Information Technology Capital Investment Program

Project Close Out Report

To: Information Technology Strategy and Investment Committee
John Vittner, Office of Policy and Management

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Agency: Department of Public Health

Project: Sexually Transmitted Disease Reporting Portal

Project Start Date: 8/30/2013

Project End Date: 2/28/2018

Project Manager: Steve McConaughy (infrastructure) / Nancy Barrett (STD Surveillance)

Total Funds Requested: $1,919,993

Total Funds Allotted to Agency: $1,919,993

Accumulative Total Capital Fund Expenditures to Date: $1,919,993

Brief Project Description/Summary:
The goal of this project is to transition Sexually Transmitted Disease (STD) data from the current outdated desktop installed DOS-based stand-alone database, into the modern web-enabled application, hosted within CT-EDSS (a Maven system, designed by Consilience Software) that is being used to support other infectious disease data and case management by the Department of Public Health (DPH). This transition will allow DPH to modernize the STD database, add additional functionality needed to meet expanding program needs such as case follow-up, reporting and tracking. It will add the ability for external users including field-based staff, local health departments and healthcare providers to access the data remotely through any internet connected browsers. Once in place DPH intends to add the federally mandated capability for electronic laboratory reporting (ELR) directly to the surveillance modules. Upgrade of the Maven instances is required to accommodate this and re-platforming the application onto current technology hardware must be accomplished as the initial facilitating step.

List Project Goals and Deliverables Completed:
(Please provide a brief summary of the goals and deliverables that were implemented. Please reference the IT Capital Investment Brief for the initial goals of the projects.)

1. Infrastructure platform Upgrade and Move:

   Retire standalone Sun V-460 hardware Solaris servers in the 101 River road Data center and convert to VM Ware application servers in the new Groton Datacenter - Completed

   Convert Application server OS from Solaris to Windows Server 2012 and reinstall the Windows compatible Application Version for 3 of the CT Maven instances for the CORE Maven application software (CT-SITE, CT-EDSS, CT-EPHT) - Completed

2. Database conversion:
   Convert all Oracle database structures to MS-SQL Server, Convert all of the data in all tables and change DB hosting location from Mainframe to the Share MS-SQL server cluster - Completed - -

3. Application Upgrade
   Upgraded all 4 of the CT Maven instances CT-SITE, CT-EDSS, CT-EPHT and CIRTS from non-supported Maven 4.1 to Maven Core Version 5.4. This is a vendor supported Application and all data conversion scripts and CORE application required conversion by the Vendor resources. Completed - - (As of 3/1/2018 this complete and the last environment upgrade is CT-EPHT. This is actively being deployed by DPH IT resources to STG and PRD – No additional grant funding is required)

4. Develop and configure a new STD application
   Contracted to Vendor (Consilience) to Develop and configure a new STD module and integrated it into CT-EDSS environment. Populated Historical data from the Center for Disease Control (CDC) developed STD Dos based application. This involved a significant data conversion effort that required outsourcing to the Vendor. Completed (As of 3/1/2018; this is actively being deployed to STG and PRD – No additional grant funding is required)

Project Replication Opportunities:

(Are there opportunities to repeat or leverage the project solution by other state agencies? Please provide a brief explanation.)
The MS-SQL conversion tool SSMA (SQL Server Migration Assistant) proved to be a very valuable tool for converting Oracle DB to MS-SQL Server. DPH staff developed some expertise in using this tool for the multiple extracts. This is a standard bolt-on that should be considered for any data imports to MS-SQL.

Key Lessons Learned:
(Provide any lessons learned or experienced during this project that may be helpful to other agencies starting a similar project.)

Data Conversion was significantly more complex and costly than originally anticipated. This was partially due to the length of time data has been collected for STD and the variation of standards over that time period. The DPH recommendation is that projects should seriously consider the need for fully integrating old, data into a new system, especially considering it will most likely be noncompliant with new data standards.

We would recommend seriously Considering options such as:

- An auxiliary reporting database or fileshare with Indexing (or potentially linking to) to be used as a read only reference file
- Archiving off data that may have exceeded retention periods before migrating
- Leaving legacy data in the non-converted systems in a limited or inactive mode until the retention period for that type of data expires, at which point the complete system can be purged and surplused.