

VERSION 0.2
JANUARY 27, 2014

HEALTHCARE CONNECT FUND PROJECT COMMUNICATION PLAN

**HEALTH INFORMATION KNOWLEDGE-CONNECTIVITY
RURAL CONSORTIUM (HICK.RC)**

FCC UNIVERSAL SERVICE ADMINISTRATIVE COMPLANY (USAC)

HEALTHCARE CONNECT FUND (HCF) PROJECT



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HEALTHCARE CONNECT FUND PROJECT COMMUNICATION PLAN

PROJECT COMMUNICATION DOCUMENTS

Version Control

Date of Revision/Brief Reason

Version 0.1	Dec. 30, 2013; Initial document development
Version 0.2	Jan. 27, 2014; clarify and define project roles i.e. Consortium Leader, Project Role, Grant Role, Ambassador Role additions and/or changes. Terminology, “not a grant”; a funding reimbursement opportunity. Consortium must be >50% rural participants. Process change: Consortium will file Form 460 on behalf of HCPs.

The purpose of the Project Communication Table is to identify the communication processes, venues, documentation requirements and frequency for the HCF Project. It identifies the recipients of the communication documents, the persons responsible for creating, updating and delivering the documents and the communication purpose of each document and/or venue of communication effort.

PROJECT COMMUNICATION TABLE

Document	Recipients	Purpose	Update frequency	By Whom and How
Executive Status Report	Dawn R. Gallagher	Awareness, Status Updates, Approval and/or Strategic Input Guidance	Weekly Project Meeting	Lorie Smith -Written Status Update
1. Issue Management and Risk Management	Dawn R. Gallagher, Martha Vrana-Bossart, Lorie Smith HICK.RC	Awareness, Updates, Mitigation and Next Steps	Bi-weekly Grant Mtgs. Discussion and Minutes	Dawn, Lorie, Martha -Standing Agenda Item
2. Project Schedule/Timeline	Dawn R. Gallagher, Martha	Project Kick-off, Charter, Scope, Integration, Time,	Bi-weekly Grant Mtgs. Discussion	Dawn, Lorie, Martha -Standing Agenda Item

Document	Recipients	Purpose	Update frequency and Minutes	By Whom and How
	Vrana-Bossart, Lorie Smith HICK.RC	Cost, Schedule, Quality, Resources, Communication, Risk, Procurement, Status Updates		
3. Communications	Dawn R. Gallagher, Martha Vrana-Bossart, Lorie Smith HICK.RC	Initiation, Team Structure, Team Roles and Scope, Buy-In, Engagement, Onboarding Steps, Stakeholder Expectation Management, Awareness, Feedback Loop and Follow Up	Scheduled, On-going and As needed	Dawn, Lorie, Martha, HICK.RC <ol style="list-style-type: none"> 1. Scheduled Bi-weekly Grant Mtg. Discussions with Mtg. Minutes 2. Ad-hoc Project Meetings 3. Email 4. Phone calls 5. Face-to-face mtgs. 6. HCF Communication Plan 7. Consortium Org. Chart 8. Narrative – i.e. Talking Points and HCF Summary 9. HCF Overview with USAC PowerPoint link 10. Timeline high level 11. To-Do List for each Phase of Project 12. Instructional Flowcharts for

Document	Recipients	Purpose	Update frequency	By Whom and How
				Required Form Application 13. Etc. etc. items to be added as identified
4. Change Control	Dawn R. Gallagher, Martha Vrana-Bossart, Lorie Smith HICK.RC, CCB-t.b.d		As needed-t.b.d.	

