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***CENTERS FOR DISEASE CONTROL AND PREVENTION  
ENTERPRISE PERFORMANCE LIFE CYCLE IMPLEMENTATION PLAN***

Version 1.0  
9/30/08

## VERSION HISTORY

Version #	Implemented By	Revision Date	Approved By	Approval Date	Reason
1.0	CDC IR Governance				Initial Draft

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# 1 INTRODUCTION

## 1.1 EXECUTIVE SUMMARY

The Office of Management and Budget (OMB) and the Congress have set ever higher standards for the management and performance of information technology investments within the Federal government. Those standards require a project management and accountability environment where IT projects achieve consistently successful outcomes that maximize alignment with business objectives and meet key cost, schedule and performance objectives.

A key to successful IT management is a solid project management methodology that incorporates best government and commercial practices through a consistent and repeatable process, and provides a standard structure for planning, managing and overseeing IT projects over their entire life cycle. Over the past two years HHS working with representatives from all OPDIVs has developed the Enterprise Performance Life Cycle (EPLC) framework which provides that methodology for HHS.

Implementation of the EPLC framework will allow HHS and CDC to improve the quality of project planning and execution, reducing overall project risk. Reducing risk, in turn, increases our ability to move IT projects that best meet business needs into the production environment more quickly and with established cost constraints. The framework also provides an effective vehicle for adopting and propagating best practices in IT management. Finally, the framework provides a solid foundation for Project Manager training and certification and more effective IT capital planning.

HHS is requiring CDC to develop and implement strategies so that on April 1, 2009, CDC has in place the initial operating capability (IOC) and the implementation planning to fully integrate the EPLC methodology into IT Governance across CDC and HHS as well as plans to further mature our EPLC implementation.

In addition, CDC recognizes the need for effective and efficient governance of its information resources has refined and begun implementation of its IT governance processes which encompasses HHS EPLC. The HHS EPLC implementation is integrated into CDC's holistic approach to Information Resources (IR) governance which has the following guiding principles:

- Provide effective oversight and guidance for the management and use of information and information technology services and systems at CDC
- Ensure active integration of IR between science, program, and service provision throughout the agency
- Foster ongoing IR innovation to support CDC's mission while protecting CDC's non-public information and other assets
- Create an enterprise IR governance process that is integrated at all levels of the organization
- Promote processes and decision-making bodies that are multi-disciplinary across CDC and include appropriate external partners

- Adhere to Departmental and IR governance best practices, while being responsive to the particular needs of a project
- Promote consistent charters (including scope, mission, functions, and membership) throughout the enterprise governance processes
- Promote the efficient and effective use of secure information resources to enhance CDC's ability to achieve its mission, goals, & objectives
- Support the efficient oversight and governance of information resources spending

## **1.2 PURPOSE**

CDC's EPLC Implementation Plan is intended to guide CDC in a successful transition to EPLC as defined in HHS policy and framework documents.

## **1.3 IMPLEMENTATION STRATEGY**

### **1.3.1 Philosophical Approach**

CDC's EPLC Implementation Plan is guided by the following philosophical approach that will be the foundation of the communication messages used for introducing and socializing the EPLC.

- HHS EPLC represents industry best practice and includes a framework for ensuring consistency, repeatability and predictability.
- CDC projects should already be following the "intent" of the EPLC Life Cycle Framework and producing the deliverables although they may not be organized or named the same.
- The implementation of CDC IR Governance & HHS EPLC is focused upon the "project" and not the paper, forms or tools – CDC is expecting greater success in meeting project outcomes not measured by the weight of the paper but as measured by EVM and other recognized project metrics.
- Project management improvement will be incremental over time and will reach acceptable levels of maturity as project managers, business owners, and executives engage, learn, and implement EPLC in their projects while also providing feedback for improvements to the EPLC Framework.
- CDC is implementing EPLC because of intrinsic motivation rather than only as a mandate from HHS.
- CDC recognizes that the value of EPLC for all projects will depend upon the appropriate application of the rigor and documentation requirements depending upon the size, risk and complexity of the project.

### **1.3.2 Current State for EPLC within CDC**

CDC began active participation with HHS on EPLC in 2006 and began integrating the initial framework into the CDC Unified Process, CDC's project management framework. In 2007 CDC also integrated EPLC into its refined IR Governance processes and began identifying the appropriate structures needed for effective

oversight and guidance for the management and use of information and information technology services and systems at CDC. The official awareness program for EPLC began in January 2008 at the CDC Project Management Community of Practice meeting with a presentation from the CIO and Chief of the CPIC Office. The awareness program has continued with presentations and briefings to many of the Centers, Offices & Institutes within CDC.

