“MOVE! Coach (MCM) version 2”

Business Requirements Change Document

Supplemental to:

NSR #20100205 - eMOVE! Self-Managed Care for Weight Management March 2011

AND

Business Requirements Change Document January 2012 (MCMv1)

(to change to begin with mobile)

AND

Business Requirements Change Document May 2014 (MCMv2)



Feb 2015

Revision History

|  |  |  |
| --- | --- | --- |
| Date | Description | Author |
| 01/19/2012 | Initial Draft | C. Hirko |
| 01/20/2012 | Incorporated suggested edits from stakeholders during analysis call. | C. Hirko |
| 01/20/2012 | Added Security Categorization to Appendix D. provided by Mayra Acevedo-Negron | C. Hirko |
| 05/29/2014 | Updated to begin draft to include MCM v2 requirements | L. Novorska/K. Eisner |
| 02/20/2015 | Updated to incorporate MCMv2 requirements | L. Novorska/K. Eisner |

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Business Requirements Change Document

# Purpose

The Business Requirements Change Document (BRCD) is authored by the business community for the purpose of capturing, describing and documenting expanded business needs that are supplemental to the business requirements documentation associated with NSR # 20100205 – eMOVE! – Web-Based Self-Managed Care for Weight Management, the first BRCD for MCMv1 (Jan 2012), and the subsequent BRCD for MCMv2 (May 2014). The intended audience for this document is the Office of Information and Technology (OIT). For a comprehensive analysis of this work effort, please refer to the BRD, the previous BRCDs, and the documents referred to in the related work efforts and references sections.

# Description of Change

NSR #20100205 - eMOVE! Self-Managed Care for Weight Management March 2011

Original BRD

Business Requirements Change Document January 2012 (MCMv1)

(To change to begin with mobile development)

Description of Change from first BRCD January 2012: This Business Requirements Change Document includes new requirements for BRD for 20100205 – eMOVE! Web-based Self-Managed Care for Weight Management. These new requirements address the development of a mobile weight management application, MOVE! Coach, which will compliment and support eMOVE!. The MOVE! Coach mobile app will provide self-managed, weight management allowing Veterans to monitor, track, and receive tailored feedback regarding their progress with weight and exercise goals while controlling relapse triggers and forming coping plans. The VHA currently offers clinic-based weight management services through the MOVE! Weight Management Program for Veterans, a TeleMOVE! program via a Home Telehealth vendor platform, and soon will offer an Interactive Voice Response (IVR) version of TeleMOVE!, but does not presently offer weight management services using a mobile application. Bringing this care “to the patient” in a mobile format, has a series of advantages, such as easy access for daily data input and retrieval, involvement of patients in their individual goal setting, instant problem solving feedback to help manage weight loss set-backs, and a change from hospital-centered to home-centered care. Functionality is also being requested to allow the Veteran to transmit data from the MOVE! Coach mobile application to the eMOVE! website.

Business Requirements Change Document May 2014 (MCMv2)

This Business Requirements Change Document includes initial edits for new requirements for version 2 of MOVE! Coach (MCM). Version 2 expands on the functionality that was originally created for iPad and iPhones in MCM v1.

Business Requirements Change Document May 2014 (MCMv2) - current doc

This Business Requirements Change Document includes requirements for version 2 of MOVE! Coach (MCM).

# Overview

The MOVE! **®** Coach projects were patterned after our successful 19-week MOVE! **®** program of care, where the Veterans partner with clinicians to receive weight-management coaching based on their specific barriers and needs.

The Veteran piece: MOVE! **®** Coach Mobile (MCM)

This is the piece described in this BRD.

MCM is a Veteran-facing app.

MCM is a Veteran-facing mobile app that allows users to participate in a 19-week, self-managed program of care for weight management. MCM includes a series of learning guides, the ability to track weight, food and physical activity, and receive reports on progress.

This application is an electronic version of a program of care. The participant can choose to use the app independently, walking through the educational modules and tracking tools on their own. For Veterans who receive care from a participating VA facility, the Veteran can choose to partner with a clinician as they walk through the MCM app guides.

