

HL7 "EHR SD RM" Project "EHR System Design Reference Model"



The Practical Guide to SOA in Healthcare Volume II:

Immunization Management Case Study

Lessons Learned

HL7-OMG SOA in Healthcare Conference, The Role of SOA on the Path to Meaningful Use 12 July 2010, Functional Track, 1615-1700

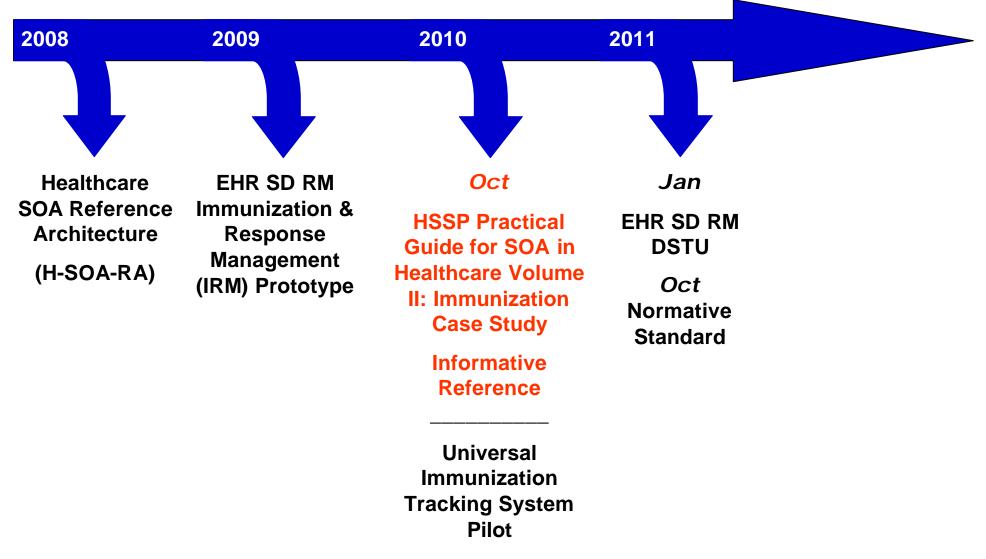
Practical Guide: http://hssp.wikispaces.com/PracticalGuide
EHR SD RM info: http://hssp.wikispaces.com/Reference+Architecture

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EHR SD RM Milestones



DSTU is Draft Standard for Trial Use (ANSI standards development)





Immunization Project Documentation Plan

The Practical Guide For SOA in Healthcare Volume II

- ✓ Version A, dated 26 Mar 2010, Table of Contents
- ✓ Version B, dated 02 Apr 2010, Background Section (1st Draft)
- ✓ Version C, dated 09 Apr 2010, Executive Summary, TOGAF ADM and SAIF Sections (1st Draft)
- ✓ Version D, dated 16 Apr 2010, Executive Summary and TOGAF ADM (2nd Draft)
- ✓ Version E, dated 30 Apr 2010, SAIF-ECCF Appendix (2nd Draft)
- ✓ Version F, dated 30 Apr 2010, IHE, TOGAF ADM and SAIF Sections (3th Draft)
- ✓ Version G, dated 07 May 2010, Full document edit, cleanup, review and gap identification
- ✓ Version H, dated 14 May 2010, Document & Slides for HL7 WG meeting in Rio de Janeiro.

TODO ...

- Version ?, dated summer 2010, ECCF architectural artifact ontology & glossary
- Version ?, dated summer 2010, Add FHIM to IMC specification
- Version ?, dated summer 2010, Add NIEM IEPDs to IMC specification
- Version ?, dated summer 2010, Add CCHIT certification criteria to IMC
- Version ?, dated summer 2010, Integrate NHIN Connect & Direct Services into ECCF PIM
- ☐ Version ?, dated summer 2010, Add UITS IMC Platform Specific specifications
- Version ?, dated summer 2010, Enhance the TOGAF & ECCF discussions linking views together
- Version ?, dated summer 2010, Refine ECCF Conformance Statements
- Version 1.0, dated 01-Oct-2010, for HL7 24th Annual Plenary & Working Group Meeting





Immunization Management Case Study Documentation Approach

The Practical Guide for SOA in Healthcare Volume II presents the case study, which adds an

- ☐ Immunization Management Capability (IMC) to Volume I's
- SampleHealth's Service Oriented Architecture (**SOA**). We used the
- TOGAF Architecture Development Method (ADM) and
- ☐ HL7 Service Aware Interoperability Framework (SAIF)
 - Enterprise Conformance and Compliance Framework (ECCF).

