Form Approved
OMB No. 0990-NEW
Exp. Date 06/30/2010

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ONC Regional Extension Center Operations Plan

This operations plan template is a guide for each REC to describe their plan for contributing to the REC Program's shared goal of bringing 100,000 primary care clinicians to meaningful use of electronic health records in 2010 and 2011.

Please click on Instructions for abbreviated instructions on using this Operations Plan tool. Please see the accompanying "Guidelines for REC Operations Planning" for detailed instructions and guidance on completing this plan.

Version history

REC Update Version	REC Point of contact	REC Signature	REC approval date
e.g., XXXXXX	*name of primary author*	*e.g., mm/dd/yy*	*e.g., mm/dd/yy*

Budget and Milestone Reimbursement Rates

Original Request	$ -
ONC approved	$ -
Core Funding (years 1 + 2)*	$ -
Total Direct Assistance	$ -
Provider Target	$ -
Blended Rmbs Rate	#DIV/0!
MILESTONE RATES	
Milestone 1	#DIV/0!
Milestone 2	#DIV/0!

Comments

Milestone 3	#DIV/0!

ONC Point of Contact	ONC Signature	ONC Approval Date

name of ONC approver

ONC Regional Extensio

Please see the "REC Operations

General instructions
Contacts
Mission & vision
Service area
Providers & patients

Baseline
Org chart
Staff
Sub-recipients
Stakeholders
Key activities
Gantt chart

Risk mitigation

›n Center Operations Plan -- Description and Abbreviated Instructions

Planning Guidelines" for more detailed information on the Operational Plan

The Operations Plan is the principle planning document for the REC. Like a business plan, it describes the goals & objectives of the REC and how the REC proposes to achieve these goals &

This Operations Plan template is provided to each REC as an aid to creating a realistic plan for meeting the REC's goals, and to standardize basic data collection and terminology to allow tracking and information-sharing across RECs.

This template is designed to capture structured data consistently across the entire REC program. Please do not alter the templates outside of the data input fields shaded in orange, as indicated in the legend to the left.

All worksheets have a "Comments" box at the bottom of the sheet where any comments or supporting detail may be entered.

In addition to the brief instructions provided here, more detailed guidance can be found in the "REC Operational Planning Guideline" document.

Please enter contact information for the REC and its Sub-Recipients as appropriate. (Note: Sub-recipients are those organizations or contractors that will receive Federal money for performing REC activities.) This will be the main input to ONC's REC contact list so please keep it updated as often as necessary.

The Mission & Vision section is designed to capture the RECs high-level statement about why it's activities are important, what it would like to accomplish, and how the REC's activities will affect health care delivery. Ideally, the mission and vision should define the RECs ambitions in a way that is meaningful to the RECs employees and stakeholders. Key questions that the mission statement should address are: what does the REC want to accomplish? what about the REC will make it well-positioned to accomplish its objectives? Key question that the vision statement should address include: what will the service area be like after the REC has accomplished its goals and fulfilled its mission? how will health care delivery in the service area be different than it is today? (note: the mission and vision statements are specific to the REC program and may be different than the mission and vision statements of the organization operating the REC)

Geographic service area defines the state/territory, counties, and zip codes in which the REC will operate. For multi-state RECs, please enter state, county, and zip codes for each state separately in the columns provided. County and zip code information may be pasted into the worksheet from sources such as www.downloadzipcode.com or the US Postal Service.

This section describes key characteristics of the provider landscape and patient population in the REC's service area. Information in this section should match that of your REC's FOA response. US census data may be used for patient data. Data sources such as the AMA or Kaiser Family Foundation may be used for provider data.

