HIE Project Business Case

HIMSS/NACCHO HIE Toolkit for Public Health Business Case Tool

[INSERT ORGANIZATION NAME, DATE]
Project Name and Description

• Project Name

• Description
  – High-level description of:
    • The functional capabilities the project will create (e.g., electronic case reporting; community health profiles)
    • The solution used (e.g., HIE case detection and automatic generation of electronic reports; HIO generates periodic statistics of diagnoses and preventive services in jurisdiction)
Project Stakeholders

- Health Department programs or administrative functions that will use or provide information
- Other public health stakeholders (e.g., state, local, Tribal departments) affected by this information exchange
- Numbers of physicians / clinics / hospitals / labs / pharmacies / other stakeholders who would provide or receive information – estimate and list separately for:
  - Initial cross-section of stakeholders
  - 5-year estimate (needed for 5-year financials, tests of progress)
Business Goals Addressed

• Goals that this project will address
  – Use *Health Department HIE Goals Matrix* to complete

• Relationship to Health Department priorities
  – Link HIE goals to health department planning / priorities from Community Health Improvement Plan, departmental strategic plan or other sources
Business Impact: Program

- **Program Impact:** Describe how the tasks and workflows of different health department programs will be affected
  - Expected improvements
    - Include metrics if possible (e.g., time to report receipt; labor to create statistics)
  - Indirect impacts
    - E.g., relationships with partners, other community capabilities enabled
  - Impact on funding and accreditation requirements
  - Necessary program changes
    - E.g., workforce training, managing dual / multiple systems
  - Necessary stakeholder changes
    - What will other stakeholders be asked to do differently?
Business Impact: Financial

• Capital investments
• One-time costs (e.g., interfaces)
• Estimated annual costs (broken down over each of 5 years)
  – Membership fees
  – Estimated transaction fees (may rise as partners/transactions increase)
  – Software licenses
  – Trainings, etc.
• Estimated annual economic benefits (broken down over each of 5 years)
  – Saved labor (typically calculated as [$ saved per transaction] X [estimated # of transactions])
  – Saved costs (mail, supplies, decommissioned systems)
    • Remember that until a significant proportion of partners use HIE, it may not be possible to decommission older methods
  – Avoided costs (e.g., prevention benefits)
  – Income opportunities (grants, contracts, incentives, fee-based services)
  – Indirect benefits (e.g., interoperability, ability to extend to other programs, impact on community health capabilities, accreditation)
• At the end of 5 years, with projected # of exchange partners:
  – What is the total cost of ownership?
  – What is the Return on Investment (ROI)?
  – Did / Will the investment pay back?
Alternatives Considered

• If one HIE option was chosen over others, describe each and why this was selected in terms of:
  
  – Program Impact
    • E.g., from the Health Department HIE Goals Matrix
  
  – Financial Impact
    • If calculated for multiple options, display 5-year financials compared to chosen option
Risk Management: The HIE / HIO

• Describe risks
  – Risks identified using HIE Service Provider Risk Assessment
  – Uncertain HIE commitment to health department goals
  – Uncertain access to needed exchange partners and data
  – Threats to HIE business sustainability
  – Feasibility of HIE technical Solution / Appropriate service level readiness
  – Threats to HIE privacy and security

• Proposed actions to mitigate each identified risk
  – **NOTE:** If actions have programmatic or financial impact, be sure they are reflected in earlier impact slides
Risk Management: The Health Department

• Describe risks
  – Risks identified using Health Department Risk Assessment
  – Capability to work with HIE organization
  – Financial capabilities
  – Technical capability
  – Information stewardship capability
  – Capability to adjust workflow to receive benefit

• Proposed actions to mitigate each identified risk
  – **NOTE:** If actions have programmatic or financial impact, be sure they are reflected in earlier impact slides
Summary

• Describe who has reviewed and approved the descriptions and assumptions presented in this deck:
  – Affected program leadership and staff
  – HIE/HIO leadership
  – Other public health stakeholders (e.g., statewide program staff)
  – External stakeholders (exchange partners) as applicable (e.g., labs, medical societies, hospitals)
  – Financial and Information Officers
Conclusions

• Net value of the project
  – How beneficial is the net projected Program Impact?
  – How beneficial is the net projected Financial Impact?
  – Do unmanaged risks outweigh the benefits?

• Recommendation

• For discussion:
  – Challenging cost and benefit assumptions
  – Adequacy of risk mitigation