### **1.3.3 Target State for EPLC within CDC**

CDC is targeting FY 09 as the timeframe for full implementation of the EPLC for all IT projects and will be working to ensure that it is in full compliance by the beginning of FY 10. During this implementation year, CDC looks forward to providing its lessons learned and suggestions to EPLC for improvement to the Department based upon its experience.

### **1.3.4 Transition State for Achieving Target State**

CDC has planned a three phase approach to transitioning from our current state to our future state. This approach is outlined below:

- Awareness (January – December 2008)
  - Develop a formal communication plan which identifies the key stakeholders and the messages
  - Conduct roadshows, presentations & briefings across all areas and structures
  - Publicize using internal newsletters and website communications
  - Prepare brochures and pamphlets for distribution at ongoing events within CDC
- Implementation (October 2008 – September 2009)
  - CDC Policies
    - Are there existing policies that need to be modified?
    - Are there new policies that need to be written?
  - Critical Partner Refinement & Skills Training
    - Develop Critical Partners at the “lowest level” of Governance Structure
    - Develop Tools that will assist Critical Partners in conducting their evaluation for Stage Gate recommendations
    - Conduct educational sessions with Critical Partners
  - Project Manager Skills & Tools
    - Sponsor – “PM Summit” introducing EPLC but also bringing in educational sessions on many of the deliverables, i.e. – How to do a good business case, Ensuring good requirements, Project Planning, EVM, etc
    - Complete the CDC UP for all remaining EPLC artifacts
    - Integrate HHS EPLC & CDC Unified Process

- Stage Gate Reviews Implementation
  - Develop materials for all Governance entities on how to conduct an effective stage gate review
  - Train all governance entities
  - Schedule all projects into their 1st stage gate
    - All CDC projects will be integrated into the EPLC Stage Gate Review process by September 2009
    - Current investments will be reviewed to determine the active projects and their cost and schedule baseline
    - Projects will be assessed to determine their “life cycle position” and will be assigned to the appropriate level of CDC IR Governance
    - Stage gate reviews for major and tactical projects will begin in January 2009
    - Stage gate reviews for all other projects will begin in April 2009
    - All IT projects will have had a minimum of one stage gate review by September 2009 and the required reviews in 2009 for CPIC
- Evaluation (January - September 2009)
  - Establish mechanisms for evaluating the status and effectiveness of the implementation and results of EPLC
  - Establish resource baseline for projects based on mission criticality or lifecycle phase.
  - Incorporate a measure of compliance into the CDC IR Governance Evaluation Framework
  - Establish and implement mechanisms for capturing lessons learned and suggestions for improvement to the EPLC

Detailed planning for each of these phases is occurring and will be tracked and reported monthly to HHS utilizing the EPLC Implementation Status Report.

## 2 IT GOVERNANCE

CDC’s Information Resources Governance Council is responsible for the IT governance as required by HHS EPLC

The scope of IR Governance at CDC includes all elements noted below that support CDC’s information products and services:

- CDC information systems
- IT infrastructure
- IT investments (intramural and extramural)

- Information protection
- Information assets associated with CDC information systems
- IR policies, standards, procedures, and processes
- Human capital related to these functions (informaticians, architects, data managers, project managers, business analysis, system analysts and developers, programmers, computer and network engineers, content managers, etc.)

The high-level governance functions provide direction and oversight for:

- Strategic Planning
- Investment Planning
- Enterprise Architecture
- Information Management
- Solution & System Development Lifecycle
- Information Protection
- Innovation, Research, and Development
- Customers Services and Operations