The milestone and budget baselines are key elements of operational planning. Once established, the milestone and budget baselines are what the program will be tracked against for the remainder of the program. Baselines may be periodically adjusted to reflect new factors, however, such changes must be approved by ONC and recorded in this document. All of the succeeding sections of the Operations Plan should be geared to the goals reflected in the baseline.
The Org Chart section captures both the REC's relationships with stakeholders, partners, sub-recipients, and sub-contractors, and the internal organization structure of the REC itself.
As described in the Funding Opportunity Announcement, the REC is required to provide a number of key functions that have been determined to be critical to success of the REC program. It is not necessary that the REC structure their organization with these position titles, and it is anticipated that individuals will perform more than one function. In order to ensure that all of the functions are being covered, and to allow knowledge-sharing and comparability across RECs, please map your current and anticipated employees and job titles with the prescribed functions.
Sub-recipients are organizations identified in the Cooperative Agreement as recipients of award dollars. As such, they are key partners of the REC and contributors to its success.
Each REC will have a wide variety of stakeholders with whom it will have formal as well as informal relationships that taken together will form the RECs approach to achieving its objectives. Identifying stakeholder roles, responsibilites, and expectations are critical inputs to the development of an meaningful Operations Plan. Making this information available to ONC and other RECs will greatly facilitate the development of learning communities and channels for knowledge-sharing across RECs. Please categories the "level of commitment for each stakeholder using the following scale: Level 1 – Stakeholder is involved with REC; Level 2 – Stakeholder intends to make financial contribution to REC; Level 3 – Stakeholders has committed Senior Level Executive(s) and/or Board Members to REC; Level 4 – Stakeholders has committed Senior Level Executive(s) and/or Board Members to REC -and- intends to make financial contribution to REC.
The Key Activities are the high-level activity areas that the REC will conduct to fulfill the required functions articulated in the FOA. It is expected that the REC will itself have highly detailed project plans tracking day-to-day tasks and activities at the ground-level -- the REC Operational Plan does not require this level of detail and should only include the high-level "rollup" activities. (Note, the expectation is that 5-10 activities will be listed under each service area.)
The Gantt chart is simply a timeline of the Key activities defined above. The template is designed to provide a simple depiction of the activities and high-level timelines associated with each function. Please enter a "1" into the chart cells to change the color and illustrate the activity timeline. (Note: the months are calculated based on the project start date in the Baseline section)

Each REC will face a number of challenges to achieving its goals. Some of these challenges will be common to all RECs, while others will be unique to the particular REC's organization characteristics and service area environment. It is important that each REC have as clear an understanding as possible of the risks that it faces and puts into place a proactive strategy for mitigating such risks to the greatest extent that is practical.

Primary contact information - (Main REC Office)

REC information	
Organization name	
Street address	
City	
State	
Zip code	
Website	
DUNS number	
Primary contacts	
REC primary contact name	
telephone number	
email address	
REC secondary contact name	
telephone number	
email address	
ONC GMO name	
telephone number	
email address	
ONC PO name	
telephone number	
email address	

Additional contact information - (REC Sub-Recipient Office)

Sub-Recipient information	
Organization name	
Street address	
City	
State	
Zip code	
Website	
DUNS number	
Primary contacts	
Sub-Recipient primary contact name	
telephone number	
email address	
Sub-Recipient secondary contact name	
telephone number	

email address	

Additional contact information - (REC Sub-Recipient Office)

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State	
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telephone number	
email address	
Sub-Recipient secondary contact name	
telephone number	
email address	

enter name
e.g., 12 Main Street
e.g., Springfield
pick from drop-down list
e.g., 01234-0000
e.g., www.myrecname.org
9 digit Dun and Bradstreet Data Universal Numbering System number

enter first and last name
enter 10 digit phone number
e.g., myname@myrecname.org

enter first and last name
enter 10 digit phone number
e.g., myname@myrecname.org

enter first and last name of ONC Grant Management Officer
enter 10 digit phone number
e.g., name@hhs.gov

enter first and last name of ONC Project Officer
enter 10 digit phone number
e.g., name@hhs.gov

enter name
e.g., 12 Main Street
e.g., Springfield
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Mission statement for the REC Program

Double-click on box to type directly into it; use alt-enter to start new paragraph

Vision statement for the REC program

Double-click on box to type directly into it; use alt-enter to start new paragraph