In MCM, participants are provided with educational, motivational, and tracking features that enable them to learn and monitor their progress as they are progressing through the program. The app allows the user to participate in 19 week, self-managed program of care for weight management. The Self-Management Guides are a series of learning modules that provide a guided program of care, set over 11 guides, to teach participants about the fundamentals of weight management success. Weight, diet, and physical activity diaries are also offered, as well as additional resources to set and track goals, and tools to help overcome barriers.

Future Clinician/staff piece: MOVE! **®** Coach Clinician Connect

*This application is being developed separately and is not part of the scope described in this BRCD.*

MCC will be a clinician-facing application.

MCC is viewed as the “clinician connection” to MCM. The main goal of MCC is to give clinicians functionality to enable them to provide care to the Veterans who are participating in the MCM weight management app program of care.

MOVE! **®** Coach Clinician Connect (MCC) is being designed as a companion program to MOVE! **®** Coach Mobile (MCM),

MCC will provide clinicians the ability to view MCM date entered by MOVE! **®** participants to monitor progress, to communicate with participants, and to document progress notes and record progress in the Veteran’s medical record. MCC will also provide capability to administer the MOVE! **®**program.

# Requirements

| Business Need (BN) | OWNR  Number | Owner (OWNR) Requirement | | Priority\* |
| --- | --- | --- | --- | --- |
| BN 1: Adhere to the Enterprise Level requirements within the Enterprise Requirements Management (ERM) . | | | | |
| BN 2: Develop a mobile application, MOVE! Coach, providing an expanded, parallel service to MCMv1, to allow users to self-manage their weight, diet, and physical activity goals.  Note – if desired integration with an app such as MyFitnessPal is feasible, then some of the requirements below might be met through the integration functionality. | | | | |
|  |  | WEIGHT GOAL AND ENTRIES | |  |
|  | 2.1 | Provide the ability to enter and edit current weight. | | High |
| 2.2 | Provide the ability to enter and edit past weight entries. | |  |
| 2.3 | Provide the ability for users to enter their goal weight. | | High |
| 2.4 | Provide the ability for users to revise their goal weight. | | High |
| 2.5 | Provide the ability to track progress toward goal weight. | | High |
| 2.6 | Provide the ability for users to record their height. | | High |
| 2.7 | Provide the ability to calculate Body Mass Index (BMI) for the Veteran. | | High |
|  |  | FOOD | |  |
|  | 2.8 | Provide the ability to enter and edit current dietary intake multiple times per day. | | High |
|  | 2.9 | Provide the ability for users to record their daily food intake/consumption by choosing the food consumed from a food database or library. | | High |
|  | 2.10 | Provide the ability for users to enter food consumed, and associated calories and nutrient values, not found in the food database or library. | | High |
|  | 2.11 | Provide the ability to enter and edit past dietary intake entries. | |  |
|  | 2.12 | Provide the ability to perform a calorie/nutrient calculating feature which provides a detailed calorie and macronutrient report based on consumed food entries. | | High |
|  | 2.13 | Provide the ability for users to calculate their calorie intake target goal. (e.g., x number of calories consumed per day) | | High |
|  | 2.14 | Provide the ability for users to enter their calorie/nutrient intake target goal. | | High |
|  | 2.15 | Provide the ability for users to revise their calorie/nutrient intake target goal. | | High |
|  | 2.16 | Provide the ability for users to track progress toward their calorie/nutrient intake target goal. | | High |
|  | 2.17 | Provide the ability for users to track self-entered data. | | High |
|  | 2.18 | Provide the ability for users to track their food intake/consumption for a user selected defined period of time. (e.g., day or week) | | High |
|  | 2.19 | Provide the ability to display the food consumed at breakfast. | | High |