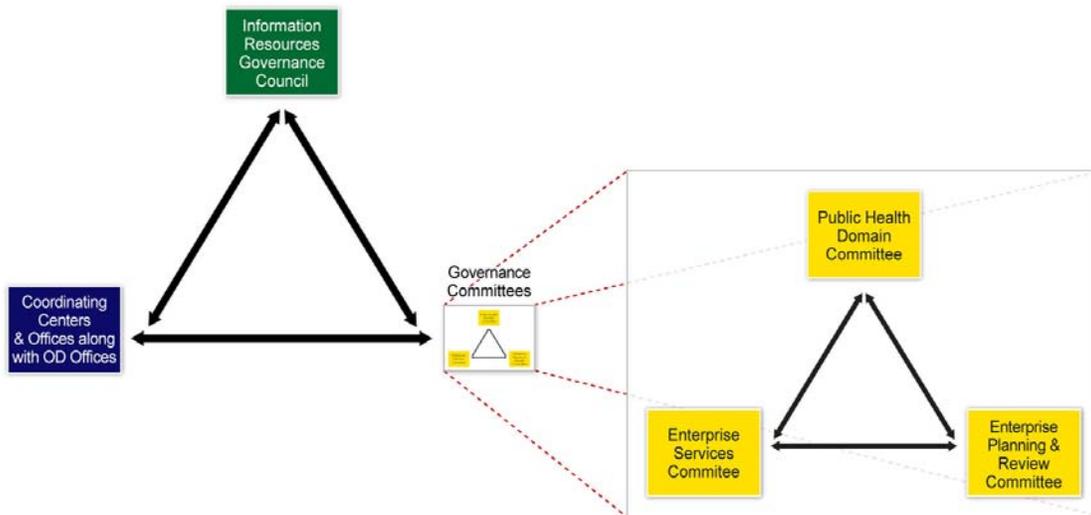
The goals for CDC IR governance includes:

- Create an enterprise view and perspective of information
- Enable the correct information to reach the correct person, system, or process when needed
- Increase the security of the enterprise's information and other assets
- Optimize the creation, collection, dissemination, retention and retirement of information
- Manage the IT investment portfolio to support mission, achieve efficiency and reduce redundancy
- Reduce unnecessary complexity
- Increase the collaboration between scientific, administrative, informatics, and IT staff
- Enhance alignment of IR with provision of public health information to the public and partners
- Ensure ongoing innovation across the enterprise
- Facilitate communications of IR policies and requirements among other governance bodies and across the organization's programs
- Effectively oversee IR projects to ensure they are successful and are on-time, on-budget and on-scope

## **2.1 IR GOVERNANCE STRUCTURE**

The breadth, scope, and importance of information resources at CDC warrant a federated approach to governance. The federated model balances the responsibilities and accountability of multiple governing bodies at different organization levels and across different functional areas. The structure is:

- Information Resources Governance Council with overall responsibility and authority along with
  - Governance structures in each Coordinating Center or National Center
  - Enterprise Planning and Review Committee
  - Public Health Domain Committee
  - Enterprise Services Committee



## 2.2 IR GOVERNANCE THRESHOLDS

Overall it is the responsibility of the highest governance body to review and approve all of the IR investment spending but in order to effectively and efficiently perform this responsibility, the detailed reviews and approvals will be “delegated” to the appropriate body based on the agreed upon thresholds.

**IR Governance Thresholds**

	IR Governance Council	Enterprise Planning & Review	Public Health Domain	Coord Centers & National Centers
	Threshold A	Threshold B	Threshold C	Threshold D
<b>CPIC Requirements</b>				
Major	>=\$10M			
Tactical		>\$3M & <\$10M		
Supporting			>\$1M & <\$3M	<\$1M
<b>Additional Factors</b>				
CDC (as an enterprise) Mission Criticality	High	Medium		Low
Variance in Cost, Schedule & Performance (EVM)	>=20%	>=10% & <20%		

### **3 CRITICAL PARTNERS**

CDC has utilized Critical Partners as a component of the annual CPIC process and recognizes their importance to ensuring the success of EPLC. The CPIC Critical Partners review and provide recommendations for major and tactical investments as subject matter experts for addressing IT capital planning questions. CDC will be expanding its Critical Partners to include members at the “lowest level” of Governance Structure and will be developing tools that assist them in conducting their evaluation for Stage Gate recommendations. The level of effort required for stage gate reviews will require additional resources for each organization within CDC. The additional resource requirement is not evident for this plan but will become a key indicator once projects begin identifying life cycle position.

**Table 2 – CDC Current CPIC Critical Partners**

Critical Partner Role	Organization	Name
Enterprise Architecture	National Center for Public Health Informatics	John Fitzpatrick Mike Perry
Security	Office of Chief Information Security Officer	Kerey Carter
Acquisition Management	Procurement and Grants Office	Terrance Perry
Finance	Financial Management Office	Jay Hardee
Budget	Financial Management Office	Jay Hardee
Human Resources	Office of Workforce and Career Development	Jeffery Adair
Section 508	Information Technology Services Office	Howard Smith
CPIC	Capital Planning Office	Sandra McGill
Performance	Office of Strategy and Innovation	Steve Racine

