

E = Executive Committee Member
 R = Regional Representative
 M = Dues Paying Member

NCALHD ATTENDANCE ROSTER JULY 27, 2000

<u>Initial</u>	<u>County/Health Director</u>
	Alamance/Tim Green
<u>SR</u>	Alexander/Shelley Carraway
	Anson/James Roosen
<u>MS</u>	Appalachain Dist/Danny Staley
	Beaufort/Roxanne Frederick
<u>DF</u>	Bertie/Ron Freeman
	Bladen/Myra Johnson (M)
<u>DF</u>	Brunswick/Don Yousey
	✓Buncombe/George Bond (R)
<u>MR</u>	Burke/David L. Rust
	Cabarrus/Dr. William Pilkington
	Caldwell/Douglas W. Urland
	Carteret/Dr. J.T. Garrett
	Caswell/Vacant
<u>MS</u>	Catawba/Barry Blick
	Chatham/Wayne Sherman (M)
	Cherokee/Elaine Russell
	Clay/Janice Patterson
	Cleveland/Denese Stallings
<u>MS</u>	Columbus/Marian Duncan
<u>MS</u>	Craven/Wanda Sandele
	Cumberland/Dr. Janet Lindbloom
	Currituck/John B. Sledge
	Dare/Annie B. Thomas
<u>DF</u>	Davidson/Diane Crouse
<u>MS</u>	Davie/Barry Bass
	✓Duplin/Dr. Harriette Duncan
	Durham/Brian Letourneau
	Edgecombe/James Baluss
<u>SR</u>	Forsyth/Sherman Kahn, MD (M)
	Franklin/Keith Patton
	Gaston/Bruce Parsons (E, R)
	Graham/Marlene Orr
	Granville-Vance Dist/Rodwell Drake, MD
	Greene/Douglas Harr, PhD
	✓Guilford/Harold Gabel, MD (R)
<u>MS</u>	Halifax/Chris Szwagiel, PhD
<u>DF</u>	Harnett/Wayne Raynor
<u>DF</u>	Haywood/Robert Wood
<u>DF</u>	Henderson/Tom Bridges
	✓Hertford-Gates Dist/Curtis Dickson
	Hoke/Donald Womble
	Hyde/Linda Mayo
<u>MR</u>	Iredell/Raymond Rabe
	Jackson/Randall Turpin
<u>MS</u>	Johnston/L.S. Woodall, MD
	Jones/Ruth Little
	Lee/Mike Hanes

<u>Initial</u>	<u>County/Health Director</u>
	Lenoir/Joel Huff
<u>DF</u>	Lincoln/Margaret Dollar
	Macon/Ann Hyder
	Madison/Ken Ring
	Martin-Tyrrell-Wash Dist/Russ Childers
	Mecklenburg/Peter Safir
	Montgomery/Kathleen DeVore-Jones
	Moore/Robert Wittman
	Nash/William Hill, Jr.
<u>DF</u>	New Hanover/David Rice
<u>DF</u>	Northhampton/Sue Gay, Acting
<u>DF</u>	Onslow/George O'Daniel
<u>DF</u>	Orange/Dr. Rosemary Summers (M)
<u>DF</u>	Pamlico/Jenny Lassiter
<u>DF</u>	PPCC Dist/Howard Campbell
<u>DF</u>	Pender/Jack Griffin, PhD
<u>DF</u>	Person/Marc Kolman
<u>DF</u>	Pitt/John Morrow, MD (R)
<u>DF</u>	Randolph/Mimi Cooper (M)
	Richmond/Tommy Jarrell (M, E)
<u>MS</u>	Robeson/Bill Smith
<u>MS</u>	Rockingham/Glenn Martin
	Rowan/Leonard Wood
	Rutherford-Polk-McDowell Dist/Joyce Sluder
<u>DF</u>	Sampson/John Rouse
<u>CEH</u>	Scotland/Curtis Holloman
	Stanly/Jim Jones
<u>CB</u>	Stokes/Colleen Bridger
	Surry/Walter Linz, MD
	Swain/Emma Waldroup
	Toe River Dist/Tommy Singleton, Acting
	Transylvania/Terry Pierce
<u>DF</u>	Union/Lorey White, Jr.
	Wake/Paula Williams, Acting
<u>KOW</u>	Wayne/Kevin Watkins, MD (M)
	Warren/Mildred Battle, Acting
<u>DF</u>	Wilkes/Beth Lovette
<u>DF</u>	Wilson/Dr. Louis Latour
<u>DF</u>	Yadkin/Gayle Brown (M)
	Susan Smith-Wharton, NCALHD Exec. Dir.

