# eRA Project Team Meeting Minutes

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| **Date:** | Tues., Dec. 10, 2002 |
| **Time:** | 9:00–11 a.m. |
| **Location:** | 6700 B Rockledge, Room 1205 |
| **Chair:** | John McGowan |

**Next Meeting:** Tues., Jan. 14, 9 a.m., 6700 B Rockledge, Room 1205

## Action Items

1. (Eileen Bradley, Patty Austin) Prepare simple communication piece, geared for non-technies, that presents the eRA architecture plans.

2. (Mike Goodman, Belinda Seto) Work offline on XML regarding the types of data to be received by the NIH.

## Attachments

- Migration Status & Architecture Priorities FY03 (Steve Hughes and Kalpesh Patel): http://era.nih.gov/Docs/Migration_Status_12-10-2002.pdf

## Role of Advocate

*JJ McGowan*

It's important to get more information out to the ICs about the eRA project and to get input from the ICs back to the Project Team. The Project Team relies on the Advocates to perform this communication role. It's clear, also, that better communication regarding priorities and architecture will provide Advocates with the context they need to make decisions regarding their areas.

Today's meeting will provide information regarding the direction for 2003, in architecture and priorities. From it, Advocates will better understand the context and scope of the project as well as what to expect in the releases in July and beyond. This will better help them to set expectations with their constituents and set reasonable requirements for future releases.

JJ also mentioned again that Stephen Hughes is now the government project manager for the eRA architecture, working closely with Kalpesh Patel, who had been acting in that position.

## Process of Centralization for HHS

*JJ McGowan*

Discussions took place regarding the potential implications of centralizing systems within NIH. The group also discussed the impact of OMB Circular A-76 with regard to a central, electronic system and having the critical mass of government staff to run the project.

# Architecture

*Steve Hughes and Kalpesh Patel*

New mantra of Steve: *That's not an architecture issue.*

That said, Steve provided an overview of the role of architecture in system development. He likened it to an architect's plan, which is a result of meeting the needs of the customer in a perfect world. It provides a view of the finished building and the overall building schematics. It's then up to the construction people to build the building according to the overall architecture, not cutting corners, so that the end product meets the expectations set by the initial, approved plans.

He sees the plans for the eRA architecture in the same way. It provides the overall scheme but does not define how each group does their work to meet the goals. The Architecture Group can help in the decision-making process to put everything in place. The architecture is based on needs. If you change the needs, you have to change the architecture. If you try to "cut corners" by doing something that's not in the original plans/needs, it may work in the short run, but it may not work the way it was expected in the long run.

**Status and Plans—Kalpesh Patel**

The main thrust of Architecture plans is to integrate systems across areas, e.g., e-SNAP in Program and NIH eRA Commons. He noted also that there will be a phased approach for the Review module.

He noted that all modules are reviewed for performance, reliability, scalability and usability. Migrations, such as the 9*i* migration, will be done so that the change is transparent to the user.

Additionally, Kalpesh noted that because Phase 1 requirements changed, Phase 2 and 3 have changed accordingly.

Kalpesh presented the Architecture priorities for 2003 by release dates:

## March

- Technical architecture
- Shared hitlist framework
- CGAP
- Auditing and usage statistics
- Edit checker
- Program module architecture

## July

- E-Request (not-cost extension)
- Workflow and E-Notification
- Web site integration and content management
- Portfolio management
- Customizable checklist
- Knowledge Management (Review)

## October

- Data architecture
- IRDB redesign
- RAE
- Wireless prototype

## Other FY03 priorities include:

- CGAP
- Website integration
- RAE

- Program module
- Trainee
- Infrastructure (workflow, e-Request, etc.)

Steve Hughes noted that he is also responsible for the 9*i* migration. Migration affects architecture and he wants to be sure that the migration is done right. For example, in a perfect world, he'd move the NIH eRA Commons database to IMPAC II now. It would not be difficult to do. However, it's clear that there are ripple effects that have to be addressed before that happens. For example, if there were one database today, there would not be enough servers to handle the number of hits.

JJ McGowan said that we have the money and resources to meet the expectations as set forth by the Architecture group. Stephanie Geanie and Donna Frahm has been able to effect efficiencies that have yielded the budget for it. They are challenged to find even more efficiencies so that we can attain all of our goals.

Eileen Bradley suggested that we communicate the architecture plans and set expectations throughout the community.

**Action:** **(Eileen Bradley, Patty Austin) Prepare simple communication piece, geared for non-technies, that presents the eRA architecture plans.**

# 2003 Priorities

*Sherry Zucker*

Sherry, in presenting the priorities for 2003, reiterated that this year the priorities were set from the top down, not from the bottom up, as was done in the past. This change was instituted in an effort to reduce the "stovepiping" of priorities so that there could be a more comprehensive, integrated evaluation of priorities.