Volume II demonstrates HL7's EHR System Design Reference Model (EHR-SD RM)

- Linking EHR System Functional Model, FHIM, HITSP, HITECH, HSSP, IHE, NIEM
- To provide an Exchange Architecture baseline suitable for an EHR related
 - SOA acquisition, development or certification project.





Immunization Management Case Study Technical Approach

- Two use cases from the Health and Human Services (HHS) American Health Information Community (AHIC) were used. The Immunization Response Management (IRM) use case and its Vaccine and Drug Administration and Reporting scenario and the Public Health Case Reporting (PHER) use case were used to develop the business architecture, Information Exchange Requirements (IERs), data requirements, interoperability specifications and conformance statements for the IMC's Services.
- EHR System Functional Model defined requirements
- HITSP Defined Interoperability Specifications
- IHE Defined Implementation Profiles





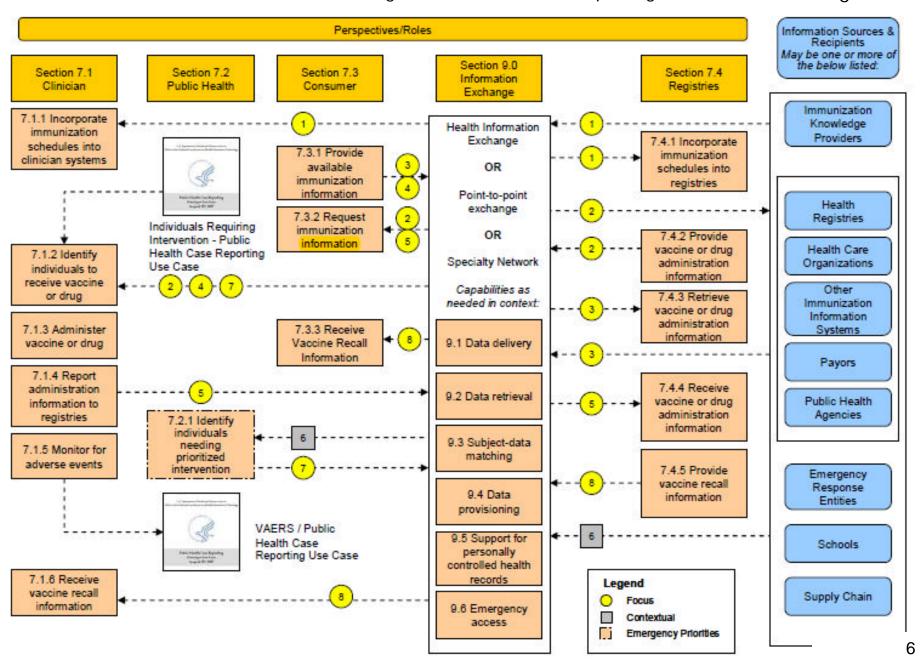
EHR-SD RM Prototype [2008 AHIC Use Cases] Immunization and Response Management (IRM)

- The IRM AHIC Use Case and HITSP Interoperability Specification are intended to support current interoperability approaches between EHRs and Immunization Information Systems while allowing for a migration toward emerging interoperability implementations and document sharing environments where PHRs are able to be included in the information flow
- The Interoperability Specification also allows for basic electronic information exchanges to enable requirement communications and alerting mechanisms and to lay the foundation for future clinical support capabilities
 - Scenario 1: Vaccine and Drug Administration and Reporting and
 - Scenario 2: Vaccine and Drug Inventory Reporting





EXAMPLE ARTIFACT: Vaccine and Drug Administration and Reporting Information Exchanges



HL7 EHR System Functional Model (EHR-S)

> 160 System Functions in 4 level categorization (separate spreadsheet available for full enumeration)

Dire	DC.1	Care Management
Direct Care	DC.2	Clinical Decision Support
are	DC.3	Operations Management and Communication
Sup	S.1	Clinical Support
Supportive	S.2	Measurement, Analysis, Research and Reports
tive	S.3	Administrative and Financial
	IN.1	Security
₹ =	IN.2	Health Record Information and Management
ifor	IN.3	Registry and Directory Services
itru (IN.4	Standard Terminologies & Terminology Services
Information nfrastructure	IN.5	Standards-based Interoperability
ire ii	IN.6	Business Rules Management
	IN.7	Workflow Management
Other	0-1	Electronic Resource Planning (ERP)
	0-2	Finances
	0-3	Other

EHR-S FM functions can be grouped into Service Components ... aka Capabilities (e.g., Lab Order Capability, which does eligibility and authorization function as well as lab order function).