NCALHD ATTENDANCE ROSTER
JULY 27, 2000

OTHERS IN ATTENDANCE

Edna Proctor - Edgemont County ^{asst to Director}
Frances Taylor - Cabarrus County
DONNA GULAS - WAKE
Paul Williams - Wake
Leigh McCalla - Orange County
(attending for Rosemary Summers)
ROD HOLDWAY - ORANGE COUNTY
Ray Rabe - IREDELL COUNTY
Bob Wood - Haywood
Betsy M Chyton - DENR
Mary Beth Lister - DHHS, DPH, WCH, Immunization
Ron Freeman - Bertie County
Larry A. Sheff - Catawba County
Jeff F. Reed - DHHS/DPH/UHS/PHNPD
Patricia Wood - Adm. Officer / Northampton Co.
Eugene Hines, Cumberland Co.
Ann Nance DHHS/DPH/UHS
Mark Pralle DHHS/DIRM
BILL COX - DHHS/DIRM
JIM EDGERTON DHHS
Alice Lenihan, DNNS, PPN
Lee Dublin
JIM WOMACK, DIRM/DHHS, Public Health Systems Mgr

CHRISTOPHER COOK - DHHS/DPH

Jeff Spale NCHA
Barbara Eorley Hertford-Gov

Jessie Cicerone

DPH

Donna Legay

DHHS/DIRM

RESOLUTION

NORTH CAROLINA ASSOCIATION OF LOCAL HEALTH DIRECTORS

Whereas, Dr. Ann Wolfe served the State of North Carolina faithfully for over thirty years; and,

Whereas, Dr. Wolfe worked in Mental Health for several years prior to her career in Public Health; and,

Whereas, Dr. Wolfe helped direct and guide the Maternal and Children's Health units during unprecedented growth; and,

Whereas, Dr. Wolfe's latest role was to combine a multitude of units into a public health division which she successfully completed; and,

Whereas, in all of her roles, Dr. Wolfe always advocated for the patients and clients and ensured that no undue requirements were placed on the providers and the communities; and,

Whereas, Dr. Wolfe worked closely with funding organizations to develop programs that were effective and cost efficient; and,

Whereas, Dr. Wolfe's retirement creates a management void that will not easily be filled; and,

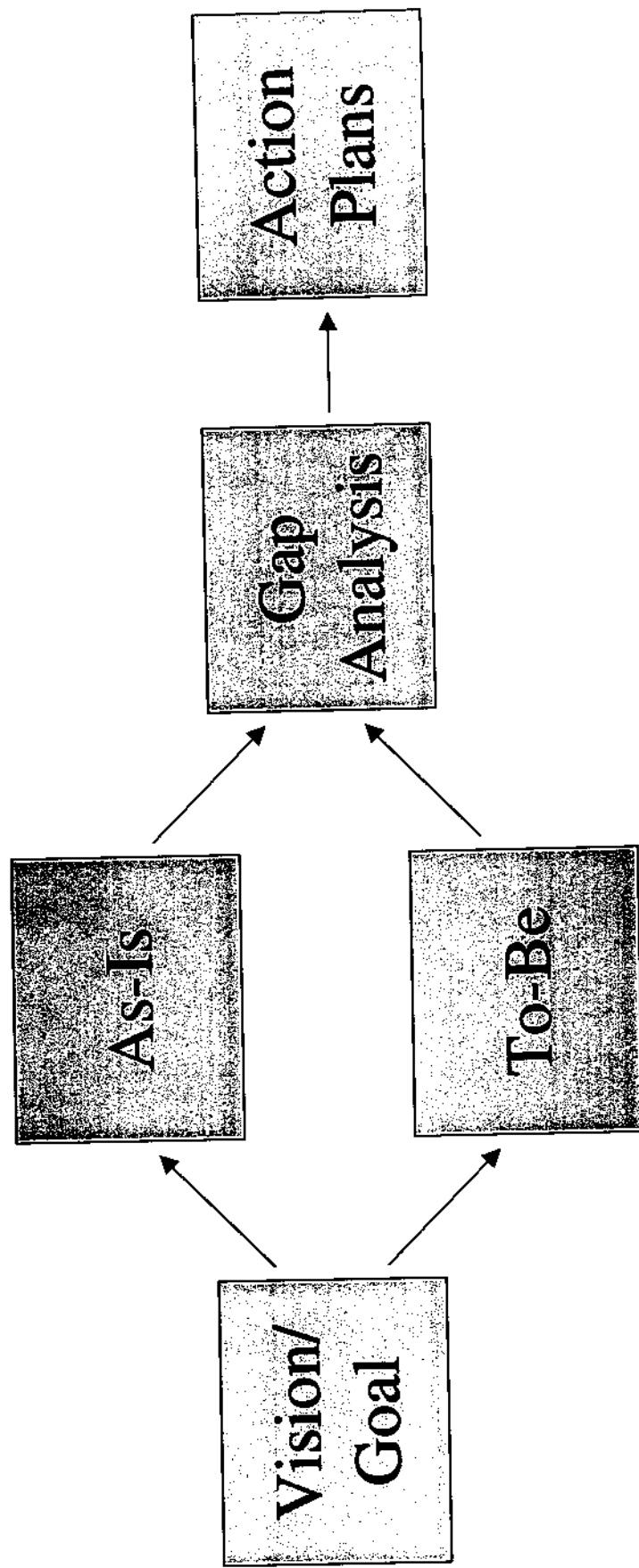
Whereas, Dr. Wolfe has had her accomplishments acknowledged by numerous associations including being the recipient of the highest honor bestowed by the North Carolina Public Health Association.

THEREFORE, be it resolved that the North Carolina Association of Local Health Directors collectively and its members individually, acknowledge the lasting accomplishments that Dr. Ann Wolfe has had on the Public Health system in North Carolina. The association and its members also note that all of Dr. Wolfe's actions were directed toward making her state a more salubrious place for generations to come.