TEAM ORGANIZATION STRUCTURE

Leadership Roles

- **Consortium Leader** –Maine, Department of Health and Human Services, Office of MaineCare Services. Dawn R. Gallagher, Director, State Health Information Technology Initiatives Program
- **Consortium Project Role** – Lorie L. Smith
- **Consortium Grant Role** – Martha Vrana-Bossart

Membership Roles

- **Consortium Ambassadors**- HICK.RC members identified to help facilitate on-boarding process
- **Health Information Connectivity-Knowledge Rural Consortium Members** – engaged i.e. 75% attendance in HIT Grant Meetings and committed Consortium members by committing to USAC Letter of Agency (LOA), Third Party Authorization (TPA) and Legal and Financial Written Agreement with the HICK.RC Consortium

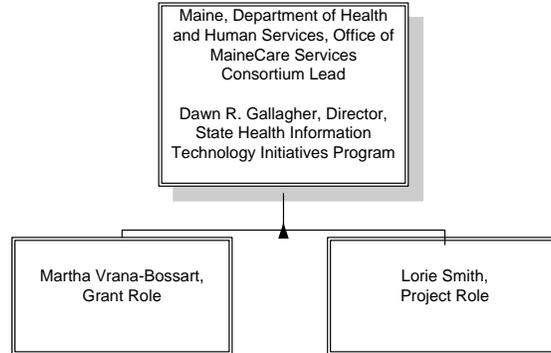
HICK.RC Organization Chart

Health Information Connectivity-Knowledge Rural Consortium

Tuesday, January 27, 2014



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Ronald Deprez and/or Nicole O'Brien, Ambassadors, [University New England](#), and other, [Maine healthcare educational sites \(multiple sites\)](#)

David Lawlor and/or Darlene McKinnon Ambassadors, [Maine Association for Community Service Providers \(multiple sites\)](#)

Susan Corbett, Ambassador, [Harrington Family Healthcare](#), (multiple sites)

Kim Mohan and/or Margaret Gradie, Ambassadors, [MCD Public Health \(multiple sites\)](#)

Chris Muffett, Ambassador, [Maine Primary Care Association FQHC and RCHs](#)

Julie Shackley, Ambassador, [Androscoggin Home Care & Hospice](#), [The Home Care & Hospice Alliance of Maine \(multiple sites\)](#)

Lisa Harvey-McPherson and/or Evelyn (Eve) Preston, Ambassadors, [EMHS \(multiple sites\)](#)

Judith A. Feinstein, Ambassador, [Maine CDC Oral Health Program](#)

Holly Harmon and/or Rick Erb, Ambassadors, [Maine Healthcare Association \(Nursing Homes/Long Term Care \(multiple sites\)\)](#)

[Vacant](#), Ambassador, [DHHS Behavioral Services Member](#)

TEAM QUALITY GOALS

1. Increase the percentage of rural, healthcare telecommunication, Telehealth and telemedicine in the State of Maine.
2. Develop and deploy an increased percentage of rural, broadband networks in the State of Maine for the purpose of connectivity to benefit patient care, patient outcomes and provide increased workforce education between Healthcare Providers.
3. Decrease Universal Service Funding (USF) in the State of Maine by increasing the cost effective usage of USF funds between Healthcare Providers.

TEAM ASSIGNMENTS

Three teams are identified and will consist of one project, leadership member and HICK.RC members.

Healthcare Connect Fund Project Teams

Name of Team	Team goals and responsibilities	Team Leads	Team Members
Communication Team	Raise initial awareness HCF Project, for purpose	Lorie Smith	Ambassadors listed in Project Organization

Name of Team	Team goals and responsibilities	Team Leads	Team Members
	of On-boarding of HCPs, engagement and identification of First Steps i.e. LOA, TPA, Agreement, USAC F460 <i>Eligibility and Registration Form</i>		Chart
Evaluation Criteria Team	Develop weighted scoring evaluation criteria for RFS. Criteria to be used in Vendor Competitive Bidding process	Martha Vrana-Bossart	t.b.d.
Quality Team	<ol style="list-style-type: none"> 1. Gather baseline measurements from all participating HCPs for HCF Project quality goals 2. Measure incremental improvements toward HCF Project goals 	Lorie Smith	t.b.d.
External Resources			ConnectME Authority David W. Maxwell Patricia Chubbuck OSC, OIT Members Sewall and Associates HIT Squad Others t.b.d.