Geographic Service Area

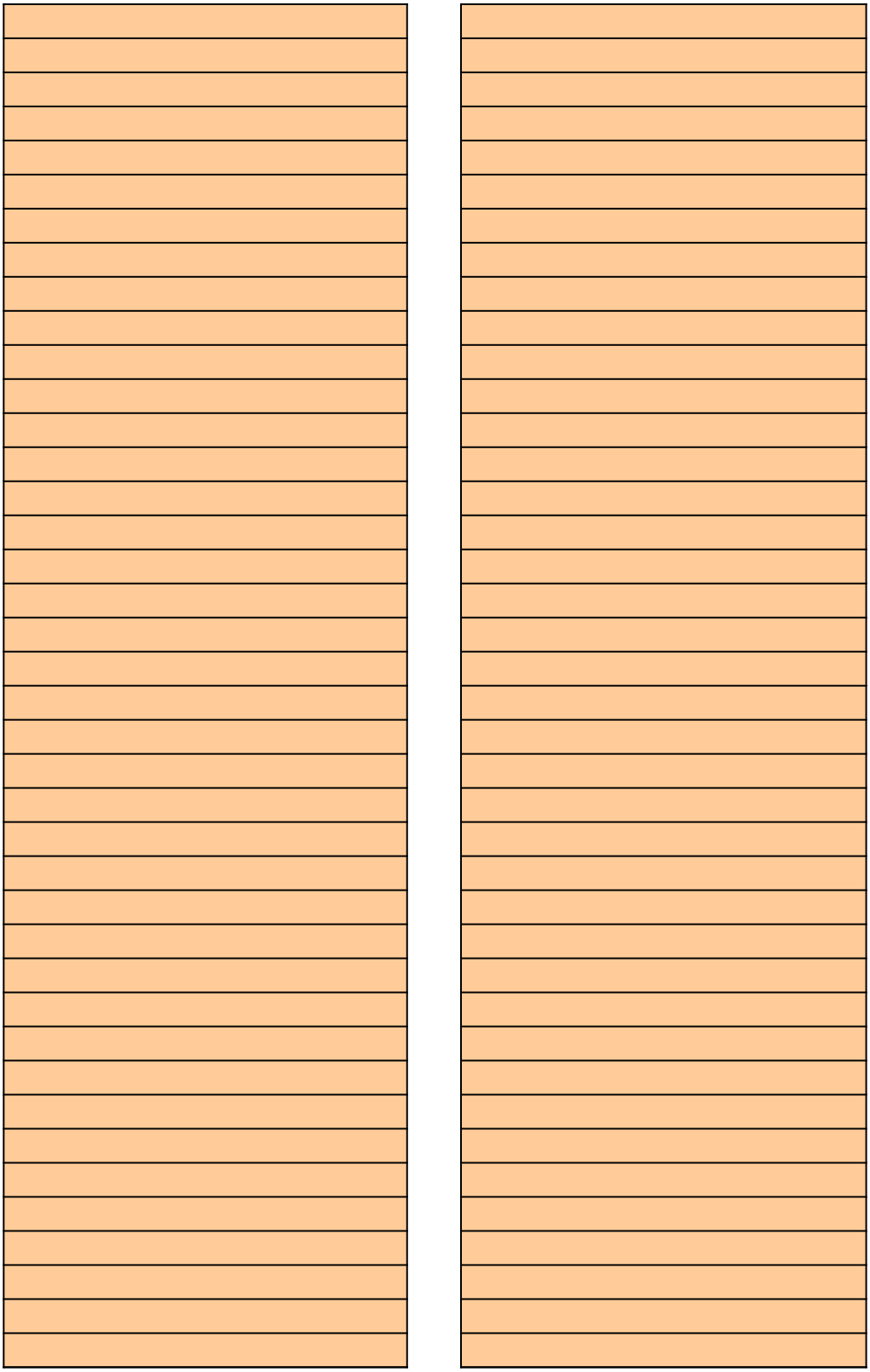
For in counties in top of sheet; scroll down to fill in zip codes

State or territory #1	State or territory #2

Full names of counties (Boroughs for Alaska, Parishes for Louisiana)	Full names of counties (Boroughs for Alaska, Parishes for Louisiana)

Zip Codes Represented

Zip Codes Represented



General patient and provider landscape

	Number	
Providers in service area		
Total Providers (all specialties)		
Primary Care Providers		
Priority Primary Care Providers (PPCPs)		
PPCPs Participating in REC and committed to attaining Meaningful Use (projected)		*Note: This should match estima*
Non-PPCP Providers participating in REC projected)		
Number of patients in REC Service Area by Age		*Note: This is the number for all*
Age Under 19		*Patient information may be found a*
Age 19 to 64		http://www.communityhealth.hhs
Age 65 to 84		
Age 85+		
Total	-	
Insurance coverage in REC Service Area		
Number of patients on Medicare		
Number of patients on Medicaid		
Number of uninsured patients		

