

# Department of Community Health

## Transition & Transformation Update

Presentation to  
Public Health Commission  
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# DCH Mission

## ACCESS



Access  
to affordable,  
quality health  
care in our  
communities

## RESPONSIBLE



Responsible  
health planning  
and use of  
health care  
resources

## HEALTHY



Healthy  
behaviors and  
improved  
health  
outcomes

# **DCH Priorities FY 2011**

**FY 2011**

**Continuity of Operations  
Preparedness**

**Customer Service**

**Emergency Preparedness**

**Financial & Program Integrity**

**Health Care Consumerism**

**Health Improvement**

**Health Care Transformation**

**Public Health**

**Workforce Development**



# Project Planning

- On November 7, 2008 the Department of Community Health (DCH) held a kick-off Meeting for its effort to transition the division of Public Health to DCH as requested in the Governor's Executive Order.
- This meeting was the beginning of a considerable project which culminated in the transitioning of 1,631 employees to DCH along with all administrative and programmatic functions. This transition resulted in DCH more than tripling its employee base.

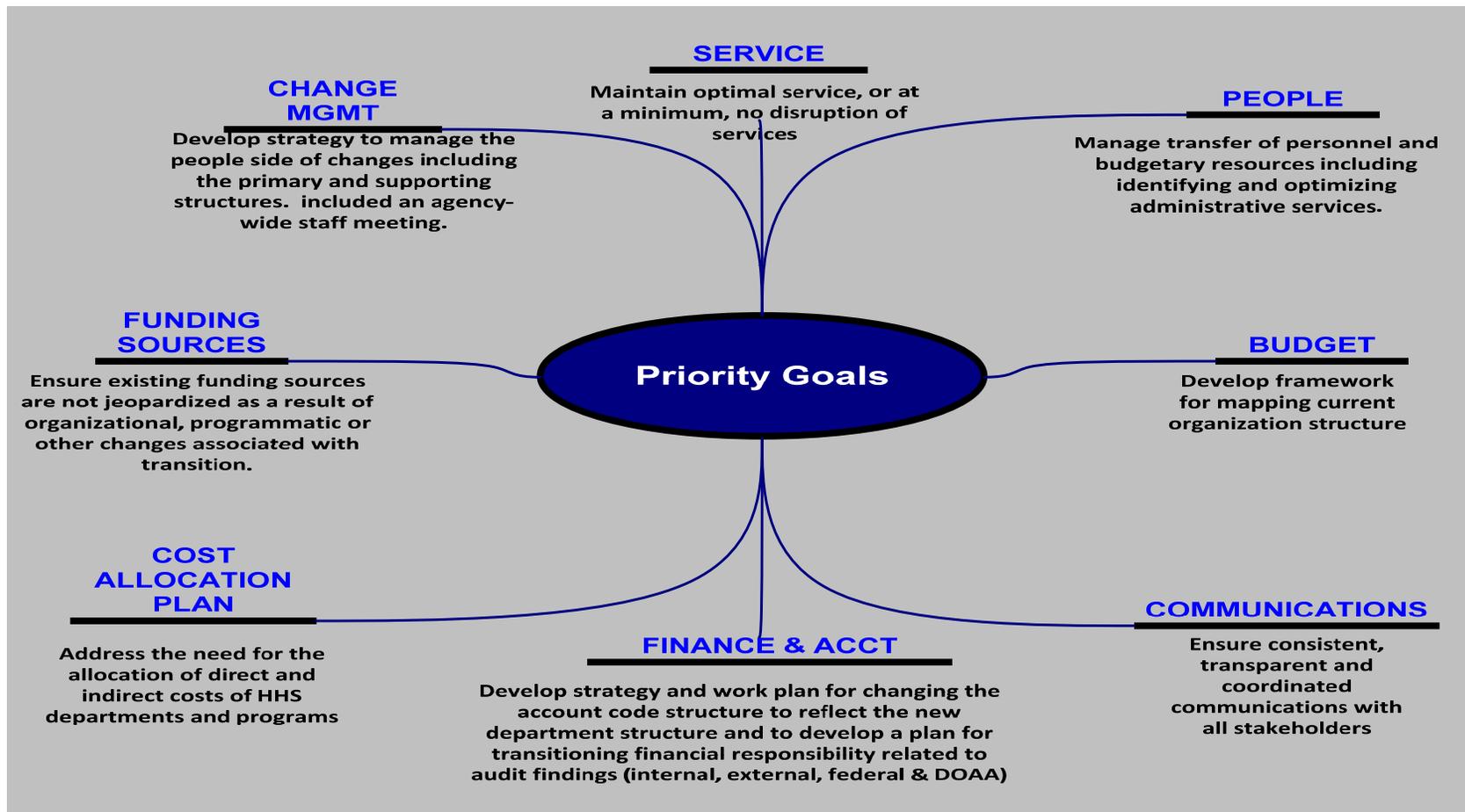


# Various Transition Work Groups

- **Work Streams:** DCH leadership established nine (9) work streams that were charged with identifying and owning the essential tasks that must be completed in order to successfully make this transition. To ensure every aspect of the transition was covered, each work stream was co-led by a DCH owner and a DHR owner.
- **Subject Matter Experts:** Internal and External experts were brought to the table to support and address critical elements identified through the various informational work sessions and to represent the diverse areas that would be transitioned to DCH along with their unique needs.
- **Core Team and Department Management Team:** Provided oversight and guidance of this mission-critical priority.



# Priority Goals of Transition Effort



# High-Level Accomplishments

Work Stream	Accomplishments
<b>ACCOUNTING &amp; FINANCE</b>	The Accounting and Finance work stream transitioned all fiscal operations of Public Health to DCH including: Accounting, Finance, Budget, Accounts Payable, Payroll, etc. Ensured the continuation of critical purchases and established fiscal responsibility by reducing and streamlining the number of Purchase Cards (P-Cards) issued to Public Health employees. Team ensure the continuity of all payroll transactions for transitioning employees , transferred all agency sponsored benefits, and established a process to comply with all court ordered garnishments.
<b>AUDITS</b>	The Audits work stream transitioned all Public Health internal and external audit functions to DCH. Additionally, they identified the various Public Health audits conducted by outside entities as well as any pending audits, upcoming audits, audit related corrective actions, etc. to ensure the agency is prepared to meet the demands of audit reviews. Ensured uninterrupted access to vital Public Health financial systems (i.e. PeopleSoft, Uniform Accounting System) and reports considered relevant to the business of Public Health.