|  | 2.20 | Provide the ability to display the food consumed at lunch. | | High |
|  | 2.21 | Provide the ability to display the food consumed at dinner. | | High |
|  | 2.22 | Provide the ability to display the food consumed in between meals. | | High |
|  | 2.23 | Provide the ability for Users to choose food nutrients to track. (e.g., sodium, calories, fat grams.) | | High |
|  | 2.24 | Provide the ability for Users to track food nutrients for a defined period of time. | | High |
|  | 2.25 | Provide the ability to calculate the calories consumed by the Veteran based on self-entered food consumed. | | High |
|  | 2.26 | Provide the ability to use a ‘recipe catalog’, to show users how to make healthier meals | |  |
|  |  | PHYSICAL ACTIVITY | |  |
|  | 2.27 | Provide the ability to enter and edit current physical activity. | | High |
|  | 2.28 | Provide the ability to enter and edit past physical activity entries. | |  |
|  | 2.29 | Provide the ability for Users to set physical activity goals. | | High |
|  | 2.30 | Provide the ability for Users to revise physical activity goals. | | High |
|  | 2.31 | Provide the ability for Users to track progress toward physical activity goals. | | High |
|  | 2.32 | Provide the ability for Users to choose a physical activity completed from a list. | | High |
|  | 2.33 | Provide the ability for Users to self-enter minutes of physical activity completed. | | High |
|  | 2.34 | Provide the ability for Veteran to select intensity or speed of the physical activity performed based upon the physical activity selected. | | High |
|  | 2.35 | Provide the ability to calculate the caloric burn. | | High |
|  | 2.36 | Provide the ability for Users to self-enter multiple physical activities completed per day. | | High |
|  | 2.37 | Provide the ability for users to track physical activity entered for a defined period of time, by day, by week, by month, by year. | | High |
|  |  | STEPS | |  |
|  | 2.38 | Provide the ability for users to enter and edit the number of steps completed, multiple times per day. (Track progress in steps/day program.) | | High |
|  | 2.39 | Provide the ability to convert other activities completed into steps completed/day. | | High |
|  |  | SMGs | |  |
|  | 2.40 | Provide the ability to allow the Veteran to participate in a series of learning modules – a 19-week program using the eleven Self-Management Guides. | | High |
|  |  | GOALS | |  |
| 2.41 | Provide the ability to allow Users to create and edit personal goals. | | High |
| 2.42 | Provide the ability to allow Users to track progress against personal goals. | | High |
| 2.43 | Provide the ability to allow Users to enter problems related to achieving goals. | | High |
|  | 2.44 | Provide the ability to track progress against personal goals (My Goals & Progress aka MGP section) | |  |
|  | 2.45 | Provide the ability to respond to Veteran entered problems with standardized solution feedback. | | High |
|  | 2.46 | In the guide covering goals, provide the user with a list of goal examples they can select from in addition to typing it in | |  |
|  | 2.47 | Provide the ability for the Veteran to enter a customizable element to track with functionality similar to v1 smart goals. For example, walk to mailbox, or tie shoes. | | High |
|  |  | REPORTING/GRAPHS | |  |
|  | 2.48 | Provide the ability for users to generate graphs of their data. | | High |
|  | 2.49 | Provide the ability to view daily entry logs for weight, diet, and physical activity data | |  |
|  | 2.50 | Provide the ability to view graphs showing daily entry values for weight, diet, and physical activity | |  |
|  | 2.51 | Provide the ability to view, email, and print weight, diet, physical activity reports and guide summaries (MGP🡪’Self-Monitoring’, ’My Reports’ and ‘My Summaries’) | |  |
|  | 2.52 | Provide the ability to view, email, and print weight, diet, and physical activity graphs (Homescreen and MGP) | |  |
|  | 2.53 | Provide the ability to view, email, and print all Self-Management Guide summaries | |  |
|  | 2.54 | Provide the ability to view, email, and print the weight, diet, and physical activity reports and graphs | |  |
