

Healthcare.gov and Project Integration Management: An Analysis of Failure

Krishna Kaushik Lakhani

Information Systems, Northeastern University

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Professor Shirali Patel

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As part of the Affordable Care Act, Healthcare.gov was launched in October 2013 with the goal of giving millions of Americans access to health insurance marketplaces in 36 states. The project, which involved over 55 contractors and was overseen by HHS and CMS, was meant to be a landmark in U.S. e-government. Instead, because of poor coordination, insufficient testing, and system crashes, it became a frequently cited IT failure. Lessons for upcoming government IT initiatives can be learnt from this case, which highlights gaps in project integration management—charter, planning, execution, monitoring, change management, and closure.

Project Charter and Vision Alignment

The Healthcare.gov charter was propelled by unwavering political mandates as part of the Affordable Care Act. While the vision was lucid—universal access to affordable health insurance—the charter did not adequately connect technical capability with stakeholder expectations nor capacity. Political urgency to satisfy deadlines forced CMS and HHS to obfuscate mission statements and change pathways instead of feasibility. If the charter had focused more on a realistic vision grounded in phased rollouts, the risks may have been less severe.

Planning and the Project Management Plan

Inadequate planning processes were to blame. Reports dating back to March 2013 cautioned that the project was behind schedule and there was not enough end-to-end testing. With

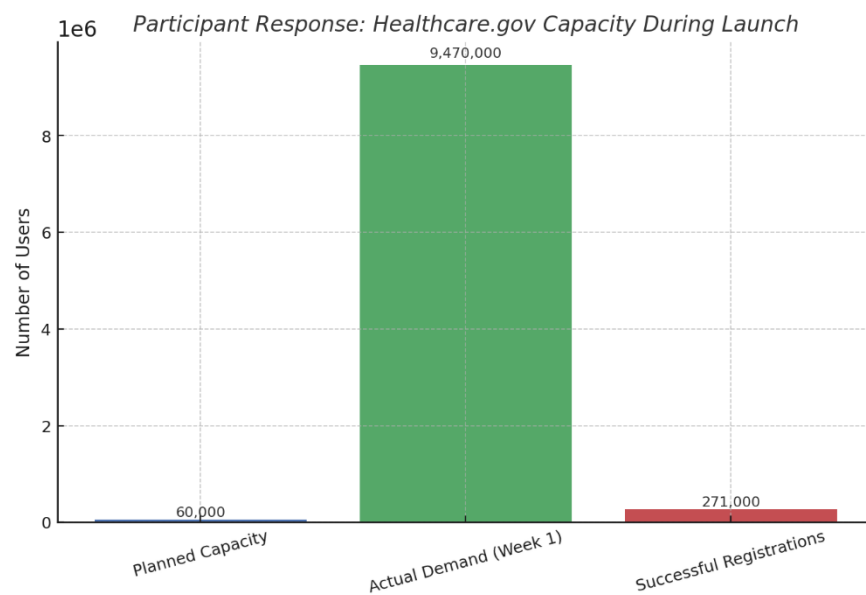
regards to the project management plan, there was not enough time allocated for design, build, and testing phase in sequence; the plan allowed the design and build phases to occur in parallel, which added complexity. Additionally, there was poor planning associated with understanding integration across dozens of contractors, resulting in disjointed accountability.

Execution and Directing Project Work

Healthcare.gov was heavily dependent on contractors during its execution, but there was no shared integration modeling. The lead contractor, CGI, built a system to handle 60,000 users, but the website had 5 times that number in its first week in operation. CMS did not effectively lead and coordinate the project work, which resulted in inconsistent technical solutions to problems and insufficient scale.

Figure 1

Planned vs. actual Healthcare.gov capacity (2013).



Note. This figure illustrates the disparity between expected and actual system load, which contributed to the website's failure at launch.

Knowledge Management and Communication

Citizens knew little about knowledge management. Contractors and agencies operated in silos with relevant warnings ignored or simply not made known to those in senior decision-making positions, even to the President of the United States. Transparent communication was rare within the organization, and documentation was poor, hindering problem-solving solutions and problem resolution.

Monitoring, Controlling, and Change Management

We reacted to problems instead of anticipating them. Load testing weeks before launch already showed risks, but last-minute scope changes and feature requests prevented proper testing. Stronger integrated change control could have prioritized stability over constant changes.

Project Closure and Lessons Learned

Even though Healthcare.gov was eventually stabilized by December 2013, the closure processes revealed missed opportunities. The initial failure eroded public trust, emboldened the political backlash, and laid bare the broad weaknesses in federal government oversight for IT projects. Formal lessons learned cited unrealistic timelines, fragmentation in contract management, and a lack of oversight for integration as root causes of failure. A phased approach to rollout, a more robust governance structure, and clearer accountabilities would have prevented such a pronounced failure.

Figure 2

Healthcare.gov project timeline (2013).



Note. The timeline highlights how delays in risk management and integration oversight led to launch failure but eventual recovery.

Critical Analysis: Challenges, Successes, and Missed Opportunities

Challenges

- Unclear scope and shifting requirements.
- Dispersed accountability among 55 contractors.
- Limited monitoring and late testing.
- Weak knowledge management and ignored risks.

Successes

- Strong political backing and secure funding.
- Rapid “tech surge” that stabilized the system in two months.
- Long-term viability, enrolling millions despite the failed launch.

How better integration could have improved outcomes:

Here’s a reduced version of your points:

- A gradual rollout could have revealed issues earlier.

- A single integrator would have ensured contractor work aligned with CMS goals.
- Stronger change control could have prevented last-minute destabilizing features.
- Better knowledge-sharing would have enabled leaders to act before the crisis escalated.

Conclusion and Recommendations

The Healthcare.gov project illustrated the risks of lacking adequate integration management to support large-scale government IT projects. The lack of an integrated vision among contractors, poor communication patterns, and unrealistic plans led to one of the most publicized failures in the history of e-government.

Summary of findings:

- Reportedly, weak alignment to the project charter led to unrealistic expectations.
- Planning and implementation were both directional and reactive.
- Monitoring, control and change management were minimal.
- The systematic weaknesses were evident in closure but also provided learning opportunities for future projects.

Recommendations for future projects:

1. Develop realistic parts that consider political vision alongside technical feasibility.
2. Implement phased rollouts to reduce risk.
3. Designate a central integration manager with full accountability for all contractors.
4. Build knowledge management and communication capacity to allow for continual reporting.
5. Put learning into key policies and procedures for future projects to utilize.

References

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