RISKS AND ISSUES MANAGEMENT

POTENTIAL EXCEPTIONS AND PROBLEMS

1. Consortium membership must be > 50% of rural HCP physical locations or sites
2. On-boarding process for awareness, engagement and commitment is relatively short
3. Interested HCPs may be identified after RFS and RFP are submitted
4. Consortium will file USAC Form 460 on behalf of HCPs

APPROPRIATE CORRECTIVE MEASURES

1. Key stakeholders identified as Ambassadors will help with communication efforts and outreach to potentially interested HCPs within their area of healthcare interest
2. HIT Squad Consultants will leverage Survey Outreach already in progress to include raising awareness with HCP contacts about HCF Application/Project initiatives under the HICK.RC leadership and approach
3. Provide Narrative (i.e. Talking Points) document, **HCF Summary**, Timeline, Org. Chart, Project Role’s contact information as an additional resource for additional questions, etc. to Ambassadors and HIT Squad Consultants as resource tools and references
4. Schedule bi-weekly grant meetings with HCPs and adhoc as required. Weekly address risks and response to risks with Executive Sponsor. Technical Resource and Grant Role to provide weekly status report that include risks and proposed mitigation strategy to Project Role.
5. Include a clause in RFS and RFP that other HCPs may join HICK.RC Consortium and HCF Project after submission due date
6. Excel Form for collecting specific USAC Form 460 field data requirements from each HCP’s site was developed and is to be circulated to each HCP site completing Consortium Membership Forms.
7. Project Role i.e. Lorie Smith to file USAC Form 460 on HCP’s behalf.

TRACKING RISKS AND ISSUES

Date recorded	Risk description	Probability	Impact	Mitigation plan
12/30/2013	<50% rural HCPs sites	medium	high	Corrective measures 1, 2, 3, 4
12/30/2013	On-boarding timeframe short	high	high	Corrective measures 1, 2, 3, 4
12/30/2013	Interested HCPs join outside application dates	medium	medium	Corrective measure 4
1/22/2014	Consortium Files F460 on behalf of all HCPs	High	medium	Corrective measure 6, 7

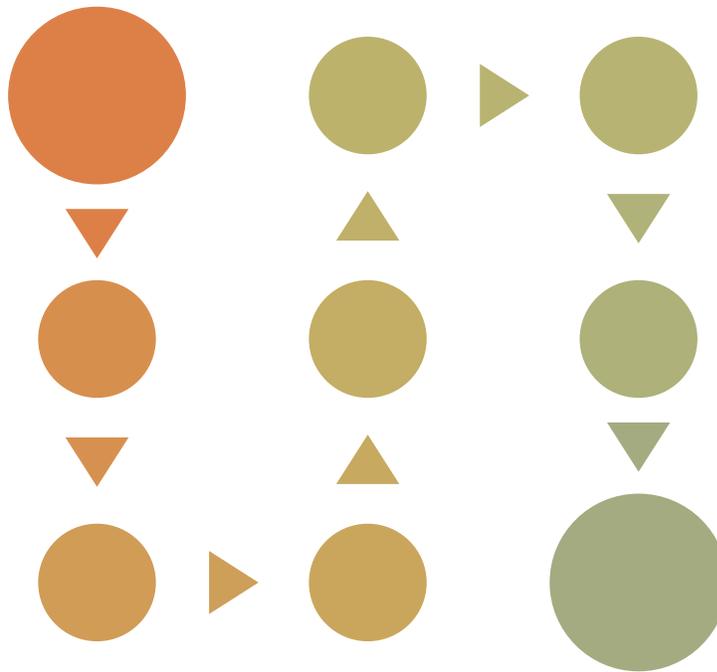
CHANGE MANAGEMENT PROCESS

CHANGE MANAGEMENT PROCESS STEPS – TBD AS NEEDED

[Describe the process that your team will follow to document and approve changes to the project. If your team uses a change control document, identify how and when team members should fill it out.]

CHANGE MANAGEMENT PROCESS FLOW

[Create a flow diagram of your change process.]



CHANGE CONTROL BOARD (CCB)

[Identify who will serve on the CCB, which determines whether issues are within the current project scope and whether they should be addressed.]