Provider baseline (list number of providers for each)

	REC PPCP participants	non-PPCP REC participants
Small Practice (fewer than 10 providers)		
Public Hospital		
Critical Access Hospital		
Community Health Center		
Rural Health Center		
Other setting (please define):		
Total	-	-
	Number of providers	*Number of providers*

ate provided in your FOA response

patients in service area, not just the patients th

nt

s.gov/homepage.aspx?j=1

Non-participants	Total Providers
	-
	-
	-
	-
	-
	-
-	-

Number of providers

ıe REC will serve

These totals should correspond with Provider numbers above

Baseline summary

Baseline version (last approved milestone baseline)

Baseline document name	Date
enter document name here	mm/dd/yy

REC starting month	Apr-10	Note: this date drives baseline months
	Month 2010	

Baseline summary PPCPs

Measures	Year 1	Year 2	Total
Milestone baseline			
M1: New Providers enrolled in program	-	-	-
M2: New Providers implemented on HER	-	-	-
M3: New Providers achieving meaningful use	-	-	-

Baseline summary Non-PPCPs

Measures	Year 1	Year 2	Total
Milestone baseline			
M1: New Providers enrolled in program	-	-	-
M2: New Providers implemented on EHR	-	-	-
M3: New Providers achieving meaningful use	-	-	-

Implementation goal PPCPs (baseline)

Implementation goal -- PPCPs without EHRs

*Please enter number of new providers projected to hit milestone each month and **not** the cumulative total*

Implementation milestone	Month 1	Month 2	Month 3	Month 4	Month 5

	Apr-10	May-10	Jun-10	Jul-10	Aug-10
M1: New Providers enrolled in program each month					
M2: New Providers implemented on EHR each month					
M3: New Providers achieving meaningful use each month					
Monthly total	-	-	-	-	-
Cumulative total	-	-	-	-	-

Implementation goal -- PPCPs with EHRs

*Please enter number of new providers projected to hit milestone each month and **not** the cumulative total*

Implementation milestone	*Month 1*	*Month 2*	*Month 3*	*Month 4*	*Month 5*
	Apr-10	*May-10*	*Jun-10*	*Jul-10*	*Aug-10*
M1: New Providers enrolled in program each month					
M3: New Providers achieving meaningful use each month					
Monthly total	-	-	-	-	-
Cumulative total	-	-	-	-	-

Implementation goal -- total

Calculated table

Implementation milestone	*Month 1*	*Month 2*	*Month 3*	*Month 4*	*Month 5*
	Apr-10	*May-10*	*Jun-10*	*Jul-10*	*Aug-10*
M1: New Providers enrolled in program each month	-	-	-	-	-
M2: New Providers implemented on EHR each month	-	-	-	-	-
M3: New Providers achieving meaningful use each month	-	-	-	-	-
Monthly total	-	-	-	-	-
Cumulative total	-	-	-	-	-

Implementation goal Non-PPCPs (baseline)

Implementation goal -- Non-PPCPs without EHRs

*Please enter number of new providers projected to hit milestone each month and **not** the cumulative total*

Implementation milestone	Month 1	Month 2	Month 3	Month 4	Month 5
	Apr-10	May-10	Jun-10	Jul-10	Aug-10
M1: New Providers enrolled in program each month					
M2: New Providers implemented on EHR each month					
M3: New Providers achieving meaningful use each month					
Monthly total	-	-	-	-	-
Cumulative total	-	-	-	-	-

Implementation goal -- Non-PPCPs with EHRs

*Please enter number of new providers projected to hit milestone each month and **not** the cumulative total*

Implementation milestone	Month 1	Month 2	Month 3	Month 4	Month 5
	Apr-10	May-10	Jun-10	Jul-10	Aug-10
M1: New Providers enrolled in program each month					
M3: New Providers achieving meaningful use each month					
Monthly total	-	-	-	-	-
Cumulative total	-	-	-	-	-