Thomas D. Bridges, President

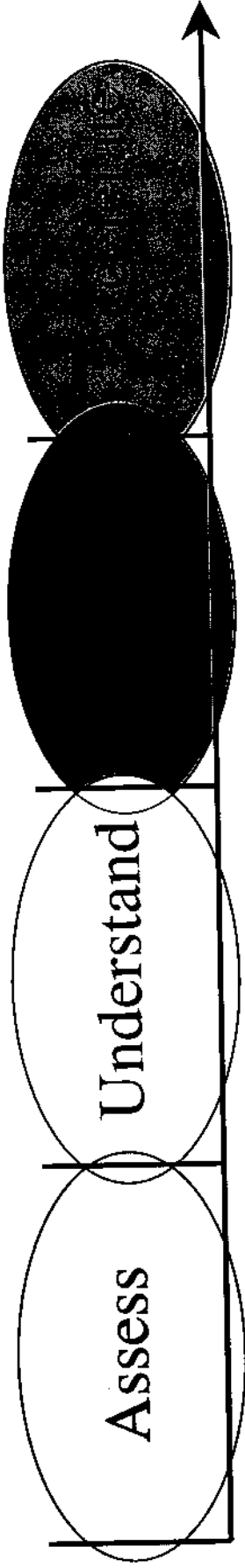
Date

Problem Solving Fundamentals



Roadmap to a Public Health Enterprise

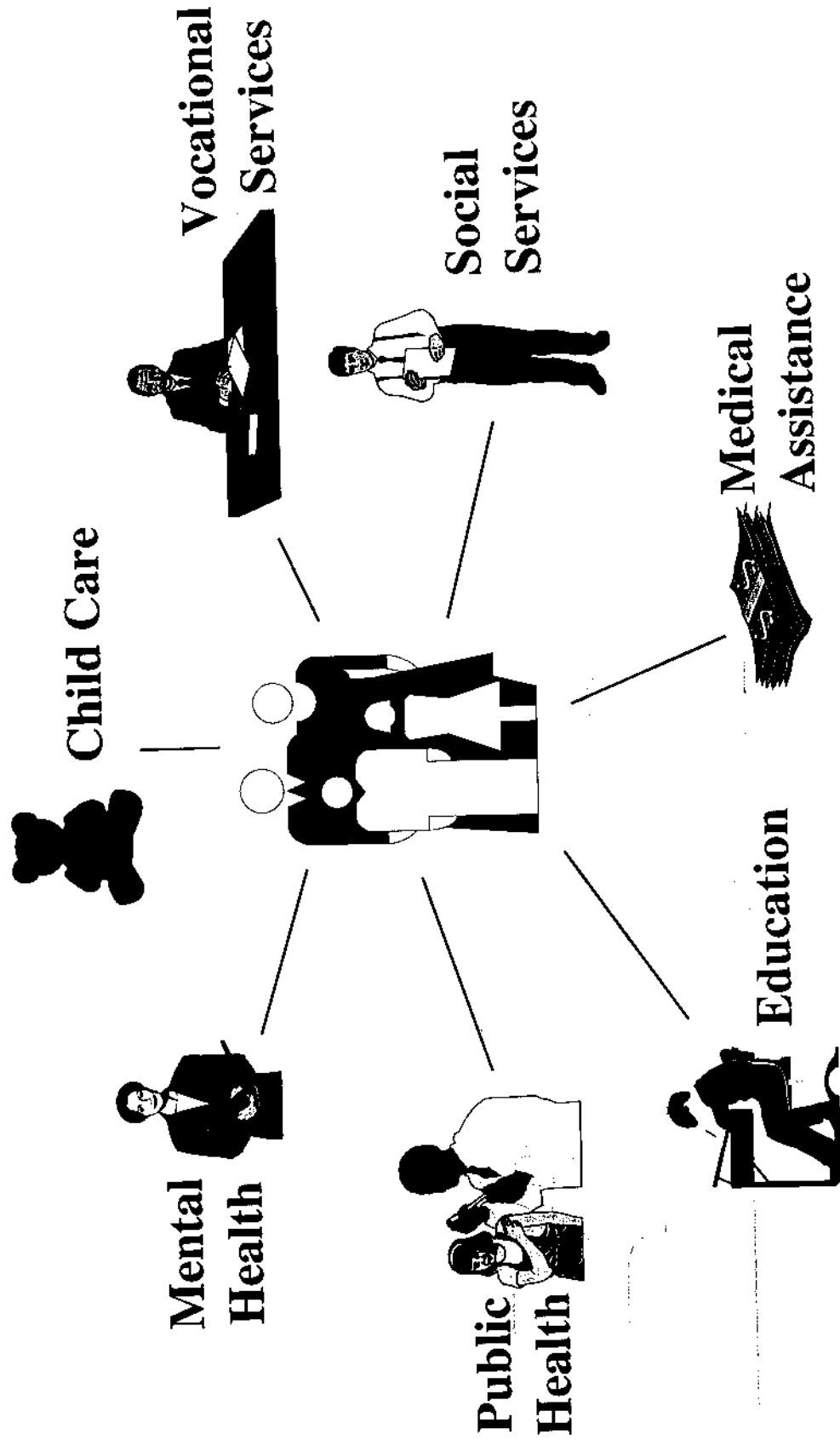
Process Fundamentals



- Establish Vision
- Adopt Architecture
- Info Needs
- Gap Analysis
- Build Foundation
- Target Processes
- BPR
- Build New Processes