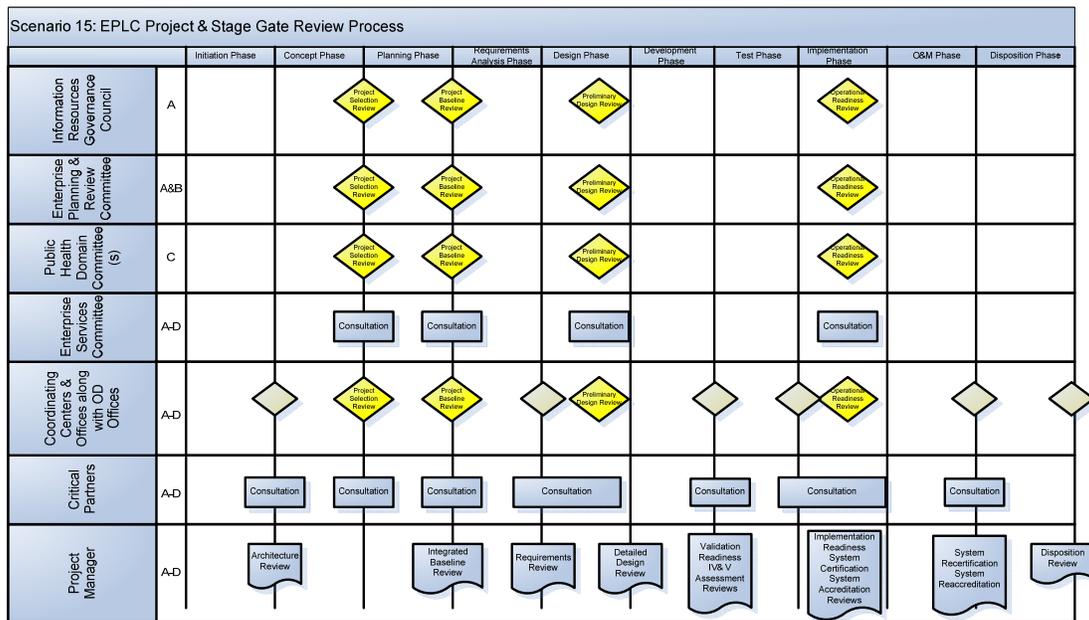
**Critical Partners Implementation Milestones**

<b>MILESTONE</b>	<b>CDC TARGET DATE</b>	<b>ACTUAL DATE</b>	<b>Status (% complete) and Comments</b>
Initiate contacts with critical partner organizations.	11/1/2008		CDC has standing CPs established for the CPIC process. The CPs for EPLC will include other individuals to expand the capacity for meeting the Stage Gate Reviews. Several activities must occur in order to fully meet this milestone.
Begin the identification of critical partners at the lowest level of the IR governance structure.	12/31/2008		Activities to identify the Critical Partners at each Coordinating Center, Institute & Office will begin in December 2008 and will complete in March 2009.
Complete the identification of critical partners at the lowest level of the IR governance structure.	3/31/2009		CDC IR Governance requires all CC to establish an IR Governance structure by April 2009. The identification of Critical Partners will be in concert with this effort.
Develop Tools that will assist Critical Partners in conducting their evaluation for Stage Gate recommendations.	2/28/2009		An initial checklist is currently available to CDC Critical Partners as they begin the initial Stage Gate Reviews. This checklist will be finalized and included in the IR Governance Toolkit.
Conduct assessment to determine resource commitment required for EPLC Stage Gate Reviews for each Critical Partner and IT Governance entities.	12/31/2008		
Conduct educational sessions with Critical Partners and various stakeholders.	12/31/2008		

## 4 STAGE GATE REVIEWS

Currently, several of CDC projects have already undergone reviews similar in nature to the EPLC stage gate reviews. We determined that CDC current practices needed a tighter link to the EPLC framework. We also realized that the names of CDC UP deliverable are different than EPLC and that the role of the critical partner involvement needed to be more formalized. During this time resource requirements will be assessed. CDC plans to incorporate EPLC Stage Gate Reviews into existing project reviews in a phased manner.