Implementation goal -- total

Calculated table

Implementation milestone	Month 1	Month 2	Month 3	Month 4	Month 5
	Apr-10	May-10	Jun-10	Jul-10	Aug-10
M1: New Providers enrolled in program each month	-	-	-	-	-
M2: New Providers implemented on EHR each month	-	-	-	-	-
M3: New Providers achieving meaningful use each month	-	-	-	-	-
Monthly total	-	-	-	-	-
Cumulative total	-	-	-	-	-

Month 6	*Month 7*	*Month 8*	*Month 9*	*Month 10*	*Month 11*	*Month 12*	*Month 13*	*Month 14*	*Month 15*	*Month 16*	*Month 17*

Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-

Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 13	Month 14	Month 15	Month 16	Month 17
Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-

Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 13	Month 14	Month 15	Month 16	Month 17
Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
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Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 13	Month 14	Month 15	Month 16	Month 17
Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-

Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 13	Month 14	Month 15	Month 16	Month 17
Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-

Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 13	Month 14	Month 15	Month 16	Month 17
Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-

Month 18	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24	Total

Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	
							-
							-
							-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	

Month 18	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24	Total
Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	
							-
							-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	

Month 18	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24	Total
Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	

Month 18	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24	Total
Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	
							-
							-
							-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	

Month 18	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24	Total
Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	
							-
							-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	

Month 18	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24	Total
Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	

REC name here

Original Request	
ONC approved	
Core Funding (years 1 + 2)*	
Total Direct Assistance	$ -
Provider Target	
Blended Provider Reimbursement Rate	#DIV/0!

**this number is for planning purposes and does not denote ONC approval of any pending core funds change requests.*

Milestone Reimbursement Rates

	Blended Rate	Broken Out Rate	
		Providers on Paper	Providers on EHR
Provider Target	0	0	0
Blended Reimbursement Rate	#DIV/0!	$ -	#DIV/0!
Total Direct Assistance	#DIV/0!	$ -	#DIV/0!
		#DIV/0!	
Milestone 1	#DIV/0!	$ -	#DIV/0!
Milestone 2	#DIV/0!	$ -	#DIV/0!
Milestone 3	#DIV/0!	$ -	#DIV/0!

*The broken-out rate calculation tool is **OPTIONAL.**

*These cells are flexible and unprotected.