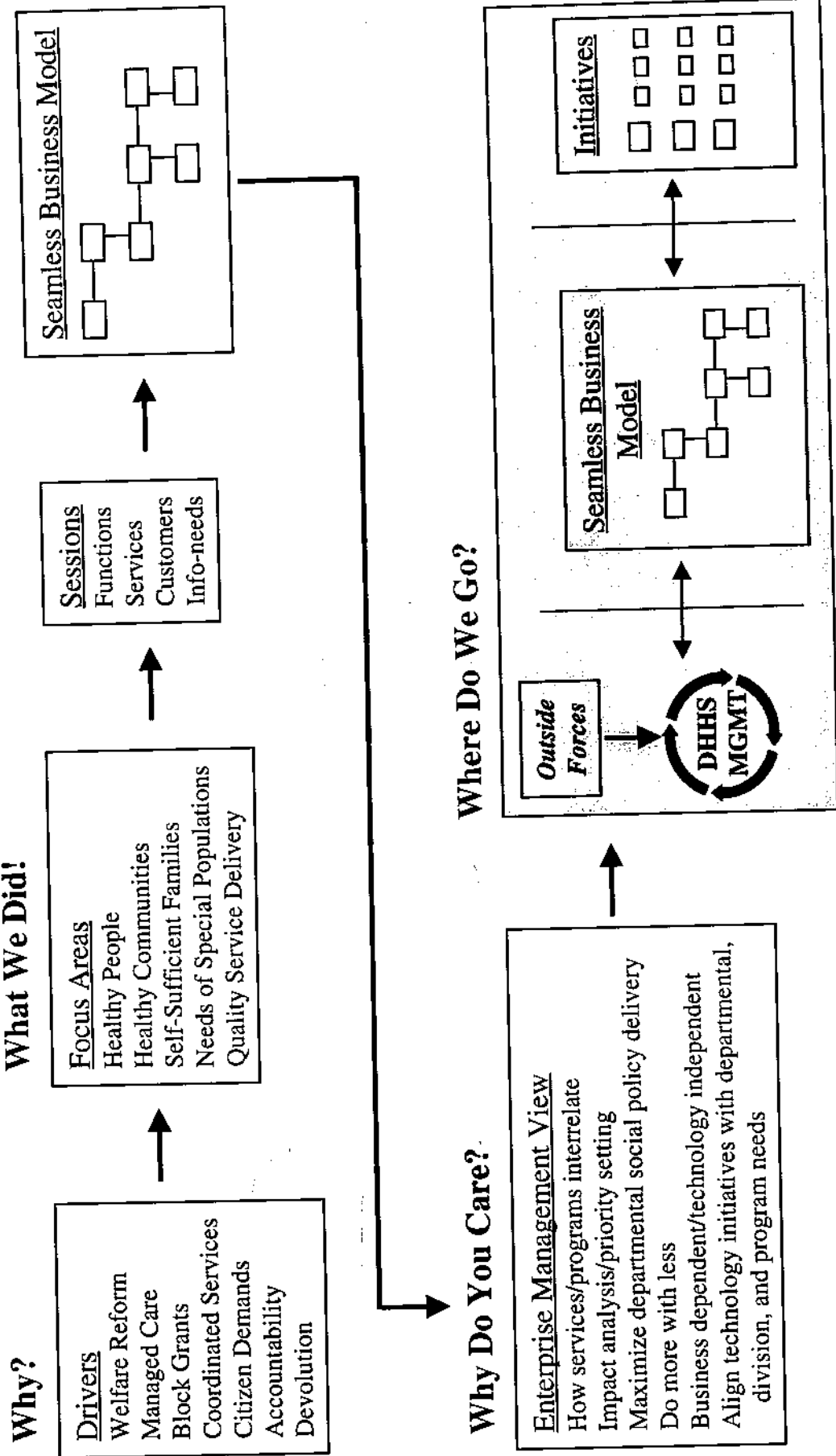
Roadmap to a Public Health Enterprise

An Enterprise Vision



Understand

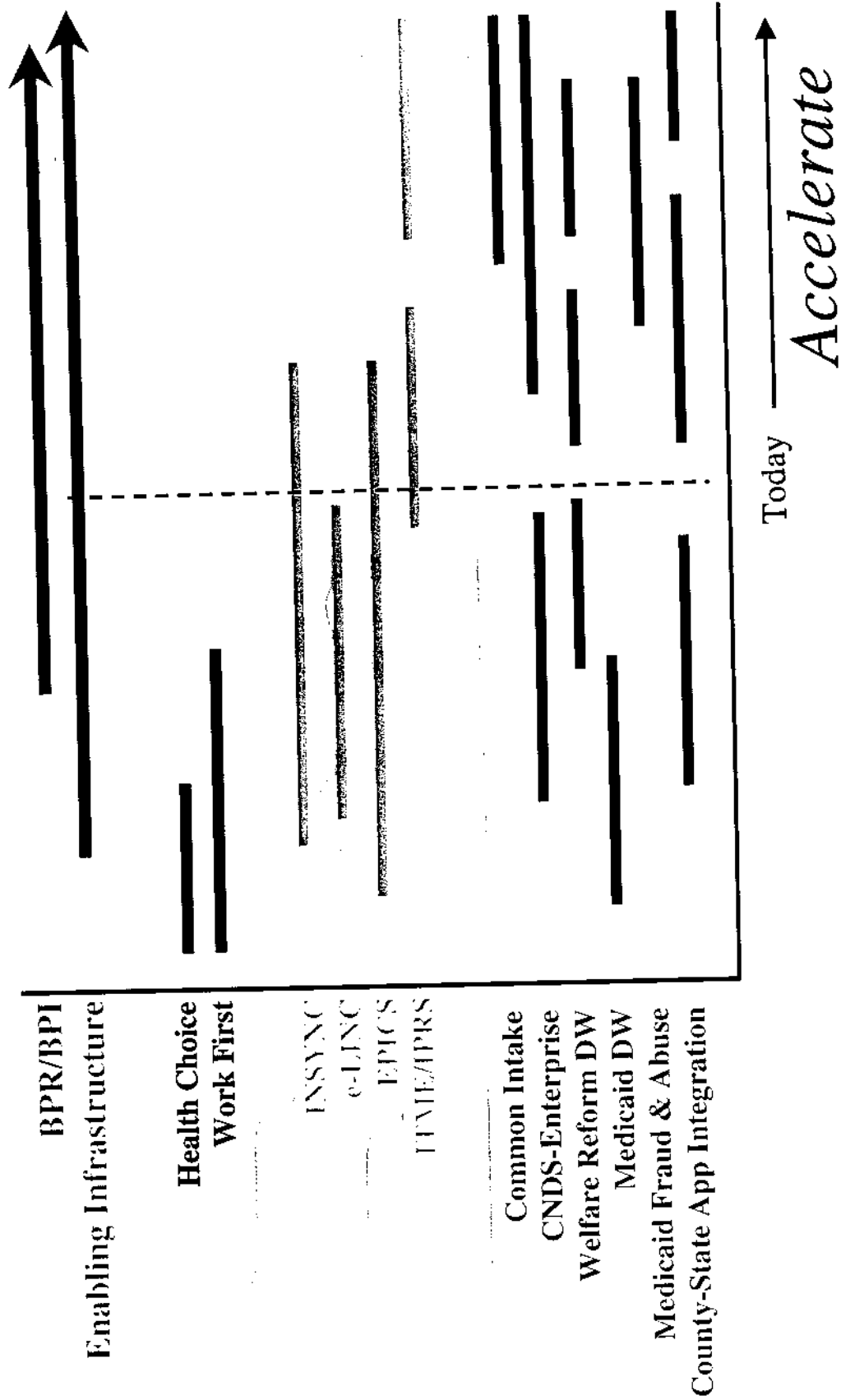
