJECT INFORMATION & PROJECT ORGANIZAITON

Project Type: ☒ **New** ☐ **Enhancement** ☐ **Replacement** ☐ **Maintenance -** *This does not refer to the annual renewal of maintenance contracts*

☐ **Other, Explain:**

1.1 BACKGROUND: *(Briefly explain the background of the project. If any application / System were used earlier for the similar process, then the explanations of that with elaborate description.).*

- NJ administrative departments and agencies create and maintain individually identifiable data and aggregated data sets in performance of their functions.
- Creation of a process by which agencies or authorized researchers can access data will help improve the value of those data.
- Linkage of multiple data sources and application of valid research methods can help identify population trends and individual and community determinants of the health, safety, security, and well-being of New Jersey residents.
- The establishment of a secure, statewide iPHD project containing certain data from NJ departments and agencies relating to health and publically supported programs will facilitate project-by-project approved analysis and research on the most effective strategies of improving the health, safety, security, and well-being of NJ residents and the overall cost-efficiency of government assistance programs.
- Rutgers University Center for State Health Policy (CSHP) has responsibility for analysis functions related to the Medicaid Accountable Care Organization Demonstration project, Medicaid Comprehensive Waiver, and assessment of high-cost Medicaid beneficiaries.
- Rutgers CSHP has the technical and operational capacity to operate the iPHD.

Source: Legislative Findings C.30:4D-65

1.2 PROJECT MANDATES: *(Briefly explain the need to do this project. What are the reasons that substantiate your perspective for this project to be approved?)*

By enacting the iPHD project law, the New Jersey Legislature and Governor established a process to integrate health and other data from publicly supported programs for population health research for the purpose of: (1) improving the public health, safety, security, and well-being of NJ residents; and (2) improving cost-efficiency of government assistance programs. The law establishes a Governing Board and oversight process and authorizes iPHD project operations within CSHP. The legislation requires that the iPHD project will be capable of securely receiving, maintaining, and transmitting data in accordance with the Act no later than 12 months following its effective date. The iPHD project shall comply with all applicable federal and state laws and regulations governing the privacy and security of personally identifiable information and other data including, but not limited to, HIPAA, 42 CFR Part 2, and other laws and regulations applicable to data received or distributed by the iPHD project.

a) Project is a result of (*Legislative*) Mandate: ☒ Yes ☐ No

b) If Yes, then: ☒ State Mandate ☐ Federal Mandate ☐ Other _____

c) Legislative Source and Reference Number: <u>Article VI "Health Data" §§1-8 - C.30:4D-65 to 72</u>

d) Effective of Mandate: <u>March 13, 2017</u>

1.3. KEY MEMBERS OF THIS PROJECT ARE:

	Role	Name	Agency	Phone #	E-Mail
1	Executive Sponsor(s)	Shereef Elnahal, MD, MBA, Commissioner	NJ Dept. of Health (DOH)	609-292-7837	Shereef.Elnahal@doh.nj.gov
		Rachel Hammond, JD, Data Privacy Officer	NJ DOH	609-292-5443	Rachel.Hammond@doh.nj.gov
		Joel Cantor, ScD, Distinguished Professor & Director	Rutgers Center for State Health Policy (CSHP)	848-932-4653	jcantor@ifh.rutgers.edu
2	Technical Sponsor	Elizabeth Rowe, MBA, Chief Data Officer	NJ Office of Information Technology (OIT)	609-777-2650	Liz.Rowe@tech.nj.gov
3	Project Director	Margaret Koller, MS, Executive Director	Rutgers CSHP	848-932-4655	mkoller@ifh.rutgers.edu
4	Data Manager	Jose Nova, MS, Senior Data Manager	Rutgers CSHP	848-932-4682	jnova@ifh.rutgers.edu
5	Enterprise PMO Officer:*	n/a			
6	Enterprise PMO Business Analyst *	n/a			
7	Team Members	TBD			
8	DCTO / Liaison	n/a			