NOTE: "Other" Category - The EHR-S model does NOT include Electronic Resource Planning (ERP) / Logistics and Financial components, which are needed for completeness of a Health IT Enterprise.

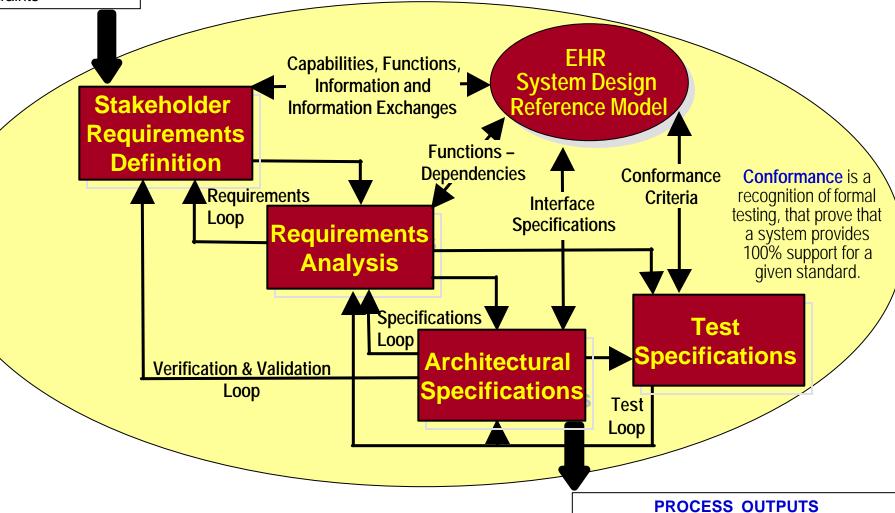




PROCESS INPUTS

- -Required Capabilities
- -Environments
- -Constraints

EHR System Design Reference Model (EHR SD RM)
Supporting Requirements/ Architecture Development Cycle

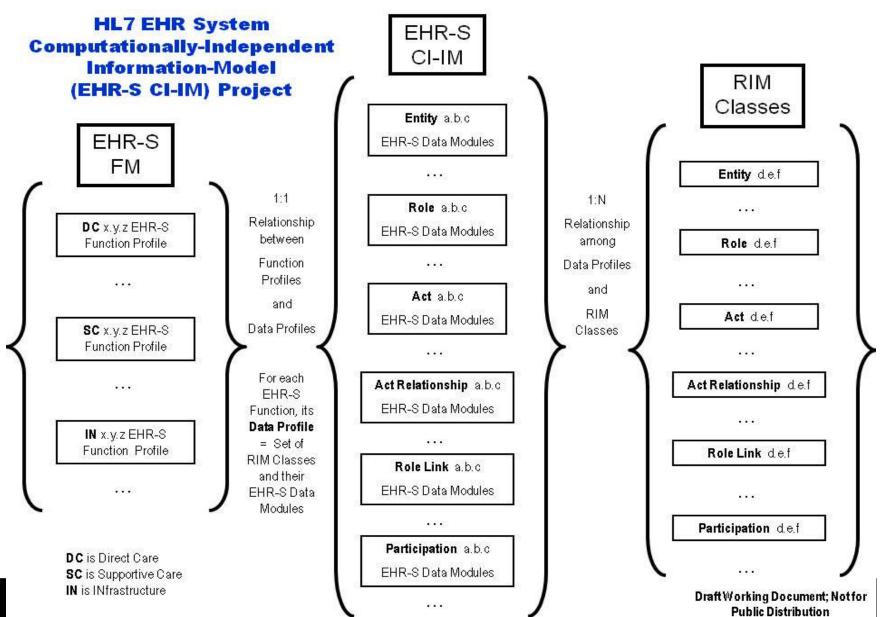


- -System Architecture,
- -Test Specifications
- -Configuration Management Baselines