Information Needs Assessment



Roadmap to a Public Health Enterprise

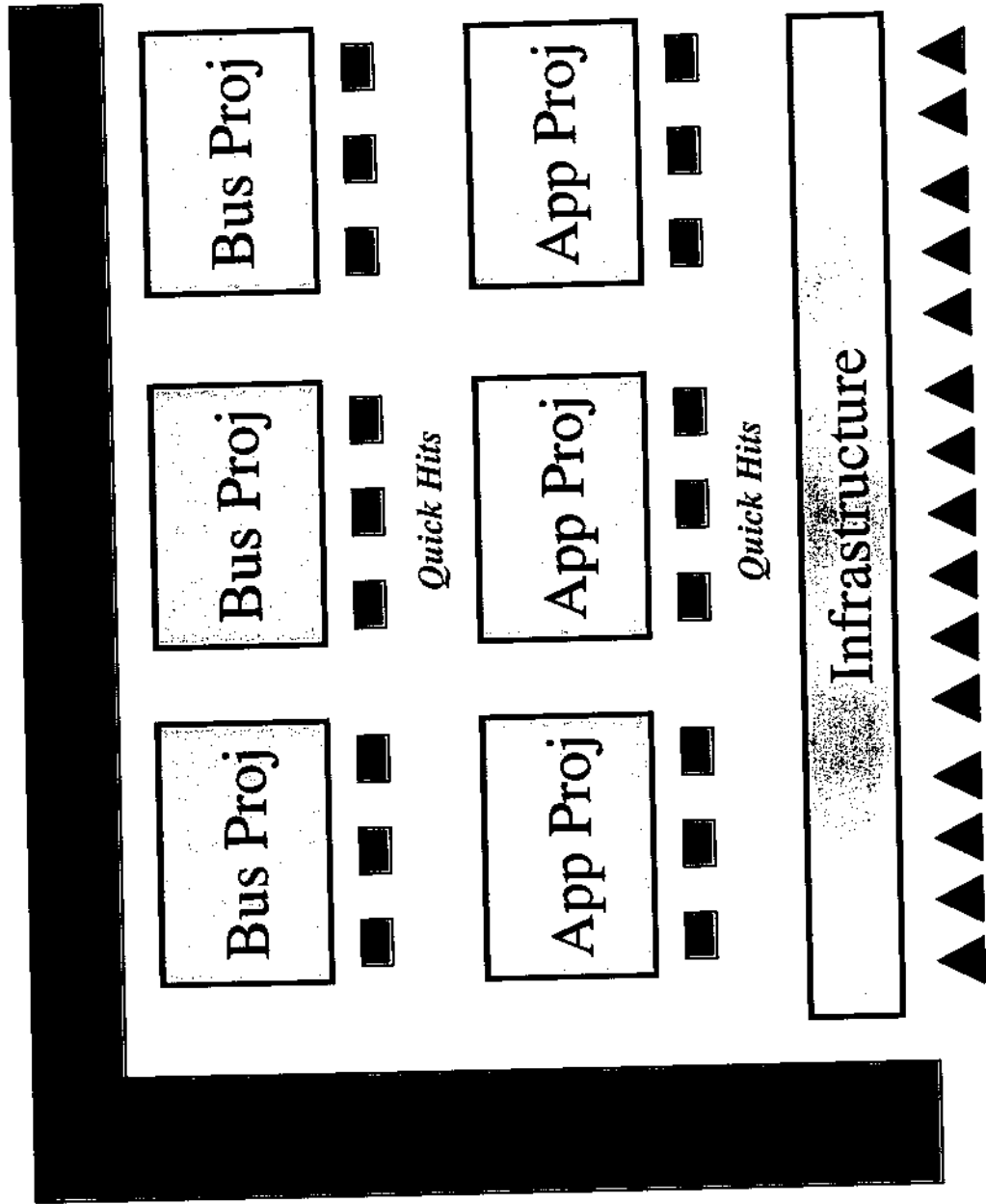


Foundation Plan