GOVERNING BOARD MEMBERS	ROLE
NJ Commissioner of Health, or designee	Chair of iPHD Governing Board, and ex officio member
NJ Commissioner of Human Services, or designee	Ex officio Governing Board member
NJ Attorney General, or designee	Ex officio Governing Board member
NJ State Treasurer, or designee	Ex officio Governing Board member
Rutgers University Chief Information Officer, or designee	Ex officio Governing Board member
Director, Rutgers Center for State Health Policy, or designee	Non-voting ex officio Governing Board member
Natassia Rozario, JD, MPH, Associate Counsel & Senior Director of External Affairs, Camden Coalition of Healthcare Providers	Public Governing Board member appointed by the Senate President representing an organization capable of advocating on behalf of persons whose data may be received, maintained, or transmitted by the iPHD project
TBN	Public Governing Board member with experience in human subjects research who is affiliated with a research university in New Jersey to be appointed by the Assembly Speaker
Elizabeth G. Litten, JD, Partner & HIPAA Privacy & Security Officer, Fox Rothschild LLP	Public Governing Board member with legal expertise and interest in protecting the privacy and security of individually identifiable information to be appointed by the Governor
Rashmi Jain, PhD, Chair, Information Management & Business Analytics, Montclair State University-Feliciano School of Business	Public Governing Board member with technical expertise and interest in the creation and maintenance of large data systems and data security to be appointed by the Governor

*Assigned by NJ OIT PMO

2. PROJECT OBJECTIVES AND SCOPE

2.1 PROJECT OBJECTIVES: *(What are your project goals? Good objectives are finite in scope and duration. They are measurable and realistic.)*

1. The Governor, Senate President, and Assembly Speaker will appoint four public members of the iPHD Project Governing Board in accordance with section 3 of the Act.
2. With resource support from CSHP, the NJ Department of Health will convene the 10 member Governing Board in accordance with section 3 of the Act.
3. With resource support from CSHP, the Governing Board will develop all policies and procedures for the operation of the project in accordance with section 5(d) of the iPHD Act.
4. CSHP will maintain and, if necessary, upgrade its technical and administrative capacity to securely receive, process, maintain, transmit, and dispose of confidential data that furthers the purposes of the iPHD Act.
5. With staff support from CSHP, the Governing Board will oversee the operations of the iPHD project in accordance with section 5 of the Act.
6. In consultation with the Governing Board, CSHP will prepare and make available to the public an annual report of iPHD activities according to section 6 of the Act.
7. In consultation with the Governing Board, CSHP will seek funding to support and sustain iPHD operations according to section 7 of the Act.
8. In consultation with the Governing Board, CSHP will convene a consortium of researchers from NJ academic institutions and medical schools affiliated with NJ universities to facilitate actionable population health research to help improve outcomes for NJ residents as well as promote NJ's research institutions as leaders in social science research.

2.2 PROJECT IN SCOPE: *(Define the scope or boundaries of the project. What can be included in the project?)*

According to the Act, the iPHD project shall seek to receive, maintain, and transmit de-identified data wherever possible, and shall only receive, maintain, and transmit individually identifiable information if permitted by applicable law and if the information is in a form and format that is secured to prevent disclosure of individually identifiable information (C.30:4D-68(b)). While an agency may transmit identifiable data to the iPHD in response to an approved request, only de-identified Limited Data Sets (LDS) shall be released to the researcher.

The following *Principles of Operation* will be proposed to the iPHD Governing Board by CSHP:
- Proper data handling, data security, and client/patient privacy shall be the foremost priority of CSHP in its management of the iPHD project. The iPHD project shall comply with all applicable federal and state laws and regulations governing the privacy and security of personally identifiable information and other data including, but not limited to, HIPAA, 42 CFR Part 2, and other laws and regulations applicable to data received or distributed by the iPHD project.
- The Governing Board shall be the final authority on iPHD policies, procedures, and operations.
  - CSHP will operate the iPHD project under the direction of the Board.
  - CSHP will provide highly professional and skilled support to the Board in the execution of its responsibilities.
- CSHP shall adhere to the highest standards of research ethics in operating the iPHD project.
- CSHP shall take all necessary steps to minimize administrative burden on state agencies contributing data to the iPHD project.
- CSHP shall work with the Board and agencies contributing data to assure that only minimum necessary data are retained and only for the periods of time required to meet the intent of the Act.
- CSHP shall promote authorized research using iPHD data that addresses the State's highest priorities for research to improve population health and the cost-effectiveness of government programs.