<b>LEGAL SERVICES</b>	The Legal Services work stream ensured transition activities were aligned with the legislative mandate. Obtained listing of all outstanding claims, lawsuits and administrative appeals. Designed and executed twelve (12) Memorandum of Understandings (MOUs) with DHS/DBHDD to formalize shared service arrangements and ensure continuity of operations.
<b>CONTRACT LIFE CYCLE</b>	The Contract Life Cycle work stream transitioned all Public Health contracts and agreements to DCH to ensure services were not disrupted. Over 400 Contracts transferred. Developed standard operating procedure to support entire contract life-cycle function including Procurement, Contracts Administration Contracts Payable, and Vendor Management.
<b>HUMAN RESOURCES</b>	The Human Resources work stream transitioned the Public Health workforce to DCH and integrating them into DCH. Transition included: allocated positions, benefits, payroll, personnel files, etc. Successfully transitioned 1,631 Public Health employees to DCH and also trained staff on various DCH policies including ethics, purchasing, contracting, etc. Provided key support in coordinating critical hire process.

# High-Level Accomplishments cont'd

Work Stream	Accomplishments
<b>INFORMATION SYSTEMS</b>	<p>The Information Systems work stream transitioned the design, development, support and management of Public Health computer-based information systems to DCH. Developed a temporary IT solution for PH staff including ability to send and receive emails and schedule meetings.</p>
<b>FACILITIES &amp; PROPERTY</b>	<p>The Facilities &amp; Property work stream transitioned multiple Public Health service lines to DCH, ensuring that the built environment is functional through the integration of people, space, process and technology. Functional areas within this work stream included: document management, mail services, telecommunications, automotive, property, repair and maintenance. Coordinated and executed the relocation of 57 Public Health employees from DHR to DCH floors and transferred over 7,800 PH assets to DCH.</p>
<b>BUSINESS CONTINUITY/ DISASTER RECOVERY/PAN FLU Continuity of Operations Plan</b>	<p>Key DCH leadership received training on roles and responsibilities to sustain Emergency Support Function (ESF) 6 (Mass Care, Housing, and Human Services), ESF 8-Public Health and Medical Services and related responsibilities under the Georgia Emergency Operating Plan (GEOP). Transitioned operations of the Emergency Operations Center from DHS Office of Facilities and Support Services. Additionally, the BCDR work stream coordinated the development of a Pan Flu COOP plan that would assist the agency in continuing operations through the Pan Flu epidemic where it was projected that 40% of the workforce would be impacted.</p>
<b>COMMUNICATIONS</b>	<p>The Communications work stream provided leadership and support in identifying key stakeholder audiences and relevant communications targeted to each functional area. Informational web cast was developed and distributed to DCH and DHR employees. Websites were updated and messages standardized.</p>