Lesson Learned: EHR-S FM needs a Companion EHR-S Information Model





Immunization Management ECCF Specification Stack

Subject Specification	Enterprise Viewpoint "Why" Policy	Information Viewpoint "What" Content	Computational Viewpoint "How" Behavior	Engineering Viewpoint "Where" Implementation
CIM (Conceptual)	 ✓ Inventory of o Use Cases o Capabilities-Services o Requirements o Contracts o Stakeholders ✓ Business Scope ✓ Business Vision ✓ Business Objectives ✓ Policy & Regulations 	 ✓ Inventory of ○ Domain Entities ○ Roles, ○ Activities, ○ Associations. ✓ Information Models ○ Conceptual ○ Domain 	 ✓ Inventories of ○ Capabilities-Components, ○ Functions-Services. ✓ Requirements ○ Accountability, Roles ○ Behaviors, Interactions ○ Functional Profiles, ○ Interfaces, Contracts ✓ Conceptual Functional Service Specifications 	✓ Inventory of Platforms/ Environments.
PIM (Logical)	 ✓ Applicable Rules ✓ Use Case Specs ✓ Governance. ✓ Technology Neutral Standards ✓ Wireframes of o architectural layers o Components and o Associations 	 ✓ Information Models ○ Localized ○ Constrained ○ Project ✓ Message Content Specifications 	 ✓ Use Case Specs ✓ Component. specs ✓ Interface Specs ✓ Interaction Specs ✓ Collaboration Participations ✓ Collaboration Types ✓ Function Types ✓ Interface Types ✓ Collaboration Scripts ✓ Service Contracts 	✓ Existing Platform models, Capabilities, Libraries and Versions.
PSM (Implementable)	 ✓ Business Nodes ✓ Business Rules ✓ Business Procedures ✓ Business Workflow ✓ Technology Specific Standards 	 ✓ Database Schemas ✓ Message Schemas ✓ Transformation Schemas (e.g., XSD) 	 ✓ Automation Unit ✓ Technical Interfaces ✓ Technical Operations ✓ Orchestration Scripts 	 ✓ Application Specs. ✓ GUI Specifications ✓ Component Designs ✓ Deployment Topology ✓ Platform Bindings 10

HITSP, HL7, HITEC, FHIMS, NIEM and NHIN Within HL7 SAIF ECCF Specification Stack

Topic Specification	Enterprise / Business View "WHY" Policy	Information View "WHAT" Content	Computational View "HOW" Behavior	Engineering View "WHERE" Implementation				
Conceptual	HITEC MU HL7 EHR-S FM HITSP Security Framework	HL7 RIM FHA FHIMS HITSP DA HITSP Capability	HL7 EHR-S FM Harmonization- Requests/ Use Case HITSP Capability	Tomcat, JBoss, J2SE, Eclipse, GlassFish ESB, OpenSSO				
Platform- Independent	HITSP Interoperability Specification (IS)	HITSP Component NIEM Information Exchange Package	NIEM, HITSP Transaction, Transaction Package and Service Collaboration	HSSP and NHIN-Connect Services				
Platform- Specific	NIEM is National Information Exchange Model							

Consistency

DA is Data Architecture

FHIMS is Federal Health Information Model & Standards





Enterprise Viewpoint "Why" - Policy	Information Viewpoint "What" - Content	Computational Viewpoint "How" - Behavior	Engineering Viewpoint "Where"-Implementation	
Activities Mapping	presented	l as Engineering	 ✓ SvcV-7 Services Measures Matrix ✓ SvcV-8 Services Evolution Description ✓ SvcV-9 Services Technology & Skills Forecast ✓ SvcV-4 Services Functionality Description 	
OV-1: High Level Operational Concept Graphic OV-2: Operational Resource Flow Description OV-3: Operational Resource Flow Matrix OV-4: Organizational Relationships Chart OV-5a: Operational Activity Decomposition Tree OV-5b: Operational Activity Model OV-6a: Operational Rules Model OV-6b: State Transition Description OV-6c: Event-Trace Description	✓ DIV-2: Logical Data Model	 ✓ SV-1 Systems Interface Description ✓ SV-2 Systems Resource Flow Description ✓ SV-3 Systems-Systems Matrix ✓ SV-5a Operational Activity to Systems Function Traceability Matrix ✓ SV-5b Operational Activity to Systems Traceability Matrix 	 ✓ SvcV-1 Services Context Description ✓ SvcV-2 Services Resource Flow Description ✓ SvcV-3a Systems-Services Matrix ✓ SvcV-3b Services-Services Matrix ✓ SvcV-5 Operational Activity to Services Traceability Matrix 	
✓ StdV-1 Standards Profile Bolded Blue views are	✓ DIV-3: Physical Data Model generally mandated	 ✓ SV-6 Systems Resource Flow Matrix ✓ SV-10a Systems Rules Model ✓ SV-10b Sys. State Transition Description ✓ SV-10c Systems Event-Trace Description 	✓ SvcV-6 Services Resource Flow Matrix ✓ SvcV-10a Services Rules Model ✓ SvcV-10b Services State Transition Description ✓ SvcV-10c Services Event-Trace Description	
	View point "Why" - Policy CV-1: Vision CV-2: Capability Taxonomy CV-3: Capability Phasing CV-4: Capability Dependencies CV-5: Capability to Organizational Development Mapping CV-6: Capability to Operational Activities Mapping CV-7: Capability to Services Mapping PV-1: Project Portfolio Relationships PV-2: Project Timelines PV-3: Project to Capability Mapping StdV-2 Standards Forecast V 0V-1: High Level Operational Concept Graphic V0V-2: Operational Resource Flow Description V0V-3: Operational Resource Flow Matrix V0V-4: Organizational Relationships Chart V0V-5a: Operational Activity Decomposition Tree V0V-5b: Operational Rules Model V0V-6c: Event-Trace Description V1-6c: Event-Trace Description VStdV-1 Standards Profile	Viewpoint "Why" - Policy CV-1: Vision CV-2: Capability Taxonomy CV-3: Capability Phasing CV-4: Capability Dependencies CV-5: Capability to Organizational Development Mapping CV-6: Capability to Organizational Development Mapping CV-6: Capability to Services Mapping PV-1: Project Portfolio Relationships PV-2: Project Timelines PV-3: Project to Capability Mapping StdV-2 Standards Forecast Concept Graphic DV-2: Operational Resource Flow Description DV-3: Operational Resource Flow Matrix DV-4: Organizational Relationships Chart DV-5a: Operational Activity Decomposition Tree DV-5b: Operational Rules Model OV-6a: Operational Rules Model V-6a: Operational Rules Model OV-6b: State Transition Description DV-6c: Event-Trace Description V-7 StdV-1 Standards Profile Bolded Blue views are generally mandated	Viewpoint "Why" - Policy Viewpoint "What" - Content Viewpoint "How" - Behavior VSV8 Systems Evolution Description VSV9 Systems Technology Skills Forecast VSV-4 Systems Functional Activities Mapping CV-7: Capability to Services Mapping PV-1: Project Timelines PV-2: Project Timelines PV-3: Project Totaline Relationships PV-3: Project Totaline Relationships PV-3: Project Tomelines PV-3: Project Tomelines PV-3: Project Tomelines PV-3: Project Timelines PV-3: Project Tomelines PV-4: Systems Functional Interface Poscription Poscri	