- CSHP shall reach out to, and engage, researchers from all of the State's research universities to advance the goals of the iPHD project.
- Working with the Governing Board, CSHP shall seek funding for iPHD project start-up costs and will develop a financial sustainability strategy for an efficient, break-even operation.

2.3 PROJECT OUT OF SCOPE: *(Define your project limitations. What are the project activities or process that cannot be included in this project?)*

No publicly supported program or health data shall be accepted by the iPHD project:
- Unless use of such data advances the purposes of the iPHD Act, i.e., "the improvement of public health, safety, security, and well-being of New Jersey residents and the improvement of the overall cost-efficiency of government assistance programs" (section 5b(2));
- Unless the department or agency holding such data agrees to allow access;
- If a review by the Attorney General or the applicable department or agency determines that such transmission or access would violate State or federal law;
- Until enforceable data use, data sharing, or other similar agreement that is acceptable to the department or agency contributing data is in place;
- Unless receipt of such data is approved by the iPHD Governing Board.

3. SHARED OPPORTUNITIES

List the Agencies that will benefit from this Shared IT Architecture:

1) State Agencies: To be determined, potentially any New Jersey Agency may benefit. The iPHD legislation specifically mentions that relevant data is maintained by the NJ Departments of: Health, Human Services, Community Affairs, Corrections, and Agriculture, but does not limit potential data sharing to these agencies.

2) Federal Agencies: To be determined

3) Local Government Agencies: To be determined

4) Others: To be determined

What are the benefits expected from these shared services and opportunities:

☐ Reduced Cost of application development

☐ Consolidates multiple agencies operations

☒ Eliminates redundant functions in and across agencies

☐ Reduce energy consumption and computer space

☒ Efficient use of the resources

☐ Use of centralized helpdesk, backup and recovery services

☒ Others, Explain: Generate research to identify ways to achieve more effective and efficient governmental operations of health care and related programs.

4. BUSINESS CASE AND PROPOSED SOLUTIONS

4.1 BUSINESS SPONSOR EXPECTATIONS AND AGREEMENT:
(Define the business sponsor's expectations and agreements for this project. What does the business sponsor foresee this project's outcome to be?)

The business sponsor (Rutgers CSHP) anticipates that the purposes of the iPHD Act can be achieved under the business model describe here, and that there will be a positive return on investments in iPHD project operations in the form of improved health and well-being of New Jersey residents and improved cost-effectiveness of governmental program operations.

4.2 BUSINESS CASE:
(Business case captures the reasoning for initiating a project. Your case should contain a clear and concise outline of the whole proposal, including the rationale for proceeding with it.)

The iPHD project is intended to promote actionable research that leads to improved health and well-being of New Jersey residents and improved cost-effectiveness of governmental operations. The iPHD Act (C.30:4D-71) anticipates that funding support will come from grants from research or private entities; fees paid by persons or entities requesting data access; federal grants; and grants or other financial support from State or local departments, agencies, authorities, or organizations at the discretion of these entities, for specific projects of interest to these entities. No State budget appropriation is anticipated for this business case.

4.3 PROPOSED SOLUTIONS/PROJECT APPROACH:
(This section should include a description of the Solutions being proposed and others that have been considered. Also, describe why this solution was selected instead of the others. If a high-level solution is not known, explain your approach for selecting the solution).

The iPHD Act vests Rutgers CSHP with responsibility to establish a sustainable business plan for the iPHD project under the guidance of the iPHD Governing Board. The CSHP expects to raise start-up funding and initial operating support (e.g., first three years) for the iPHD project from private foundations and to achieve sustainable funding thereafter from fees from applicants for access to iPHD data. The fee schedule will be developed in compliance with federal NIH grant funding guidance (see http://grants.nih.gov/grants/policy/core_facilities_faqs.htm) and approved by the iPHD Governing Board.

