



2014 PMI
Project
of the
Year
FINALIST

Healthy ROI

From left, James Wadleigh, interim CEO of Access Health Connecticut; Kevin Counihan, former CEO of AHCT; James Few, PMP, KPMG program manager; Newton Wong, PMP, Deloitte project manager; and Peter B. Nichol, PMP, interim CIO of AHCT.

With stakes high—and public doubts even higher—one project team rallies for a cause.

BY GRETCHEN KALWINSKI
PORTRAITS BY CHRISTOPHER BEAUCHAMP

Project Lifeline

- **July 2012:** Kevin Counihan joins AHCT as CEO and is given one month to assemble a project team.
- **October 2012:** Onboarding begins for Deloitte, the new systems integrator.
- **November 2012:** Realizing one part of the schedule has fallen two weeks behind, AHCT leadership establishes a path for monitoring baseline dates for hardware and software builds. The PMO ensures status transparency by requiring new weekly "Top 5" reports from vendors.
- **December 2012:** Connecticut receives federal approval to move forward with its state exchange.
- **January-February 2013:** Review of legacy systems between AHCT IT leadership and Deloitte IT leadership begins. Requirements are completed and scope is reduced by 30 percent.
- **1 March 2013:** AHCT announces that any changes after this date will be deferred until after launch.
- **May 2013:** IT leadership establishes twice-a-week meetings to verify critical path progress for infrastructure buildout.
- **June 2013:** Internal users begin navigating the site to compare and validate health plan benefits.
- **July 2013:** Development is complete and waves of testing begin.
- **August 2013:** Incident response system is deployed to track IT issues.
- **September 2013:** Twice-daily calls between stakeholder groups are initiated to ensure progress.
- **Mid-September 2013:** New security challenges crop up, with the vendor projecting a six-week fix. The team resolves the issue in half that time.
- **29 September 2013:** Regulatory oversight agency rules that consumer information posts must be added to application pages.
- **1 October 2013:** Exchange website launches without a single IT glitch.

The U.S. Affordable Care Act's mandate is simple: provide access to health insurance to uninsured residents. But delivering on the legislation's promise proved incredibly complex.

Only 16 states and Washington, D.C., opted to build online healthcare marketplaces, rather than use the federal exchange. The Access Health Connecticut (AHCT) team did more than just meet that challenge. Despite an immovable deadline, fluctuating requirements and a radically compressed schedule, the project team exceeded federal enrollment goals and became a model for future projects across the United States.

PROJECT PROGNOSIS

From the beginning, the AHCT project faced formidable obstacles: Though the team was formed in mid-2012, it didn't receive federal approval to start work until December 2012. Despite that six-month delay, the federally mandated deadline remained fixed at 1 October 2013.

"If you look at similar projects in the public sector, they're all taking three years," says Jim Wadleigh, interim AHCT CEO, in Hartford, Connecticut, USA. Instead, AHCT had just 10 months to deliver.

"I met with our federal regulators," recalls Kevin Counihan, CEO of AHCT during the project and now CEO of Healthcare.gov, the federal government's

healthcare marketplace. "They heard all my plans, and they said, 'That's so exciting, but we just want you to know we frankly don't think you're going to make it.'"

The doubts could be forgiven, given the work that lay ahead: The health exchange had to allow Connecticut's roughly 365,000 uninsured residents to compare and purchase health insurance plans. Beyond state residents, the project had dozens of state and federal stakeholder groups, ranging from the U.S. Department of Health and Human Services

to Connecticut's Department of Revenue Services, Department of Motor Vehicles and Department of Public Health.

"We had consumers, we had the federal government, we had state agencies,

we had our state government, we had insurance carriers—all were individual players," Mr. Wadleigh says. "Each one needed individual communications to make sure they understood the progress."

THE DOCTOR IS IN

To streamline and strengthen its approach, the team decided early on to take a page from the private-sector playbook. "Everything that wasn't our core strength—setting up call centers, scanning paper applications, printing, development—got outsourced," says Mr. Wadleigh. KPMG was engaged as the technical advisor, and Deloitte served as the system integrator.

The project leaders also established an integrated project management office (PMO) to manage the requirements analysis and stakeholder issues. That decision quickly paid off. In early November, the team realized one part of the schedule had fallen two weeks behind, and immediately established a critical path to monitor crucial activities being executed by both vendors and AHCT units.