Comments

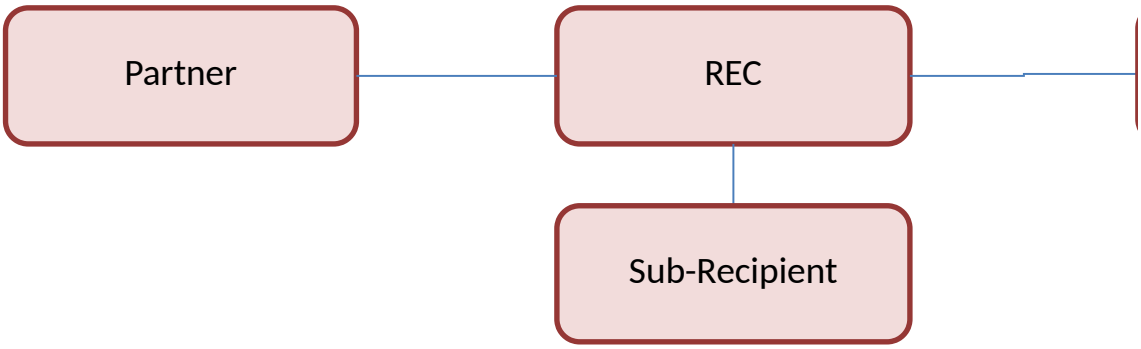
Jump to Front P

Legend

Data entry field
Reference field
Calculated field

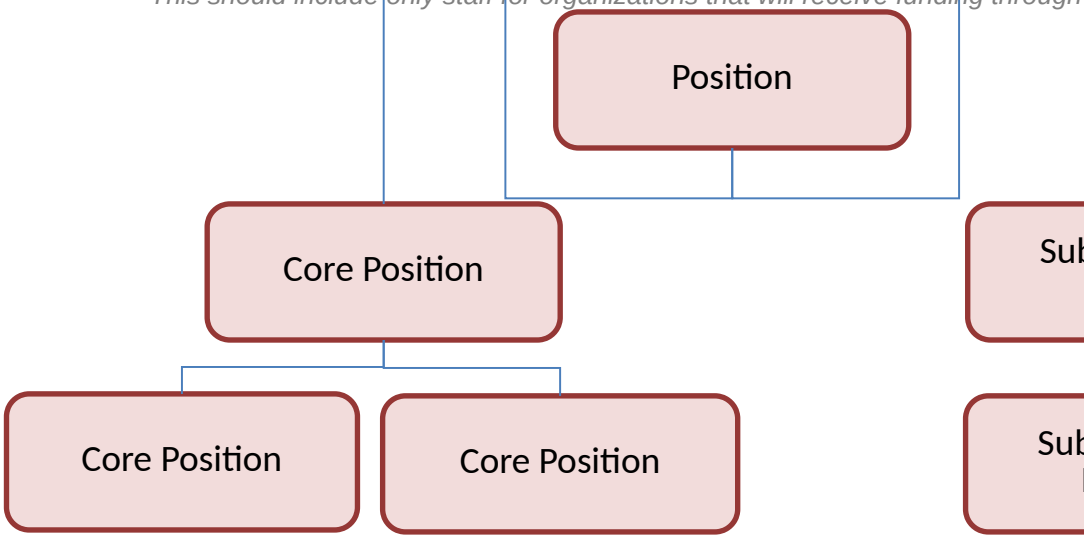
REC relationships with sub-recipients, partners, and stakehold

Please modify the diagram as appropriate to show how your REC connects witl



REC organization chart

Please modify the diagram as appropriate to show the organization of your REC
This should include only staff for organizations that will receive funding through

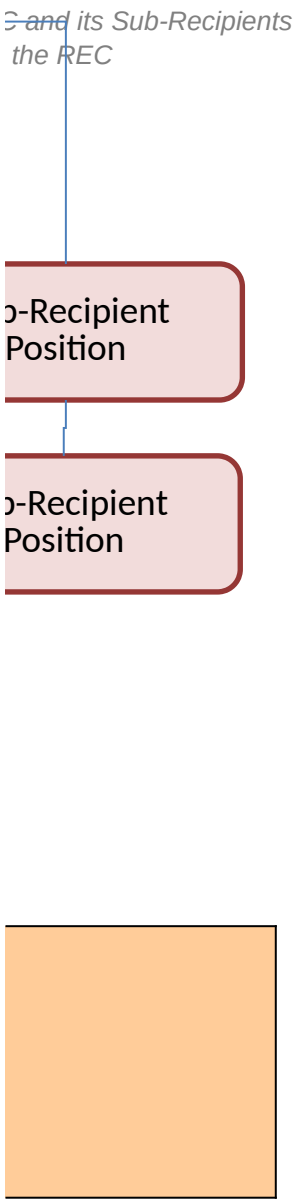


Comments

ders

h other stakeholders and partners

Stakeholder


C and its Sub-Recipients
the REC
o-Recipient
Position
o-Recipient
Position

Staff list

REC functional role	Organization
Authorized Representative	
Project Director	
Finance Lead	
Clinical Lead	
Education and Outreach Coordinator	
Vendor Selection Coordinator	
Practice and Workflow Design Coordinator	
Interoperability and HIE Coodinator	
Implementation Project Management Coordinator	
Privacy and Security Coordinator	
Meaningful Use Coordinator	
Workforce Coordinator	
CRM Coordinator	
Other (please specify)	
Other (please specify)	
Other (please specify)	
Other (please specify)	
Other (please specify)	

Role as defined in FOA

Name	Title	Newly Hired? (Y/N)
First name last name	*Position title*	*Y or N*

Phone number	Email

e.g., xxx-xxx-xxxx

Sub-recipient list

Sub Recipient Name	Description of Role in REC	DUNS number	Street Address

City	State	Congressional District	Amount of Award	Amount of Award Distributioned	Sub Award Date