|  | 2.55 | Provide the ability to use a variety of health calculation tools | |  |
|  |  | HT SOLVE PROBS | |  |
|  | 2.56 | Provide the ability to receive standardized feedback related to achieving goals and overcoming some of the most common weight loss challenges (How to Solve Problems section) | |  |
|  |  | FEEDBACK MESSAGES | |  |
|  | 257 | Provide the ability for users to receive feedback messages based on self-entered data. | | High |
|  | 2.58 | Provide a library of tailored feedback messages determined via an algorithm and presented to the user based on self-entered data. | | High |
|  | 2.59 | Provide users with the ability to view real-time relevant lab results in a graphic format for a defined period of time. Lipids (cholesterol, HDL, LDL, VLDL, Triglycerides), glucose, HgbA1C. | | High |
|  | 2.60 | Provide calendaring functionality integrated with MOVE! Coach goal setting components. | | Medium |
|  | 2.61 | Provide calendaring functionality to allow users to create reminders to track weekly goals, personal events, and MOVE! Program activities. | | Medium |
|  | 2.62 | Provide the ability to receive app notifications | |  |
|  | 2.63 | Provide the ability to post messages and graphs to social media (i.e. Facebook and Twitter) | |  |
|  | 2.64 | Provide the ability for users to complete the MOVE!11 patient questionnaire via MOVE! Coach | | High |
|  | 2.65 | | Provide the ability for Users to view reports of Personal data including labs, blood pressure, weights, with the ability to view daily, weekly, monthly data for up to two years. | High |
|  | 2.66 | | Provide the ability for Users to view reports of Tracked number of days the user logged Physical Activity and Dietary data and results in the form of total steps or minutes of Physical Activity and/or daily calorie intake average. | High |
| BN 3: Provide the ability for MOVE! Coach to integrate with fitness tools and the “Annie” Text Messaging System.  *\*note - this section may be expanded.* | | | | |
|  | 3.1 | Provide the ability to integrate with the “Annie” Text Messaging System, for Annie to send notifications, ability to receive motivational messages, and ability to text in daily diary entries. | | Medium |
|  | 3.2 | Provide an interface that would allow connection to fitness tools such as pedometers and weight scales. | |  |
|  | 3.3 | Provide an interface to allow users to scan food barcodes to expedite diet entry | |  |
| BN # 4  Provide the ability for the app to integrate with apps such as MyFitnessPal, to provide entry functionality and use of their food database. | | | | |
|  | 4.1 | More details to be determined. | |  |
| BN # 5  Provide the ability for the app to be used on iOS devices, Android devices, and computers (browser). | | | | |
|  | 5.1 | Provide users of different types of devices to be able to use the app. | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| BN #6  Provide the ability to share data captured in the MCMv2 app so it can be viewed by the Veteran on other devices—mobile or web-based—as well as in the future by MOVE! clinicians via a partner application currently known as MOVE! Coach Clinician Connect (aka MCC)  *\*Note: Additional MCMv2 enhancements/features—currently unknown at this time—will also be required to successfully integrate the MCMv2 and MCC apps in the future.* | | | |
|  | 6.1 | Provide the ability for the user to access their data from any device – mobile device, tablet, computer/laptop. |  |
|  | 6.2 | When available, integrate with MOVE! Coach Clinician Connect (MCC). More details to be defined. |  |
| BN 7: Develop an online method to orient Providers, Clinicians, and Veteran users to program purpose, features and functionality. | | | |
|  | 7.1 | Provide the ability for all users to access online help and training guides within the MOVE! Coach application. | High |
|  | 7.2 | Provide an online orientation or “Getting Started Guide” to the MOVE! Coach application. | High |
|  | 7.3 | Provide online user MOVE! Coach application training tutorials on the features and functionality of the MOVE! Coach application. | High |