# Significant Opportunities, Issues & Challenges

## OPPORTUNITIES

- **Organization Design**-DCH administrative departments have long began streamlining business processes; therefore, aligning the Public Health programs logically and along budget categories was an initial priority. Structural gaps had been noted and one such gap, **Vendor Management**, is already being addressed. By establishing this unit within Public Health, DCH will make certain the millions of dollars spent on contracts and grants are properly managed, monitored, and administered according to established terms and conditions and performance based deliverables.
- Improving the state's ability to respond to all hazards including communicable diseases such as pandemic flu, natural disasters, acts of terrorism involving biological agents, is a transformation priority that compelled DCH to establish the **Office of Emergency Preparedness** as its own division. The imminent threat of a H1N1 pandemic, required the Department to shift its priorities to this area almost immediately, and to prepare the enterprise for the strong possibility of wide-scale absenteeism.



# Significant Opportunities, Issues & Challenges

## OPPORTUNITIES

- **Asset Management-** Assets assigned to the Division of Public Health converted to DCH but need to be professionally reconciled and verified against the actual on-hand physical inventory.
- **Performance Based Contracting-** In FY2008, DCH established a policy requiring all agreements contain the necessary elements to be deemed “performance based”. This forced a radical change in policy and ultimately in the delivery of services. Simply defined, performance based contracting allows DCH to acquire services via contracts and grant agreements that define the outcome that must be achieved. Ultimately, it is intended to result in best value products and services to the citizens of Georgia. While DCH has quadrupled in size with the transition of the Division of Public Health and Health Care Facility Regulation, we are driving this requirement to all corners of the agency.



# Significant Opportunities, Issues & Challenges

## ISSUES

- **Antiquated information systems** do not support current day service loads and place additional demands on the Public Health service delivery model. This is especially the case with Vital Records and the application supporting the Georgia Immunization Registry (GRITS) designed to collect and maintain accurate, completed and current vaccination records to promote effective and cost efficient disease prevention and control.

**Documentation Management** efforts related to human resources, contracts administration and again for Vital Records presents serious legal and statutory risks. Securing and utilizing an electronic document system to store and improve archival security while maintaining the ability to effectively retrieve critical documentation is necessary to bring Public Health into the 21st century. The current infrastructure is supported by paper driven processes which are resource intensive and lack the potential to increase efficiency, or generate cost savings. Further, this infrastructure is inflexible to program changes.

- The state and its local public health infrastructure faces an **Increase in the demand for services** due to the economic downturn.



# Significant Opportunities, Issues & Challenges

## ISSUES

- **Facility Improvements-** Three of the four Health District offices were constructed prior to 1950 and have significant levels of deferred maintenance and repair. While DCH worked meticulously to develop a request for capital bond projects; however, a complete assessment of these state-owned properties is long overdue but has been determined to be cost prohibitive given the expense associated with these facility repairs.
- **Workforce Development-** Public Health experiences difficulty recruiting and retaining skilled professionals due to the competitive salaries provided by other entities; also, there is a high rate of turnover due to retiring employees.



# Significant Opportunities, Issues & Challenges

## CHALLENGES

- There is no consistent method to manage the volume of inquiries and issues that are now introduced to the Agency. A **Customer Relationship Management** system to oversee these various relationships is critically needed to ensure the agency appropriately manages the public's access to health care services and information.
- The challenges inherent when operating mission critical programs with **disparate and obsolete information systems** have presented significant audit risks and inefficiencies.



# Transformation Strategy

- The Department Management Team remains the core team monitoring and providing governance to the effort.
- The Public Health Leadership Team continues to drive performance and report on results.
- Special adhoc teams have emerged that are focused on improving the quality of services delivered at the lowest possible cost to the state.
- Administrative divisions continue to



# Transformation Priorities

- Design Cost Allocation System to Replace Random Moment Sampling ✓
  - Department of Health and Human Services
  - Department of Agriculture
- Finalize Intentions on FY2010 Inter-Agency Agreements ✓
  - Need assessment, renew, amend or terminate agreement
- Document Management ✓
  - Vital Records
  - Contracts (Share Point)
  - Purchasing Documentation



# Transformation Priorities

- Team Georgia Marketplace Transition (March 2010) ✓
  - Training
  - Purchasing Protocols (on-going)
  - Contracts Administration
- E-performance ✓
  - Training
- Rewrite of DHR Master Agreement ✓
  - Current agreement expires at the end of the FY2010.
  - Ideal outcome is to have all counties sign the agreement without incident.