Stakeholders

Organization type	Organization name
Independent Provider Organizations	
Health Professional Societies	
State Primary Care Assocations	
Health Center Controlled Networks (HCCNs)	
Federally Qualified Health Centers	
Rural Health Centers	
Other Community Health Centers	
State/Local/Tribal Government (Public health, health care, or other partnering institution)	
State Health Information Exchange Coordinator	
State Medicaid Director	
Health Plans	
Hospital Systems	
Public Hospital	
Critical Access Hospitals	
Laboratories	
Community colleges	
Local workforce programs	
Medicare Quality Improvement Organizations	
Federal Stakeholders (HHS regional office, VA, IHS, etc.)	
Other (please specify)	
Other (please specify)	
Other (please specify)	
Other (please specify)	
Other (please specify)	
Other (please specify)	

Contact Name	Phone	Email

Role	Level of Stakeholder Support (levels below)	Affliated National Organization

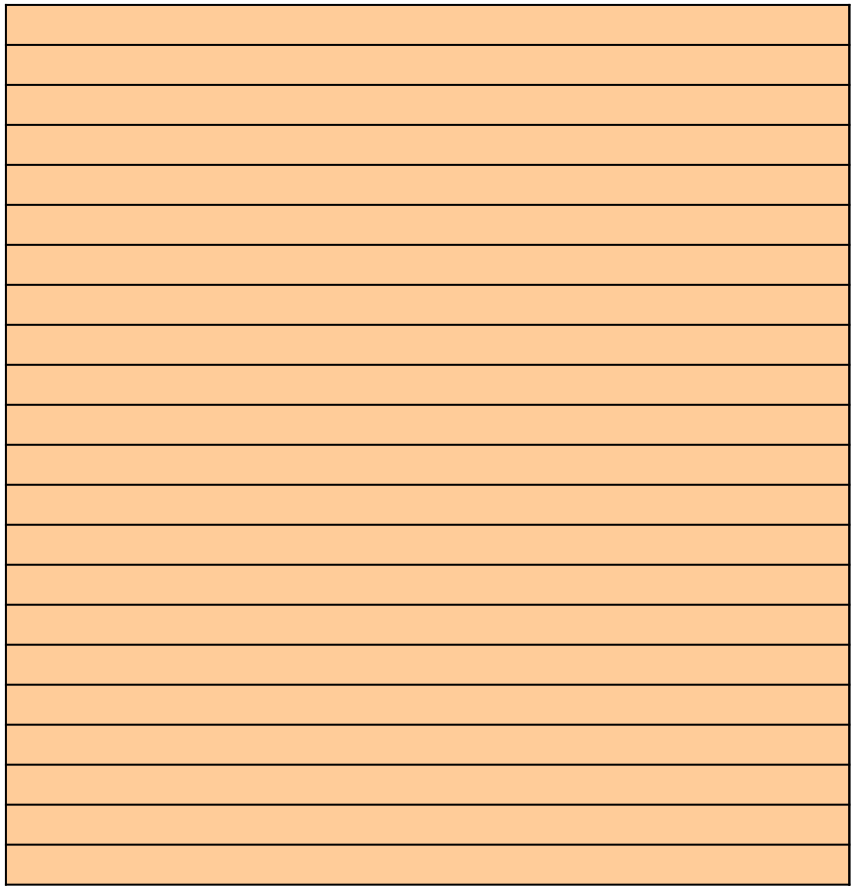
Key activities

Insert rows as necessary below

Service area	Description of Service Area and each activity	Goal of each activity
Outreach & education		
activity 1 (please specify)		
activity 2 (please specify)		
activity 3 (please specify)		
activity 4 (please specify)		
activity 5 (please specify)		
Vendor selection		
activity 1 (please specify)		
activity 2 (please specify)		
activity 3 (please specify)		
activity 4 (please specify)		
activity 5 (please specify)		
Practice & workflow design		
activity 1 (please specify)		
activity 2 (please specify)		
activity 3 (please specify)		
activity 4 (please specify)		
activity 5 (please specify)		
Interoperability and HIE		
activity 1 (please specify)		
activity 2 (please specify)		
activity 3 (please specify)		
activity 4 (please specify)		
activity 5 (please specify)		
Implementation support		
activity 1 (please specify)		
activity 2 (please specify)		
activity 3 (please specify)		
activity 4 (please specify)		
activity 5 (please specify)		
Privacy & security		
activity 1 (please specify)		

activity 2 (please specify)		
activity 3 (please specify)		
activity 4 (please specify)		
activity 5 (please specify)		
Meaningful use		
activity 1 (please specify)		
activity 2 (please specify)		
activity 3 (please specify)		
activity 4 (please specify)		
activity 5 (please specify)		
Workforce		
activity 1 (please specify)		
activity 2 (please specify)		
activity 3 (please specify)		
activity 4 (please specify)		
activity 5 (please specify)		
CRM		
activity 1 (please specify)		
activity 2 (please specify)		
activity 3 (please specify)		
activity 4 (please specify)		
activity 5 (please specify)		