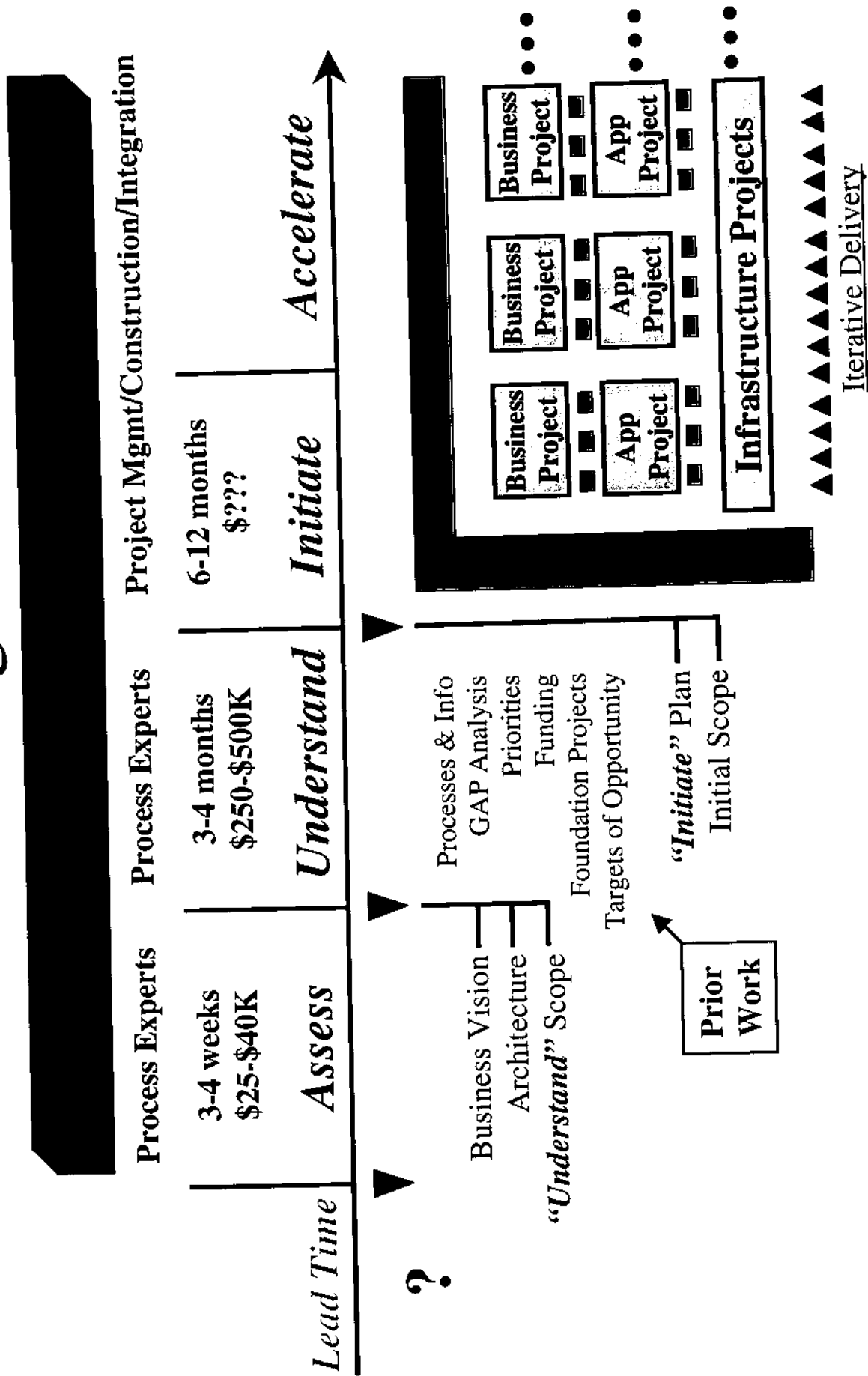
Roadmap to a Public Health Enterprise

Rapid Fire Delivery



Roadmap to a Public Health Enterprise

How do we get there?