The "wish list" of priorities was gleaned from the following sources:

- Program priorities:      Sherry Zucker, Donna Frahm, JJ McGowan, Kalpesh Patel
- Architecture priorities:  Architecture group
- Business priorities:      Advocates

Sherry compiled the list and submitted them to the CIO office for the resource component. The following lists the general areas of priorities by release month, but does not list the specifics of the release. These details will be published when they are approved.

## Top Priorities for March

- CGAP and XML (April)
- eSNAP
- FSR
- J2EE Base System
- IAR
- Person
- Program
- Committee Management
- Database
- X-Train (May)

## Top Priorities for July

- CGAP, version 2
- Web Site Redesign
- Committee Management

- e-Requests
- Person
- RAE
- Program

- X-Train/Trainee
- ESNAP
- J2EE Base System
- Grants Management

- New Technology Introduction
- Scanning
- Internet Assisted Review

**Top Priorities for October**

- CGAP
- Receipt of Other Application Types
- Program

- e-Requests
- Financial Payback
- Internet Assisted Review
- Committee Management

- e-File Room
- RAE

JJ McGowan noted that the priorities for March are locked in. However, the priorities for the rest of the year are not finalized. Many of them await the finalization of architecture plans. Input from the Project Team is solicited in this iterative process.

Steve Hughes said that the architecture group will make recommendations based on what they have been told the needs of each group are. The Advocates are asked to review them and work with the architecture group to revise their needs so that their modules meet their user group's expectations.

Michael Goodman, formerly with NGIT, now works with JJ Maurer. He now is the primary analyst for the XML data definition.

**Action:** **(Mike Goodman, Belinda Seto) Work offline on XML regarding the types of data to be received by the NIH.**

Carlos Caban asked how the ICs interact with this plan. Steve Hughes said that boundaries between eRA systems and IC systems still have to be set. JJ McGowan noted that there probably are many excellent applications in the ICs that are useful. However, many ICs don't understand the integration aspects of their applications—often not structured for eRA integration—so they can't understand why their applications aren't integrated into the eRA. It often takes a champion to lead an IC to change the way they do business and take advantage of eRA systems. At this time, the way the NIH is structured, there are no incentives to give up local applications.

More training and outreach to the ICs, showing the advantages for using the eRA system as well as how to use it, probably would do more to reduce the use of local systems and their corresponding APIs than anything else.

# December 6 Deployment

*Tim Twomey*

**Deployment**—The deployment took eight hours on Friday instead of the expected four. Tim speculated that the next deployment would be scheduled for a Sunday.

**Registered Users**—There are 47 organizations registered on the NIH eRA Commons and 480 users.

**IAR**—The Internet Assisted Review module will be installed over the weekend. It also will be presented to the Review Users Group on Monday. Ev Sinnett will begin testing the IAR and then a limited number of testers will join him.

**CWG Meeting**—George Stone announced that the Commons Working Group will meet on January 8 in Irvine, California. This will be the first opportunity to present the IAR to them and to make them aware of the project status. The last meeting was held on September 18.

**Receipt dates**—There was some discussion regarding a single receipt date for grant applications. It was agreed that there is no single, accurate receipt date that is used throughout the system.

**Summary Statements**—Technically, once the SS is posted, it is released and can be reviewed. Eileen Bradley said that the SS for scored grant applications go to the ICs for distribution and the unscored go out from CSR. There is nothing in the business rules that holds them up, she said. That is an urban legend. The coding for the SS can be viewed through GUM, but the coding is not accurate until the SS is released. The PO should work with the SRA to be sure it's okay to change a Summary Statement. It is the prerogative of the SRA to allow the PO to view drafts and the SS.

## Attendees

Albrecht, Lyn (LTS/OCO)

Austin, Patricia (OER)

Bradley, Eileen (CSR)

Caban, Carlos (OER)

Cain, Jim (OER)

Carter, Dave (OER)

Collie, Krishna (RN Solutions)

Copeland Sewell, Zoe-Ann (OER)

Cox, Mike (OER)

Erickson, Bud (NCI)

Fitzgerald, Steve (RN Solutions)

Flora, Carla (OCO)

Geaney, Stefanie (SOZA)

Goodman, Mike (OER)

Hann, Della (OER)

Hausman, Steve (NIAMS)

McGowan, JJ (NIAID)

Moore, Bob (OER)

Morris, Richard (NIAID)

Morton, Larry (OER)

Morton, Pete (CIT)

Panniers, Richard (CSR)

Patel, Kalpesh (Ekagra)

Seppala, Sandy (LTS/OCO)

Seto, Belinda (OER)

Silver, Sara (Z-Tech)

Silverman, Jay (NGIT)

Snouffer, Anna (OD/OFACP)

Soto, Tracy (DEIS)

Spitzberg, Bobbi (OER)

Stone, George (OER/OPERA)

Tucker, Jim (OER)

Twomey, Tim (OD)

Van Brunt, Virginia (LTS)

Wallace, Patrick (LTS)

Wilson, Mike (NGIT)

Wright, David OPERA)

Zucker, Sherry (DEIS)