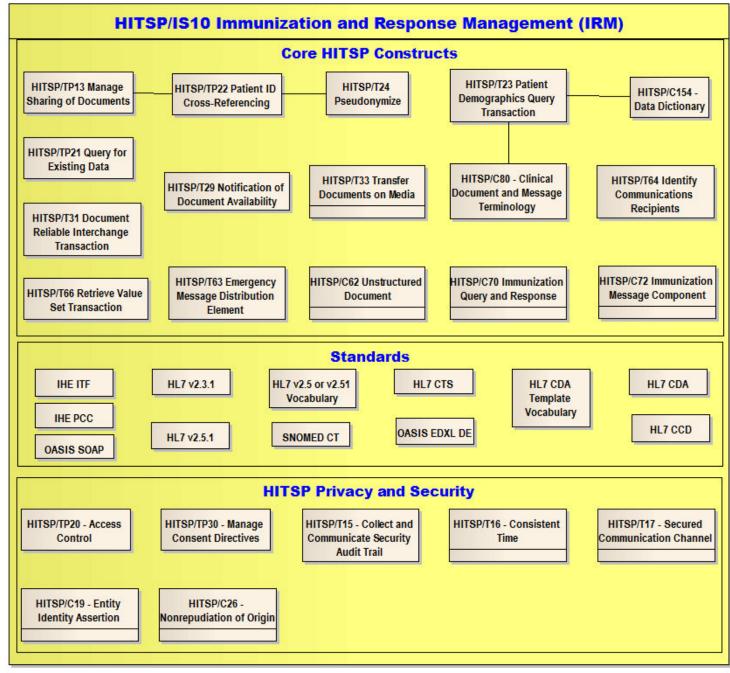
Lesson Learned: Need Harmonization Framework & Exchange Architecture

- The <u>first objective</u> of this HL7 Harmonization Framework and Exchange Architecture (**HF&EA**) project is to define a notional set of architectural artifacts for HL7 projects and EHR System (**EHR-S**) development or acquisition projects.
- The <u>second objective</u> is to define the relationships among HL7 architectural artifacts and how they relate to other healthcare related standards and architectural artifacts, which can support a Model Driven Architecture (MDA) waterfall, spiral, agile or other development methodology.
- The <u>third objective</u> is to be an implementation guide for the use of the HL7 Development Framework (**HDF**) process and HL7 Service Aware Interoperability Framework Enterprise Compliance and Conformance Framework (**SAIF ECCF**) structure by which architectural work products are reused or developed, are organized into an Interoperability Specification and used throughout an architecture development project, the governance that should be enacted on these work products, and the scope of the standardization effort itself.
- The <u>fourth objective</u> is to define a Healthcare Information Exchange Model (**HIEM**) for model-driven Healthcare Information Exchange Package Documentation (**H-IEPD**) and exchange architecture.