Looking to prevent the project from being derailed going forward, the team strengthened communication through a new weekly one-page report vendors and internal groups had to deliver to the PMO: the "Top 5." With the goal of ensuring transparency of status, the report covered the top five biggest risks, dependencies, accomplishments and priorities for the coming week. During weekly meetings, each stakeholder group was represented, with problems presented and solutions worked through.

"The environment was like three-dimensional speed chess with a slew of factors coming at you, from legislators, policy people, the press, brokers, consumers, advocacy communities or insurance companies," Mr. Counihan says.

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At the federal and state level, executive sponsor Lt. Gov. Nancy Wyman's role was "absolutely critical," says Peter B. Nichol, PMP, interim CIO. "She shepherded some key things through for us at pivotal times," he says.

"She showed support for us in the eyes of the federal regulators," says Mr. Counihan. "She was the first lieutenant governor to visit the Centers for Medicare and Medicaid Services during our final design review meeting. It sent a very strong message."

Yet the project wasn't just tasked with building and launching an exchange—it also had to ensure that the uninsured would be able to use the site.

Realizing that a one-size-fits-all approach to reaching myriad end users wouldn't work, the project team set aside US\$19 million to fund stakeholder outreach efforts. Newspaper, radio, billboard and TV advertising was supplemented with targeted campaigns to reach

Spanish speakers, small businesses and young adults. Team members canvassed Connecticut beaches, supermarkets, festivals and music concerts. As the project live date approached, senior leaders went into communities on a weekly basis. "We

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called them health chats," says Mr. Wadleigh. "Many constituents showed up to ask questions, and we were able to answer a lot of their concerns."

RX FOR SUCCESS

Requirements gathering may be an early step for most project teams, but for AHCT it was an ongoing issue: Project work began before all of the federal requirements were locked down. With the scope constantly in flux, project leaders decided in December that they'd have to make some hard decisions to separate the must-haves from the nice-to-haves.

They identified 19 core business functions that had to be addressed by launch. "If it didn't fall within one of those 19 functions, we didn't focus on it," Mr. Nichol says. In the end, in February they reduced the scope by 30 percent, delaying or eliminating features such as mobile device support and advanced reporting capabilities.

Rather than discourage the team, the scope reduction fueled its focus, says Mr. Wadleigh. "We knew the date could not move, so we'd have to make some hard decisions around scope along the way. But that immovable date helped us quantify what was the most critical item to deliver in the project."

In April, team leaders made the tough decision to tell the federal govern-



ment that change requests made after 1 March would not be in place for the 1 October launch. Additional requests were made, but the team continued to defer them to keep the deadline in the realm of possibility.

The streamlined approach meant the team was able to attack issues as they appeared—and appear they did. In mid-September, the team members learned of serious security issues around the volume of users the site could support. The vendor estimated six weeks would be needed to resolve the issue, though launch was only three weeks away. Project leaders called an emergency meeting to figure out how to fast-track the schedule fix and meet the 1 October deadline without causing performance issues.

Once that fix was behind them, the team barely had time to catch its breath before the next project emergency arose. “We had to make a fairly significant course change two days before our launch,” says Mr. Counihan. “A regulatory oversight agency ruled that we needed to include

a consumer information post on several pages of the application to remind enrollees to make sure their doctor is in the network. The ruling came in at 4:30 on a Sunday afternoon.”

The team rallied to meet the crushing deadline, pulling an all-nighter to right the issue. “A dozen pizzas and six cases of red wine at 10 o’clock helped productivity,” says Mr. Counihan.

On the launch day, the team gathered at 9 a.m. to witness the completed project go live.

“The launch was just totally awesome,” Mr. Nichol says. “We were in a room and started to scream and cheer. It was pretty emotional.”



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—Peter B. Nichol



PROJECT RESULTS

5% under budget and on schedule

Zero IT glitches or stakeholder uproars

200,000+ residents signed up, as of March 2014

It was also successful: The project came in 5 percent under budget and on schedule. When the site went live, there were zero IT glitches or stakeholder uproars. And, as of March 2014, more than 200,000 residents signed up, exceeding federal enrollment targets by a whopping 245 percent.

“I think that in the next 50 years, there is probably not going to be another project that has this much social change,” says Mr. Nichol.

“The amount of work involved in actually implementing and communicating this type of change in such a short period of time is unprecedented,” says Mr. Counihan. “This shows what a highly focused and disciplined group of people can do with an unrealistic time frame. It can succeed.” **PM**

LIGHTS, CAMERA, ACTION!
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