\*All listed requirements are needed by the business community. The Priority is merely a mechanism to

suggest a sense of urgency and order to the technical community if the requirements are to be parsed into phases. The order of importance begins with those that are designated as **High** priority.

## Non-Functional Requirements

* Allow the user to access their information from any device – mobile or web-based.
* Allow the app to be available not just for iOS devices, but also for Android devices and computers (browsers).
* Provide the ability for MCMv1 users to upgrade to MCM v2, without losing their existing data.
* Usability-User Interface Requirements
  + MOVE! Coach interface should be attractive, easy to use, should provide contemporary graphics, graphical information based on patient’s data, provide essential information in simple, but clear ways
  + Complete user testing of the software developed by the organization to ensure it adheres to the requirements, and spirit of the product.

### Performance, Capacity, and Availability Requirements

#### Performance

|  |  |
| --- | --- |
| If this is a system modification, how many users does the current system support? | |
|  | This is not a system modification. |
| How many users will the new system (or system modification) support? | |
|  | MCM Will be a “new system” to provide an alternative on-line means of care for Veterans in MOVE! The current MOVE! Program provides care to approximately 70,000 Veterans annually. Estimates for MCM Are calculated based on an expected participation rate of 1 out of 5 MOVE! Participants. Therefore, we predict there will be 14,000 clinically identified participants + 3000 family members, and/or web visitors in the first full, non-pilot year of MCM. |
| What is the predicted annual growth in the number of system users? | |
|  | **Year 1 – Pilot:** A planned pilot year is estimated at a minimum of 12,000 users allowing for approximately 1000 MCM users per month total for the national pilot sites.  **Year 2- First Year of National Implementation:** 14,000 clinically identified participants + 3000 additional caregivers, family members, and/or web visitors. 17,000 anticipated MCM users.  **Year 3:**  **Optimistic projection: (10% increase)** **22,950 anticipated users**  17000 + 1700 = 18700 (new users)  + (25% prior remaining/continuing users  estimating 75% completed/drop-out from prior year) 4250  = 22,950 anticipated users \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Most likely projection: (5% increase) 22,100 anticipated users**  17000 + 850 = 17850 (new users)  + (25% prior remaining/continuing users  estimating 75% completed/drop-out from prior year) 4250 = 22,100 anticipated users  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Pessimistic projection: (1% increase)** **21,420 anticipated users**  17000 + 170 = 17170 (new users)  + (25% prior remaining/continuing users  estimating 75% completed/drop-out from prior year) 4250  = 21,420 anticipated users |

#### Capacity

|  |  |
| --- | --- |
|  |  |
| What is the predicted size (average) of a typical business transaction? | |
|  | Due to the nature of typical MCM transactions, it should be noted that certain business transactions (e.g. documenting in a food or physical activity log) will be quite variable from one individual to another. Estimates for average transactions include the following:   |  |  |  |  | | --- | --- | --- | --- | | **Food Log** – based on 3 meal + one snack per day entry, 5 times per week | **Physical Activity Log** – based on 1 time per day entry, 3 times per week | **Goal Tracking** – based on average input 1 time every 2 weeks | **Blog & Quizzes** – based on average of 1 time per week entry | | Breakfast:  5 drop-down selections with  number entry (food amounts)  3 menu customizations with 2  word entry each (6 words)  Lunch:  15 drop-down selections with  number entry (food amounts)  6 menu customizations with 2  word entry each (12 words)  Dinner:  15 drop-down selections with  number entry (food amounts)  6 menu customizations with 2  word entry each (12 words)  Snack:  4 drop-down selections with  number entry (food amounts)  2 menu customizations with 2  word entry each (4 words) | 3 drop-down selections for type of physical activity  1 activity customization  with 3 word entry each (3 words)  3 drop-down selections for intensity or speed of  physical activity  performed based on the selected type of activity  3 number entries (minutes of exercise and/or numbers of  steps completed per day) | 3 drop-down goal selections  1 goal customization with 10 word entry (10 words) | 1 time per week entry of 250 words | | **Per person totals (Food):**  39 drop-down selections with  number entry (food amounts)  34 menu customizations with 2 word entry each (6 words) | **Per person totals (Activity):**  6 drop-down selections  3 number entries  3 word entries | **Per person totals (Goals):**  3 drop-down selections  10 word entries | **Per person totals (blog/quiz):** 250 words per week | | **Weekly total based on average of 5 logs/week:**  195 drop-down selections with  195 number entries (food amounts)  170 word entries | **Weekly totals based on average of 3 logs/week:**  18 drop-down selections  9 number entries  9 word entries | **Monthly totals based on average of 1 log every 2 weeks:**  6 drop-down selections  20 word entries | **Monthly total based on average of 1 entry/week**  1083 words per month | |
| What is the predicted number of transactions per hour (day, or other time period)? | |
|  | Weekly transactions totals based on predicted growth as estimated in 7.2.1.1   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Estimated users** | **Drop-down Selections** | **Number entries** | **Word entries** | | **Year 1 pilot** | 12,000 | Food: 2,340,000  Activity: 216,000  Goals: 18,000  **Total: 2,574,000** | Food: 2,340,000  Activity: 108,000  **Total: 2,448,000** | Food: 2,040,000  Activity: 108,000  Goals: 60,000  Blog/quiz: 3,000,000  **Total: 5,208,000** | | **Year 2** | 17,000 | Food: 3,315,000  Activity: 306,000  Goals: 25,500  **Total: 3,646,500** | Food: 3,315,000  Activity: 153,000  **Total: 3,468,000** | Food: 2,890,000  Activity: 153,000  Goals: 85,000  Blog/quiz: 4,250,000  **Total: 7,293,000** | | **Year 3** | 22,100 (5% most likely) | Food: 4,309,500  Activity: 397,800  Goals:  **Total: 4,740,450** | Food: 4,309,500  Activity: 198,900  **Total: 4,508,400** | Food: 3,757,000  Activity: 198,900  Goals:  Blog/quiz: 5,525,000  **Total: 9,591,400** | |
| Is the transaction profile expected to change (grow) over time? | |
|  | Number of users may change but the transactions will remain pretty consistent. |
| What are the dependencies, interactions, and interfaces with other systems? | |
|  | Examples of system interfaces and dependencies are listed in Sections 7.3 Known Interfaces and 7.4 Related Projects or Work Efforts of the BRD for 20100205 – eMOVE! Web-based Self-Managed Care for Weight Management included in [Appendix A](#AppendixA) of this document. |