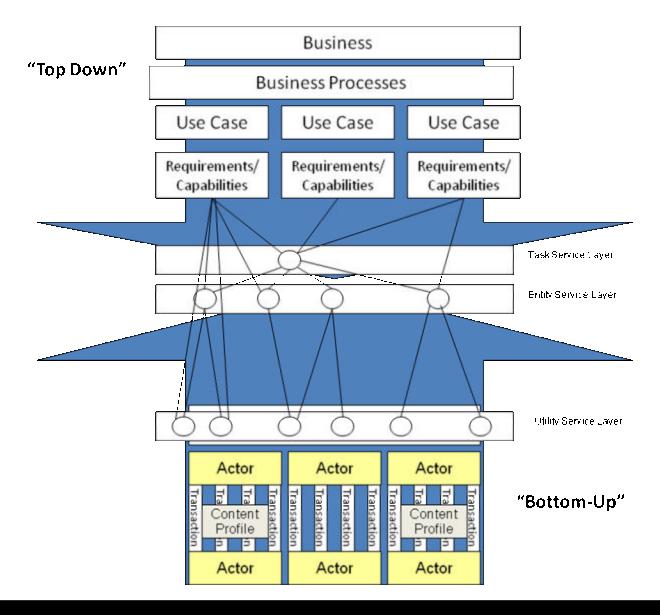
IS10 IRM HITSP Constructs Mapped to Standards







Meet in the Middle







Deployment Example



A parent is preparing to go to a Primary Care Provider for a well-child visit. The parent views the child's current immunizations using a Personal Health Record



The 5-year-old child and the parent visit the provider, who uses an EHR system that retrieves the child's immunizations and recommendations from the HIE. The provider sees the same immunization data the parent saw via the PHR. He administers vaccines, and enters them into his EHR. The EHR updates the HIE and simultaneously, the Immunization Information System (IIS).



Provider

3. Patient Empowerment

The child is now getting ready to enter school. The parent double checks the immunization record to make sure the child is up-to-date on all of the immunizations required for school entry. He sees that one shot is missing.



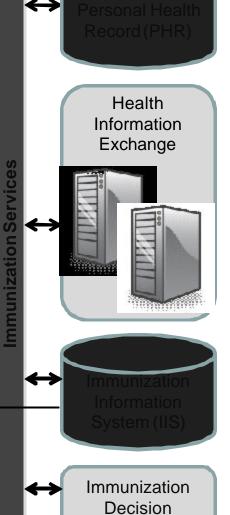
4. Primary Care Provider

In a rush, the parent makes an appointment for the child at a different clinic. The provider's EHR retrieves the child's immunization data from the HIE. He administers the missing vaccine, and enters it into his EHR. The EHR updates the HIE and simultaneously, the IIS.



5. Schools and Public Health

Predictions of an especially severe flu season cause the child's school to implement a school-located vaccination program . The school nurse logs on to IIS and accesses the child's record and recommendations, which have been kept current with other sources. School nurse administers H1N1 vaccine and updates the IIS, which forwards the new record to the HIE using immunization services. Epidemiologist views individual or population-level immunization data.





Support Service

Immunization Use Case - Simplified

#	Capability	Patient Ide	entification	Data F	Retrieval and	d Update	Decision Support		
1	Standards Org				HL7				
2	Service Specification		on Service nal Model	Retrieve	e, Locate, Up	odate SFM	Decision Support SFM		
3	Standards Org				OMG				
4	Service Specification		on Service	Retrieve	e, Locate, Up	odate Spec	Decision Support Service Spec		
5	Profile Org		IHE						
6	SOA Profile		SOA White Paper						
7	Profile Org		IHE/Ameri	can Immun	ization Regi	istry Associati	ion/CDC		
8	Immunization Profile	PIX/PDQ SC110	PIX/PDQ SC110	Future Draft: 2.5 Impl Guide	Query for Existing Data (QED) CAP123 SC113	Immunization Content (IC) CAP119 CAP133 SC112	Request for Clinical Guidance CAP133 (IC payload)		
	Standards Org		•		HL7				
	Original Standard	V2	V3 Patient Admin messaging	V2	V3 Care Record messaging	V3 Care Record CDA	V3 Care Record messaging		