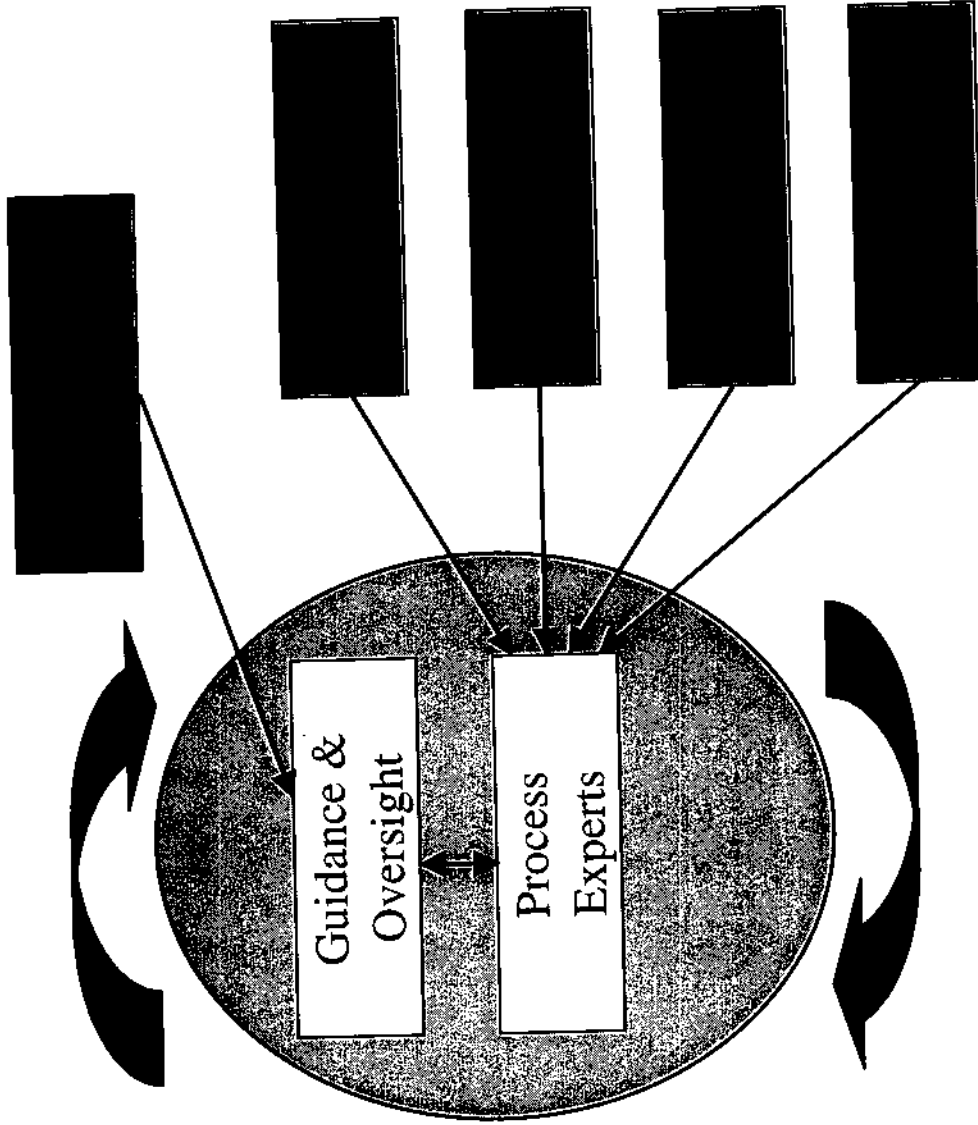


Roadmap to a Public Health Enterprise



Critical Success Factors

- Sponsorship
- Deliverables
- Funding
- Timelines
- Process Roles
- Participants
- Experts



Roadmap to a Public Health Enterprise

**Health Services Management System – Steering Committee
Motion to NCALHD regarding NC Public Health Automation
July 27, 2000**

The NCALHD Executive Committee approved the charter establishing the HSMS-SC on June 17, 1999 and thereby authorized the Steering Committee to make recommendations to the NCALHD regarding HSMS strategic, operational, and financial issues. **The Steering Committee therefore brings forth the following single motion for approval by the North Carolina Association of Local Health Directors.**

MOTION:

- 1) It is the opinion of the Steering Committee that it would not be in the best interest of North Carolina public health to award a contract to any of the respondents to the HSMS Request for Proposals (State of NC RFP #901849). **The HSMS-SC therefore recommends that the current HSMS RFP is terminated and no statewide award made to any of the vendors.**

- 2) Recognizing that local health departments and Health Directors in particular have been waiting for almost five years for the Technology Committee and later the Steering Committee to be able to recommend a software solution to meet local health departments' management information needs, the Steering Committee acknowledges that there will be those departments in North Carolina who will not wait for an alternate plan to develop coordinated automation systems. Some will almost certainly buy their own software even as a stopgap measure until a statewide solution is available.

The Steering Committee recommends that the NCALHD not stand in the way of counties choosing to purchase software independently, but that counties do so at their own risk and at their own expense.

