

eRA Project Team Meeting Minutes

Tuesday, June 8, 2004 Date:

Time: 9:00-10:00 a.m.

Rockledge 1, 5th floor conference room Location:

Chair: Jim Cain

Next Meeting: Tuesday, June 22, 9:00 a.m., Rockledge 1, 5th floor conference room

Attachments

□ NIH Business Intelligence System (Jack Jones): http://era.nih.gov/docs/Project_Teaam-NIH_Business_Intelligence_System.pdf

☐ Grants Management Line of Business Update (Jim Cain): http://era.nih.gov/docs/Project_Team-LOB_Update.pdf

NIH Business Intelligence System Architecture

Jack Jones

Jack Jones is the Chief IT Architect for NIH. Jack walked the team through the attached presentation on the NIH Business Intelligence System (NBIS).

He described the key goals of a NBIS system, including:

Provides a centralized, authoritative and integrated repository for administrative data

Notes:

- Authoritative = correct
- Centralized = unified data; logical implementation, not physical implementation
- Interested in the relationship between data elements
- □ Delivers business intelligence for pre-defined and custom reports, ad hoc queries, advanced analytics, and executive dashboards

Notes:

- Must deal with the disparate reporting needs of NIH (e.g., detailed grant reports, executive summaries, congressional reports, historical reports, trend analysis reporting)
- Dr. Zerhouni wants to know what is about to happen not what has already happened; data needs to project forward
- □ Supports architecturally compliant interfaces to allow IC extraction of authoritative data

Notes:

• Clean interfaces facilitate sharing of information, service, and data

	Adopts commercial business intelligence suites to minimize customization and maintenance costs
	Notes:
	• Use COTS (commercial-off-the-shelf) solutions whenever possible
	Must take into consideration the overhead of customization
	 eRA must do a considerable amount of development work, but there are still opportunities to buy standard components (e.g., databases, reporting tools)
	Conforms to NIH security authorization and authentication via roles
	Notes:
	 Most of the information passed around NIH is subject to the Freedom Of Information Act (FOIA); not secret information (with some exceptions such as patient data)
Dis	scussion points:
	General rule—don't do reporting out of primary transaction systems; think about need for real time information and limit real-time queries
	Presentation of data to users does not need to be standard across all applications; standard application interfaces are important, but user interfaces should be developed in whatever way it makes the end-users job easier and more efficient
	Identistalt – unification of information about people; looking at architecture for improvement opportunities
	NIH survey showed Equal Employment Opportunity (EEO) data is most frequently asked for (everyone must report on it, but no central support for it)
	Michael Foecking to become Budget Manager, CIO Project Management Office
	Business Intelligence Advisory Committee (BIAC)–users of reporting systems; great input representing heavy reporting users
	Difficult to get requirements from <i>lighter</i> reporting users that may not take the time to push their reporting requirements in meetings and user groups
	Currently costs ~\$11.5M to run old data warehouse and develop new
	How do you attack question – What is about to happen?
	 Use of modeling; leverage knowledge of people that currently do projections (electronic recording of projection rates, construct explicit models, regression models of data)
	How do you determine what works or doesn't work?
	 Listen to people
	How do you approach architecture for various different systems?

- Jack is trying to create a picture of the important business processes, assets and data objects of NIH. He is trying to partition the major processes and assets in meaningful ways and get concurrence and understanding of them NIH-wide.
- Guide developers to keep processes modular
- Jack recommended the following reading:
 Enterprise Information Architecture: Reengineering Information Systems by Melissa A. Cook
- □ Status of contract data?
 - Least costly option is to do nothing?
 - Enhancements to current software can provide ~90% of needed functionality
 - Integration with NBS ~\$5M
 - Administrative Restructuring Advisory Committee (ARAC) is looking at the potential integration of DCIS data collection with purchasing information

Grants Management LoB RFI Update

Jim Cain

Background

The Office of Government Policy, in conjunction with the Office of Management and Budget, issued a Request for Information (RFI) on April 15, 2004 to obtain information related to government-wide business consolidation efforts in three areas: Financial Management, Human Resources, and Grants Management. The purpose of the RFI was to provide industry and government service providers with a vehicle to describe solutions and implementation approaches for achieving the Line of Business (LoB) goals through the development of common solutions and target architectures. The ultimate goal is to develop and implement common government-wide solutions to provide proven alternatives for agencies without sufficient systems.

Discussion

Jim reported that the eRA team received the RFI about eight days before it was due. Despite the short deadline, the team provided a thorough response to the Department of Health and Human Services (DHHS). DHHS combined the eRA response with submissions from Administration for Children and Families (ACF), Unified Financial Management System (UFMS), and the Payment Management System (PMS) to provide one DHHS response.

RFI discussion points:

- ☐ Development of a target architecture will take place over the summer
- ☐ It is expected that an RFP will follow later this fall; the eRA team is currently developing a strategy to respond to the RFP
- eRA wants to be in a position to chose its own direction and must put itself forward or run the risk of having an outside system imposed upon us

Attendees

Bukowski, Maria (OD) Caban, Carlos (OER) Cain, Jim (OER) Chicchirichi, David (OER)

Cox, Mike (OER) Cummins, Sheri (LTS)

Faenson, Inna (OD) Flach, Jennifer (OD)

Dutcher, Sylvia (Mitretek)

Hahn, Marcia (OER/OPERA)

Hartnett, Libby (HRSA) Hilton, Pam (HRSA) Hughes, Stephen (OD) Ikeda, Richard (NIGMS) Jordan, Craig (NIDCD)

Katzper, Linda (OD/DEIS)

Kinley, Teresa (CDC)

Lagas, Robert (Lagas Assoc) Loewe, Michael (NINDS)

Lynch, Peggy (IBM) Milner, Tina (OER)

Morris, Richard (NIAID) Morton, Pete (CIT)

Moyer, Skip (AHRQ) Patel, Kalpesh (Ekagra) Reeb, Michael (Perot) Sachar, Brad (Oracle)

Salata, Kalman (CSR)

Seach, Jim (NCI/eRA)
Shingler, Felicia (OER)
Simms, Sophonia (OD)
Sinnett, Everett (CSR)

Snouffer, Anna (OD/OFACP)

Soto, Tracy (OD)

Tatham, Thomas (CSR) Tipparaju, Suryarao (ACT) Twomey, Tim (OER)

Walker, Cathy (OER)
Wright, David (OER)
Zucker, Sherry (DEIS)