REC Staff



Gantt chart

Please type a "1" in the cell indicating activity/month as per your plan

Insert rows as necessary below

Service area	Apr-2010	May-2010	Jun-2010	Jul-2010	Aug-2010	Sep-2010	Oct-2010	Nov-2010	Dec-2010	Jan-2011
Outreach & education										
activity 1 (please specify)										
activity 2 (please specify)										
activity 3 (please specify)										
activity 4 (please specify)										
activity 5 (please specify)										
Vendor selection										
activity 1 (please specify)										
activity 2 (please specify)										
activity 3 (please specify)										
activity 4 (please specify)										
activity 5 (please specify)										
Practice & workflow design										
activity 1 (please specify)										
activity 2 (please specify)										
activity 3 (please specify)										
activity 4 (please specify)										
activity 5 (please specify)										
Interoperability and HIE										
activity 1 (please specify)										
activity 2 (please specify)										
activity 3 (please specify)										
activity 4 (please specify)										
activity 5 (please specify)										
Implementation support										
activity 1 (please specify)										
activity 2 (please specify)										
activity 3 (please specify)										

activity 4 (please specify)										
activity 5 (please specify)										
Privacy & security										
activity 1 (please specify)										
activity 2 (please specify)										
activity 3 (please specify)										
activity 4 (please specify)										
activity 5 (please specify)										
Meaningful use										
activity 1 (please specify)										
activity 2 (please specify)										
activity 3 (please specify)										
activity 4 (please specify)										
activity 5 (please specify)										
Workforce										
activity 1 (please specify)										
activity 2 (please specify)										
activity 3 (please specify)										
activity 4 (please specify)										
activity 5 (please specify)										
CRM										
activity 1 (please specify)										
activity 2 (please specify)										
activity 3 (please specify)										
activity 4 (please specify)										
activity 5 (please specify)										
Organizational development										
activity 1 (please specify)										
activity 2 (please specify)										
activity 3 (please specify)										
activity 4 (please specify)										

activity 5 (please specify)										
Other (please specify)										
activity 1 (please specify)										
activity 2 (please specify)										
activity 3 (please specify)										
activity 4 (please specify)										
activity 5 (please specify)										

Feb-2011	Mar-2011	Apr-2011	May-2011	Jun-2011	Jul-2011	Aug-2011	Sep-2011	Oct-2011	Nov-2011	Dec-2011	Jan-2012	Feb-2012	Mar-2012

Key risks and mitigation steps

Insert rows as necessary below; please indicate "none" as applicable; double-click on cell to see entire cell

Category	Detailed description	Risk/restriction mitigation steps
Grant restrictions		
restriction 1 (please specify)		
restriction 2 (please specify)		
Outreach & education		
risk 1 (please specify)		
risk 2 (please specify)		
Vendor selection		
risk 1 (please specify)		
risk 2 (please specify)		
Practice & workflow design		
risk 1 (please specify)		
risk 2 (please specify)		
Interoperability and HIE		
risk 1 (please specify)		
risk 2 (please specify)		
Implementation support		
risk 1 (please specify)		
risk 2 (please specify)		
Privacy & security		
risk 1 (please specify)		
risk 2 (please specify)		
Meaningful use		
risk 1 (please specify)		
risk 2 (please specify)		

Workforce		
risk 1 (please specify)		
risk 2 (please specify)		
CRM		
risk 1 (please specify)		
risk 2 (please specify)		
Organization		
risk 1 (please specify)		
risk 2 (please specify)		
Sustainability		
risk 1 (please specify)		
risk 2 (please specify)		
Other (please specify)		
risk 1 (please specify)		
risk 2 (please specify)		