#### Availability

|  |  |
| --- | --- |
| Action |  |
| Describe when the envisioned system will need to be available (business hours only, weekends, holidays, etc) to support the business. | |
|  | System Availability Requirement: System shall be available 24 hours/7 days a week. System availability should be 99.5%. |

## Known Interfaces/ Related Work Efforts

MOVE! Coach Mobile version1 (MCMv1) – current version of MCM that is available for iPhone and iPad, available for download from the Apple App Store.

Possible interfaces:

MyFitnessPal – diary tracker app

PGD – Data warehouse for patient entered data. May be the means by which MCM stores the users’ data to share with other applications.

MCC – MOVE! Coach Clinician Connect – being designed as a companion program to MCM, to enable clinicians to monitor Veteran’s MCM data and work with the Veteran toward weight-management success.

Annie Text Messaging System - A Connected Health project that generates personalized text messages for the Veteran, and allows Veteran to submit weight, food and physical activities via text.

## Other Considerations

**Appendix A. References**

MCM v2 – Increment Plan Document September 2014

MOVE! Coach Clinician Connect – BRD November 2014

NSR 20100205 – eMOVE! Web-based Self-Managed Care for Weight Management  
<http://DNS.URL/pasdocs/analysis/20100205%20eMOVE%20Web%20based%20Self%20Managed%20Care%20for%20Weight%20Management%20BRD.doc> what accessible link to use here?

Appendix B. Stakeholders

| Type of Stakeholder | Name | Responsibilities |
| --- | --- | --- |
| Requesters | * Linda Kinsinger,  Chief Consultant for Preventive Medicine, VHA National Center for Health Promotion and Disease Prevention (NCP) * Lynn Novorska, MOVE! Dietitian Program Coordinator, NCP | Submitted request. Submits business requirements. Monitors progress of request. Contributes to BRD development. |
| Endorser | Rajiv Jain,  Acting Chief Patient Care Services Officer | Endorsed this request. Provides strategic direction to the program. Elicits executive support and funding. Monitors the progress and time lines. |
| Business Owner(s)/Program Office(s) | Linda Kinsinger,  Chief Consultant for Preventive Medicine,  VHA NCP | Provide final approval of BRD with sign-off authority. Provide strategic direction to the program. Elicits executive support and funding. Monitors the progress and time lines. |
| Business Subject Matter Expert(s) (SME) | * Lynn Novorska,   MOVE! Dietitian Program Coordinator, NCP   * Kenneth Weingardt, Director, Web Services, Office of Mental Health Services (OMHS) * Alice Cave, Data Quality, VHA Health Data & Informatics (HDI) * Carrie Parr, Program Analyst, VHA HDI * Shonta Wright,  VHA Privacy Specialist, Health Information Management (HIM), HDI | Provide background on current system and processes. Describe features of current systems, including known problems. Identify features of enhancement. |