Immunization Use Case Within HL7 SAEAF ECCF Specification Stack

#	Patient Ide	entification	Data I	Decision Support		
1	Е	Models)				
	Identificati	on Service	_			_
2	Function	al Model	Retriev	e, Locate, Up	date SFM	Decision Support SFM
3		Comput	ational V	iew (Ser	vice Defir	nitions)
	Identificati	on Service				Decision Support
4	Specif	ication	Retriev	e, Locate, Up	date Spec	Service Spec
5						
6	PIX/PDQ SC110	PIX/PDQ SC110	Future Draft: 2.5 Impl Guide	Query for Existing Data (QED) CAP123 SC113	Immunization Content (IC) CAP119 CAP133 SC112	Request for Clinical Guidance CAP133 (IC payload)
7		Implemer	ntation Vie	w (Vendo	or Implemen	tations)
8			E	Base Standar	d	
9	V2	V3 Patient Admin msg	V2	V3 Care Record msg	V3 Care Record CDA	V3 Care Record mesg





HITSP and Immunization Use Case

#	Capability	Patient Ide	entification	ation Data Retrieval and Update			Decision	Support		
1	Standards Org		HL7							
	Service Specification Standards Org		on Service al Model		Retrieve, Locate, Update SFM				Decision Support SFM	
	Service Specification Profile Org		Identification Service Specification Retrieve, Locate, Update Spec IHE SOA White Paper IHE					Decision Support Service Spec		
8		PIX/PDQ SC110	PIX/PDQ SC110		Query for Existing Data (QED) CAP123 SC113		Immunization Content (IC) CAP119 CAP133 SC112	Request for Clinical Guidance CAP133 (IC payload)		
9	Profile Org			America	an Immuniza	tion Registry A	ssociation/CD	· · · · · · · · · · · · · · · · · · ·		
10	Immunization Profile	Draft: 2.5 Impl Guide 2.3.1 Impl Guide CAP131		Draft: 2.5 Impl Guide 2.3.1 Impl Guide CAP131						
11	Immunization Profile	CAP132 SC115		CAP132 SCII5						
_	2 Standards Org	00110		COMO		HL7				
	B Original Standard	V2	V3 Patient Admin messaging	V2	V3 Care Record messaging	V3 (POIZ) Immunization	V3 Care Record CDA	V3 Care Record messaging	V3 POIZ messaging	





Meaningful Use Rules and Regs

#	Capability	Patient Ide	Patient Identification Data Retrieval and Update					Decision	Support	
1	Standards Org					HL7				
	Service Specification Standards Org		on Service al Model	F	Retrieve, Locate, Update SFM OMG				Decision Support SFM	
4	Service Specification Profile Org		on Service ication	F	Retrieve, Loc	ate, Update S	Spec	Decision Support Service Spec		
	SOA Profile				SOA	White Paper				
7	Profile Org					IHE				
	Immunization Profile	PIX/PDQ SC110	PIX/PDQ SC110		Query for Existing Data (QED) CAP123 SC113	<u>-</u>	Immunization Content (IC) CAP119 CAP133 SC112	Request for Clinical Guidance CAP133 (IC payload)		
9	Profile Org			American	Immunizati	on Registry	Association/C	DC		
10	Immunization Profile	Draft: 25 Imp. Guide 2.3.1 Impl Guide CAP131 CAP132		Praft: 2.5 Imple vide 2.3.1 Imple Guide CAP131 CAP13						
11	Immunization Profile	SC115		SC 15						
12	Standards Org				_	HL7		_		
13	Original Standard	V2	V3 Patient Admin msg	V2	V3 Care Record msg	V3 (POIZ) Immunizati n msg	V3 Care Record CDA	V3 Care Record messaging	V3 POIZ messaging	



Standards Overlap For Services

#	Service	Identif	cation	Decision Support							
1	Standards Org		HL7								
2	Capability	Identification Function		Retri	eve, Locate, Upd	late SFM	Decision Support SFM				
3	Standards Org				OMG						
4	Service Definition	Identification Specifi		Decision Suppo Spec							
5	Profile Org				IHE						
6	Interoperability Layer	PIX/F	PDQ			Immunization Content (IC)	Immunization Content	Request for Clinical Guidance			
7	Profile Org				AIRA/CDC						
8	Interoperability Layer	Draft: 2.5 Implemen- tation Guide		Draft: 2.5 Implemen- tation Guide							
	Interoperability Layer	2.3.1 Implemen- tation Guide		2.3.1 Implemen- tation Guide							
10	Standards Org				HL7						
			Version 3 Patient Admin		Version 3 Immunization (POIZ)	Version 3 Care	Version 3 Care	Version 3 Care Record			
11	Base Standard	Version 2	messaging	Version 2	messaging	Record CDA	Record CDA	messaging			