4.4 ALTERNATIVE SOLUTIONS: *(List the possible alternative solutions considered before choosing a specific one.)*

Not known at this time.

Alternatives Considered	Why Chosen / Not Chosen
None considered	

4.5 AS-IS MODEL & TO-BE MODEL FOR THIS PROJECT *(if known):*
(Describe the AS-IS i.e. Current state and TO-BE i.e. the Future State of the application or Process. Provide high-level process flow diagrams using MS Visio or simple flowchart for both.)

Not known at this time.

5. PROJECT MILESTONES, CONSTRAINTS & ASSUMPTIONS

5.1 MILESTONES:

(A milestone is a point in time action or event signifying a change in a stage of the project. Examples: (1) the completion of Requirements is a milestone that signifies the project can move to the Design phase, (2) the completion of testing is a milestone that may signify an application or piece of hardware can be deployed into production, (3) Milestones can be tracked from either the project or a project management perspective.)

No.	Milestones	Estimated Date *(known date or estimated timeframe)*
1	DOH and NJOIT Review Draft Project Charter	Amended February 2018
2	iPHD Briefing for CIOs, COSs of Departments of Health, Human Services, AG's Office, & Treasury	November 2016
3	Convene Governing Board • Review Project Charter • Review Policy & Procedure Outline & Selected Sections • Discuss Research Priorities • Discuss Annual Reporting	December 2016
4	Seek Input on Research Priorities& Data Sources from State Agencies	January/February 2017 & ongoing
5	Convene Governing Board • Review Remaining & Revised Policies & Procedures • Update Progress of Research Priorities	March 2017
6	Convene Governing Board • Discuss Research Priorities	June 2017
7	Convene Governing Board • Remaining & Revised Policies & Procedures • Discuss development of Research Priorities	September 2017
8	Submit Annual Progress Report	December 2017
9	Convene Governing Board • Discuss External Funding & Sustainability Strategy	December 2017
10	Host iPHD Research Priority Meeting	May 2018
11	iPHD Ready to Receive & Distribute Data	September 2018

5.2 CONSTRAINTS: *(Constraints are the limitations or restrictions of a project, including, but not limited to funding, dates, staffing, and dependencies on other systems, units or phases of the project.)*

The successful launch and operations of the iPHD project requires (1) CSHP achieving adequate funding and maintaining the staff and infrastructure necessary for securely managing confidential data, (2) the appointment and active engagement of the iPHD Governing Board, and (3) willingness of New Jersey agencies and departments to contribute data to the iPHD project.

5.3 ASSUMPTIONS: *(Assumptions are the estimations of a known fact about a project)*

It is assumed that (1) adequate funds can be raised, (2) CSHP can maintain the staff and infrastructure needed to operate the iPHD, (3) the Governing Board will be appointed in a timely manner and be actively engaged, (4) administrative rules can be promulgated in a timely way, (4) State agencies and departments will be willing to share data, (5) researchers from NJ research universities and other institutions will capably and successfully apply for access to iPHD data, and (6) valuable findings emerge from research that leads to the improved health and well-being of NJ residents and/or more efficient governmental operations.

6. PROJECT COST AND BENEFIT ANALYSIS

Project Funding Sources: ☐ **State** ☒ **Federal** ☒ **Other, explain:** private foundation grants and fees from applicants for use of iPHD data.

(It is important to quantify the financial benefits of the project as much as possible in the business case. This is usually done in the form of a cost benefit analysis. The purpose of this is to illustrate the costs of the project and compare them with the benefits and savings. Additional cost factors can be added to the table below.)