**Stakeholder Support Team (BRD Development)**

|  |  |  |
| --- | --- | --- |
| **Type of Stakeholder** | **Description** | **Responsibilities** |
| Security Requirements SME(s) | Mayra Acevedo-Negron, Management & Program Analyst, VHA Office of Information (OI)/Health Care Security Requirements | Responsible for determining the Certification and Accreditation (CA) and other security requirements for the request. |
| Health Enterprise Systems Management Portfolio Staff | Doug Wahl, Program Specialist, Health Provider Systems Portfolio | Serve as the liaison between the Program Office (Business Owner) and Product Development throughout the life cycle. |
| Health ESM Requirements Analysis and Engineering Management (RAEM) Staff | Carrie Hirko, Program Analyst, RAEM | Responsible for working with all stakeholders to ensure the business requirements have been accurately recorded for this request. |

Appendix C. Enterprise Requirements

Below is a subset of Enterprise-level Requirements that are of particular interest to the business community. These requirements MUST be addressed within each project resulting from this work effort. If OIT cannot address these Enterprise-level requirements, the Business Owners responsible for each area MUST be engaged in any waiver discussions prior to any decisions being made. This section is not meant to be a comprehensive list of all Enterprise-level requirements that may apply to this work effort and should not preclude the technical community from reviewing all Enterprise-level requirements, and identifying others that should apply to this work effort as well.

Enterprise-level requirements are contained in the VA Enterprise Requirements Management (ERM) Repository.  To contact the ERM program personnel, gain access to the ERM repository and to obtain the comprehensive allocation of Enterprise-level requirements for the project development iteration, contact [VA OIT OED SE Enterprise Requirements Management](mailto:PII). ([mailto:PII](mailto:VHA%2010P7B%20Service%20Coordination%20SRM%20Team) )

|  |  |  |
| --- | --- | --- |
| ReqPro Tag | Requirement Type | Description |
| ENTR25 | Security | All VA security requirements will be adhered to. Based on Federal Information Processing Standard (FIPS) 199 and National Institute of Standards and Technology (NIST) SP 800-60, recommended Security Categorization is **High**.  The Security Categorization will drive the initial set of minimal security controls required for the information system. Minimum security control requirements are addressed in NIST SP 800-53 and VA Handbook 6500, Appendix D. |

Appendix D. Acronyms and Abbreviations

OIT Master Glossary: <http://DNS.URL/process/Library/master_glossary/masterglossary.htm>

| Term | Definition |
| --- | --- |
| ACSI | American Customer Satisfaction Index |
| BN | Business Need |
| BRCD | Business Requirements Change Document |
| BRD | Business Requirements Document |
| BMI | Body Mass Index |
| CCD | Continuity of Care Document |
| CPRS | Computerized Patient Record System |
| EDES | Emergency Department Encounter Summary |
| EHR | Electronic Health Record |
| ERM | Enterprise Requirements Management |
| HDI | Health Data & Informatics |
| HIM | Health Information Management |
| HITSP | Health Information Technology Standards Panel |
| HL7 | Health Level Seven |
| HRA | Health Risk Assessment |
| IHE | Integrating the Healthcare Enterprise |
| IPA | In Person Authentication |
| IT | Information Technology |
| IVR | Interactive Voice Response |
| LHMP | Lifetime Health Monitoring Project |
| MCC | MOVE! Coach Clinician Connect |
| MCM | MOVE! Coach (formerly known as MOVE! Coach Mobile) |
| MCW | MOVE! Coach Web (this terminology is no longer being used) |
| MRP | My Recovery Plan |
| NCP | National Center for Health Promotion and Disease Prevention |
| NSR | New Service Request |
| OI | Office of Information |
| OIT | Office of Information and Technology |
| OMHS | Office of Mental Health Services |
| OWNR | Owner Requirement |
| RAEM | Requirements Analysis and Engineering Management |
| SDS | Standard Data Services |
| SME | Subject Matter Expert |
| TLC | Telephone Lifestyle Coaching |
| VA | Department of Veterans Affairs |
| VETS | VA Enterprise Terminology Services |
| VHA | Veterans Health Administration |
| VHL | Veterans Health Library |
| VISN | Veterans Integrated Service Network |
| VistA | Veterans Health Information Systems and Technology Architecture |