# Transformation Priorities (con't)

- Asset Management (in progress)
  - Conversion Completed ✓
  - Reconciliation and verification of current assets in PeopleSoft.
    - Currently conducting Random Audits of Assets.
- Health District Facility Improvements (in progress)
  - Three Health District Offices constructed in 1948 with significant levels of deferred maintenance.
  - Skyland requires significant technological upgrades to support Vital Records
- Workforce Development (in progress)
  - Targeted Recruitment Strategy
  - Critical Hire Process
  - Launched “DCH JOBS”



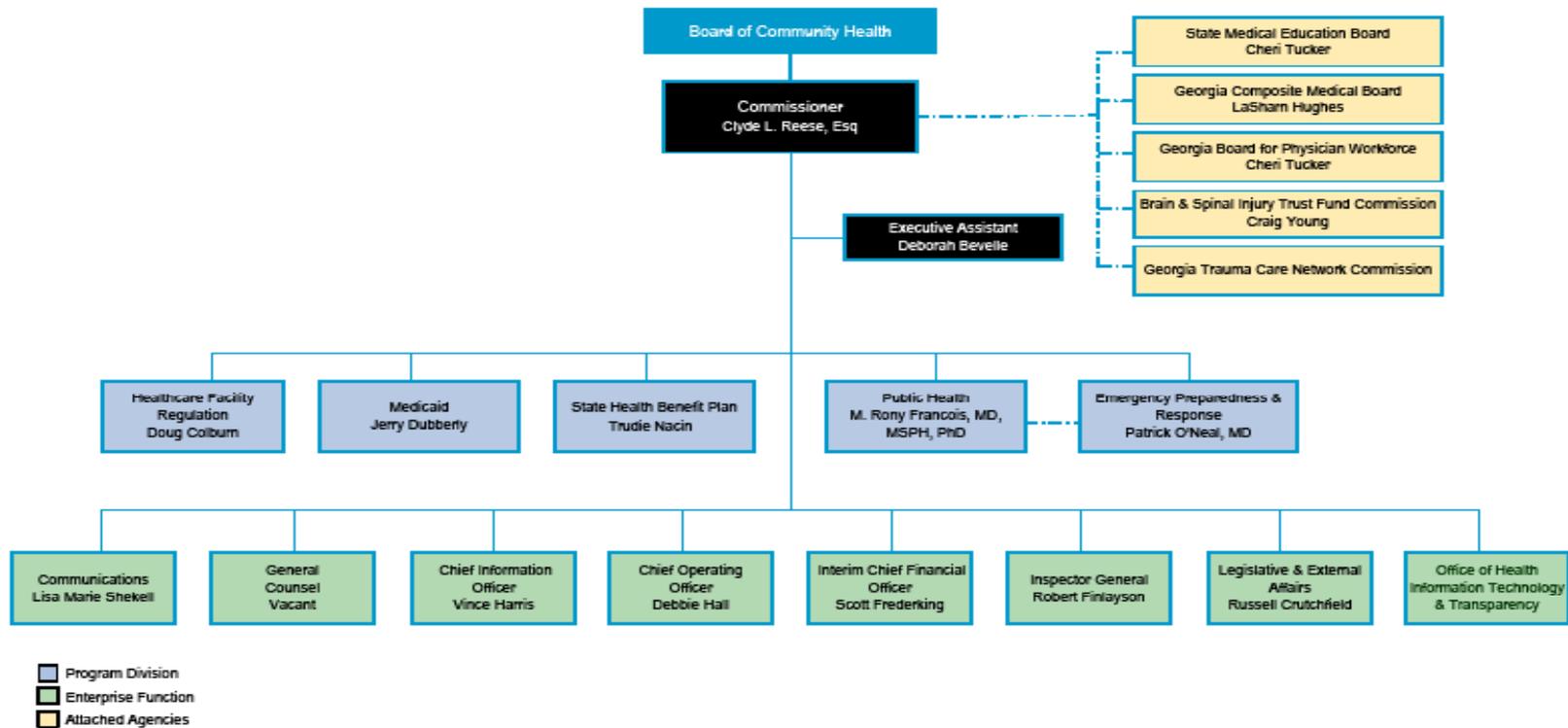
# Transformation Priorities (con't)

- Performance Based Contracting/Vendor Management
  - Training
  - Business Owner Guide ✓
  - Dedicated Vendor Management Unit ✓
- Grant Administration ✓
  - Community Partnerships
  - Fair & Open Competition



# DCH Organizational Chart

## Georgia Department of Community Health



# DCH Division of Public Health

## Georgia Department of Community Health Public Health Division