Overlap Removed – Transform into Taxonomy

Task Service	GetPatientIZStatus									
Mediating Service	Identification	Retrieve	e, Locate, U	J pdate	Decision Support					
		HL7 Version 2.5 Imple- mentation Guide	Version 3 Immuni- zation (POIZ)	XDS.b, Immuni- zation Content	Request for Clinical Guidance, Immunization					
Utility Service	PIX/PDQ transactions	VXU, RIH	messaging	(IC)	Content					





Immunization Management Case Study Conclusions

- Updating Legacy System Standards The HITSP selected Immunization message is HL7 v2.5. Most existing immunization repositories are using HL7 v2.31. It is difficult to justify the expense to bring legacy system to current standards.
- Social Issues Trump Technical Issues The Case Study shows an Immunization Management Capability technical solution; it does not address the more socially challenging Service Contract needed among stakeholders (e.g., agencies, states, hospitals).
- There is an implicit common information model across immunization standards, which require a explicit common information model. .
- □ SOA changes the cost equation from N squared to a linear cost per interface
- Reuse has been shown to increase quality and reduce cost.



Immunization Management Case Study Conclusions

- The <u>TOGAF ADM</u> is a rigorous process, which efficiently led us to produce a set of clear, complete, concise, correct and consistent interoperability specifications and conformance statements.
- The <u>SAIF-ECCF</u> is an architectural "Exchange Architecture;" we used it as an architectural executive summary to effectively present the IMC interoperability specifications and conformance statements.
- Other architecture development methods or other architectural frameworks, such as the Rational Unified Process, the Zachman or the DOD Architectural Framework can complement and benefit-from HL7's EHR-SD-RM and SAIF-ECCF to build and present an exchange architecture, interoperability specifications and conformance statements.





Immunization Management Case Study Conclusions

- Effective SOA programs involve cooperation and coordination among a wide variety of business, technical and functional participants from across an organization, including senior management sponsorship, business community ownership, program management, governance, architecture, project level execution, test and certification and sustainment teams. The HL7 EHR-SD-RM helps bring these communities together throughout a Business Capability Lifecycle. It maps capabilities and business Information Exchange Requirements (IERs) to the
 - HL7 EHR System Functional Model (EHR-S FM), to
 - Healthcare Information Technology Standards Panel (HITSP)
 - Data Architecture,
 - Security and Privacy Architecture,
 - Harmonization Framework,
 - Interoperability Specifications, Constructs and their referenced standards;
 - Federal Health Information Model (FHIM);
 - National Information Exchange Model (NIEM)
 Information Exchange Package Documents (IEPDs);
 - Integrating the Healthcare Enterprise (IHE) profiles;
 - Certification Commission for Health Information Technology (CCHIT) criteria and
 - 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act selected standards for interoperability and meaningful use objectives and criteria.





SOA Value Proposition

- One of the most difficult challenges facing healthcare organizations making IT investments today comes from deciding whether to go all-in with a particular vendor, or whether to self-integrate components from multiple vendors.
- The appeal of the <u>single-vendor solution</u> is strong no finger-pointing, out-of-the-box integration, [US-based] EHR certification via the Certification Commission for Healthcare IT (**CCHIT**), and so on.
- This is contrasted with seemingly increased risk and work involved in a <u>multi-vendor solution</u> involving integration.
- A <u>multi-vendor SOA</u> solution can offer compelling best-of-breed options; where, a SOA promotes an easier integration and alignment across suppliers into a cohesive, testable and certifiable architecture.
- We demonstrated an approach that can build and present consistent Interoperability Specifications (**IS**) and conformance criteria for both best-of-suite and best-of-breed components and their exchange architecture.
- Having these ISs, exchange architectures, certification criteria and associated business cases is the <u>appropriate due diligence</u> needed to help justify a best-of-suite vs. best-of-breed decision.





Value Proposition of Standards Based Approach

Analysis Pre-Done: Analysts from throughout industry have vetted and contributed to the development of thorough specifications ☐ Less Customization: COTS vendors are already building applications to meet these specifications. Comprehensive View: Standards provide a way to ensure that requirements and design address all of the necessary issues ☐ Lack of unexpected dependencies late in project: All functions and specifications have been pre-analyzed and defined ■ Better Interoperability: Standards based approaches will ensure development between all stakeholders are able to communicate at the project and technical level Across Project Visibility: Normalized requirements and design would



allow for "apples to apples" comparison across the portfolio

Questions?

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