In addition to the thresholds, there was recognition that not all Coordinating Centers/National Centers/National Offices would have at least one project that would qualify for either a threshold A, B or C. Those CC/NC/NOs would need to determine the investment or project with the highest criticality for their area and submit to the Enterprise Planning & Review Committee to be reviewed on an annual basis. The EPLC Stage Gate review process has been developed as follows:



**Table 4 –Stage Gate Review Implementation Milestones**

<b>MILESTONE</b>	<b>TARGET DATE</b>	<b>ACTUAL DATE</b>	<b>STATUS (% COMPLETE) AND COMMENTS</b>
Finalize Stage Gate review processes	12/31/2008		<p>CDC IRGC has determined the process of who will conduct the stage gate reviews for all projects; however, additional activities are needed to complete this process.</p> <p>The following actions must occur in to successfully meet this milestone:</p> <p>The largest factor in achieving effective stage gate reviews center around the education of governance entities, critical partners, business owners and project managers. Education will be delivered in an ongoing manner to achieve sufficient competencies for these bodies following the December 2008 date.</p>
Assist Coordinating Centers and National Centers in establishing a structure to conduct Stage Gate Reviews for all projects and provide tools that will assist PMs in preparation for a Stage Gate Review.	3/31/09		
Major and Tactical Projects will be assessed to determined their “life cycle position” and will be assigned to the appropriate level of CDC IR Governance.	12/31/08		
Other Projects will be assessed to determined their “life cycle position” and will be assigned to the appropriate level of CDC IR Governance.	3/31/09		

## 5 PROJECT TRANSITION PLAN

CDC will establish detailed plans to implement new projects and transition existing projects to EPLC using the following milestones:

- All CDC projects will be integrated into the EPLC Stage Gate Review process by September 2009

- Current major and tactical investments will be reviewed to determine the active projects and their cost and schedule baseline by December 2008
- Projects will be assessed to determine their “life cycle position” and will be assigned to the appropriate level of CDC IR Governance by December 2008
- Stage gate reviews for major and tactical projects will begin in January 2009
- Stage gate reviews for all other projects will begin in April 2009
- All IT projects will have had a minimum of one stage gate review by September 2009 and the required reviews in 2009 for CPIC

## **6 COMMUNICATIONS, OUTREACH, AND TRAINING**

The official awareness program for EPLC began in January 2008 at the Project Management Community of Practice meeting with a presentation from the CIO and Chief of the CPIC Office. The awareness program has continued with presentations and briefings to many of the Centers, Offices & Institutes within CDC.

**Table 6 –Communication and Outreach Milestones**

Milestone	Target Date	Actual Date	Status (% complete) and Comments
Complete plans for EPLC communications and socialization	12/31/2008		CDC began its awareness program in January 2008 and has continued communicating and socializing the forthcoming EPLC. A formal communications plan will be completed as a part of this milestone.
Conduct EPLC outreach to stakeholders including Critical Partners	12/31/2008		CDC began its awareness program in January 2008 and has continued communicating and socializing the forthcoming EPLC. A formal communications plan will be completed as a part of this milestone.
Host “PM SUMMIT” FOR CDC Project Managers and other major stakeholders	1/31/2009		

## **7 CDC MANAGEMENT AND OVERSIGHT**

CDC will utilize the IR Governance structures which are supported by an IR Governance Project Team to manage EPLC. The Enterprise IR Governance Planning & Review Committee, Co-chaired by the Chief of the CPIC Office and a member elected by the committee is responsible for the management and oversight of EPLC. Each Coordinating Center, Office, & Institute is encouraged to use a program management operations approach to the implementation of their

governance. Currently, PMOs exist in many of these areas including those with the largest investments. Together these committees and offices will provide oversight of the activities needed to transition projects to EPLC, including monitoring projects to ensure that transitions to EPLC are occurring on schedule, reporting progress updates according to an HHS OCIO process that will be the subject of future guidance. As we progress in the EPLC implementation, additional resource requirements may be identified and will need to be addressed.

**Table 7 – OPDIV EPLC Management and Oversight Milestones**

<b>MILESTONE</b>	<b>TARGET DATE</b>	<b>ACTUAL DATE</b>	<b>STATUS (% COMPLETE) AND COMMENTS</b>
Establish methods for measurement and tracking of the implementation plan	12/31/2008		CDC IR Governance Project Team will maintain milestones for meeting the implementation plan schedule.
Complete Assessment of CDC EPLC management and oversight organizational needs	2/1/2009		The impact on resources and workflow for the EPLC implementation is currently unknown and as implementation begins will need to be assessed to ensure CDC's ability to meet the intent of EPLC.

## **8 CDC EPLC IMPLEMENTATION PLAN APPROVAL**

The undersigned acknowledge they have reviewed and approve the CDC EPLC Implementation Plan. Changes to this Plan will be coordinated with and approved by the undersigned or their designated representatives.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: Jim Seligman 9/26/2008  
 Title: Chief Information Officer

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_