6.1 COST FACTORS OF THE PROJECT

Cost Factor	Detailed Component of Cost	Quantity	Initial Development Cost	Recurring Annual Cost	Remarks
Hardware	PCs, Devices, Servers		CSHP will be responsible for raising resources to develop and sustain the computing infrastructure required for the iPHD project. To do so, it will prepare grant proposals and create a fee schedule for review/approval by the iPHD Governing Board.		The iPHD project will use the existing computing infrastructure at Rutgers Institute for Health, Health Care Policy and Aging Research (CSHP parent entity)
Software	Technology used, Software license cost				
SAAS (Software as a Service) / Cloud Computing	Technology used, Hosting cost				
Vendor Consulting	Consulting needs				
Maintenance	Maintenance cost of personnel, material, and other				
Training	Training cost				
Other	Any other anticipated cost				

Total Estimated Cost of the Project : $

6.2 ESTIMATED COST OF RESOURCES/PERSONNEL

Type of Resource Need	Number of Resources	Provided by Agency/Vendor/ OIT	Initial Development		Recurring Maintenance		Remarks
			Days	Cost	Years	Cost	
Project Manager	TBD	Rutgers CSHP					Personnel requirements to be determined by the scope and scale of iPHD operations over time.
Business Analyst	TBD	Rutgers CSHP					
Senior Database Manager	TBD	Rutgers CSHP					
Data Analyst(s)	TBD	Rutgers CSHP					

Total Estimated Cost of the Resources: $

6.3 FINANCIAL BENEFIT/REVENUE FACTORS OF THE PROJECT- N/A

Revenue Factor	Revenue Generated/Cost Savings	Component Description	Recurring Revenue/Savings	Remarks
Technology Upgrade Cost Saving				Not applicable
Service Fee Revenue				
Tax Revenue				
Manpower Cost Savings				
Shared IT Architecture				
Others				
Total Estimated Revenue Generation or Potential Savings: $				

6.4 NON-FINANCIAL BENEFITS

No.	Benefit Categories	Explanation
1.	Process Improvements	It is expected that authorized analyses of data from the iPHD project will help identify means to improve the overall cost-efficiency of NJ government programs (iPHD Act C.30:4D-65d).
2.	New or Enhanced Service	It is expected that authorized analyses of data from the iPHD project will help identify the most effective means for improving the health, safety, security, and well-being of New Jersey residents (iPHD Act C.30:4D-65d).
3.	Public/Stakeholder	It is expected that the iPHD project will strengthen the ability of New Jersey's research universities to successfully compete for federal and private foundation grants and contracts, thereby strengthening the state's educational institutions.
4.	Strategic Alignment to Agency or Depart. Plan	The iPHD Act anticipates that all authorized analyses will align with the missions and operations of state agencies contributing data.
5.	Others	

7. PROJECT RISK ASSESSMENT

(The potential risks involved in undertaking this project can be presented in a tabular format as set out below. Your project needs to define the risk elements that are appropriate to you. A typical risk assessment table may include: Hardware Risk, Software Risk, network, data conversion, integration/interfacing, user acceptance, etc. Additional cost factors can be added to the table below.)

	Risk	Likelihood Low, Med, High	Impact Low, Med, High	Risk Management Approach/Mitigating Action	Early Warning Signs
1	Loss of key staff	Med	Med	Actively recruit and promote the professional development of staff, maintain open communication with staff	Gaps in job satisfaction
2	Management	Low	Med	Build on existing CSHP management strengths Provide active staff support to the Governing Board	Senior management turn-over Gaps in communication with Governing Board members
3	Financial Risk of non-availability of funds	High	High	Build on CSHP's strong fund raising record Establish efficient operations and minimize fee amounts using a cost-recovery only model Actively engage researchers from NJ research universities and other institutions	Inability to raise initial grant funds or low volume of applications by researchers interested in using the data
4	Vendor Coordination problems	n/a			
5	Other Risks	n/a			

8. REVISION HISTORY

Version No	Created/Modified By	Description of Revision	Date

9. PROJECT CHARTER ENDORSEMENTS

Executive Sponsor _____ Date: 7/23/18
    Shereef Elnahal, MD MBA, Commissioner, NJ Department of Health

Executive Sponsor _____ Date: 3/23/18
    Rachel Hammond, JD, Data Privacy Officer, NJ Department of Health

Executive Sponsor _____ Date: March 23, 2018
    Joel Cantor, ScD, Distinguished Professor & Director, Rutgers Center for State Health Policy

Technical Sponsor, NJ OIT _____ Date: 3-28-18
    Elizabeth Rowe, MBA, Chief Data Officer & Deputy Chief Technology Officer for Policy