- 3) **The Steering Committee recommends that the NCALHD continue to support the collaboration between the DHHS Division of Information Resource Management, the DHHS Division of Public Health and the NCALHD as representative of local public health agencies in the development of comprehensive public health automation solutions. The Steering Committee recommends that the NCALHD continue to reserve the balance of the \$3 million of Medicaid Maximization funding allocated by the NCALHD on 11/20/97 to "put into place a new statewide data management system to replace HSIS" contingent upon approval by the NCALHD, or designee, of a joint state/local plan for automation.**

**North Carolina Public Health
Automation**

**North Carolina Association
of Local Health Directors
July 27, 2000**

HSMS Project Milestones

- Discussions, Discussions, Discussions
- DIRM involvement - summer 1998
- “Worker Bees”
- \$3 million Medicaid Maximization Funds
- Greensboro Retreat
- “Request for Information”
- Decision to develop RFP
- Project Manager and Technical Writer

HSMS Steering Committee

- Steering Committee formed - June 1999
- Chair appointed by Chair of Technology Committee
- Members appointed by Chair
- Local and State Representation
- Charged with making recommendation(s) to NICALHD regarding statewide automation
- **Key project: To develop, publish and evaluate the HSMS RFP**

Health Services Management System RFP

- published on 8/19/99 (State of NC #901849)
- Key Aspects of RFP
 - Broadly defined functionality to include all aspects of public health including clinical, community, environmental, practice management, etc.
 - RFP intended to encourage vendors to propose their best solution to the public health environment
 - SCOPE - “The State would like to contract with a single vendor to provide all software, installation, training, future support, and all other services necessary to give the State a fully operational HSMS”

Written Proposal Review

- Proposals received 11/8/99
- Ten proposals submitted – “best of the best”
- Four selected for review
 - CMHC, EDS/SMS, Mitchell & McCormick, QS, Inc.
- Detailed review of written proposals in December 1999, Camp Carraway
 - 60 reviewers from throughout local and state public health
- Outcome was very close scores for three vendors

Demonstrations

- Three vendors in March 2000, NCHA in Cary
- Written Responses - Management and Technical
- Functional scenarios
- Scored by group of 22 - subset of Carraway group
- Scores only accepted from those present for all three demonstrations
- Same scoring criteria as written review
- Open to the public health community

**Cost Proposals Opened by
NC Purchase & Contract –**

April 6

Evaluation Results

Strengths

Exhibited by one or more vendors:

- Management team and approach
- Technical staff capabilities
- Established products and customer base
- User-friendly application “look and feel”
- Good functionality in areas of administration and financial management
- Ability to run on different types of computing platforms

Concerns

- Lack of coverage for all public health department programs
- Need for major application customization
- No versions covering full health department operations
- Inadequate vendor technical and other project resources
- “House of cards” effect on original software

Concerns (contd.)

- Technical Architecture
 - IRMC standards compliance
 - Old architecture
 - Complex architecture requiring multiple (expensive) servers
- Limited experience with implementations of this scope
- 'Different' system at vendor demonstration (!!!)
- Questionable financial resources

North Carolina Public Health Automation

Alternatives:

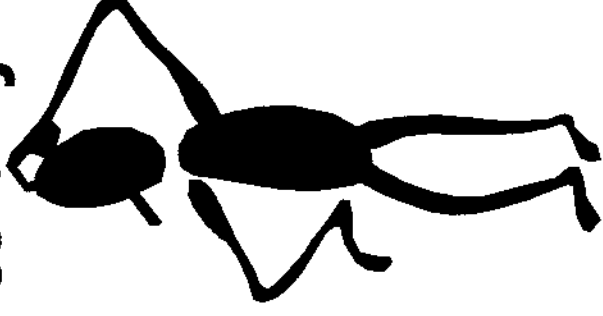
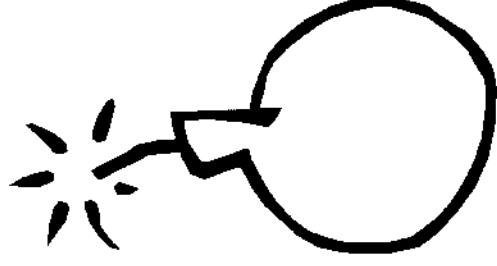
- Terminate RFP and do nothing
- Terminate RFP and support HSIS development
- Terminate RFP and counties negotiate with vendors as individuals or as groups
- Execute RFP
- Terminate RFP and support local/state collaboration to develop statewide automation solutions

Recommendations to NCALHD

Single Motion with three parts

Motion - Part One

- **The HSMS-SC recommends that the current HSMS RFP is terminated and no statewide award made to any of the vendors.**



Motion - Part Two

- **The Steering Committee recommends that the NCALHD not stand in the way of counties choosing to purchase software independently, but that counties do so at their own risk and at their own expense.**

Motion - Part Three

- **The Steering Committee recommends that the NCALHD continue to support the collaboration between the DHHS Division of Information Resource Management, the DHHS Division of Public Health and the NCALHD as representative of local public health agencies in the development of comprehensive public health automation solutions. The Steering Committee recommends that the NCALHD continue to reserve the balance of the \$3 million of Medicaid Maximization funding allocated by the NCALHD on 11/20/97 to "put into place a new statewide data management system to replace HSIS" contingent upon approval by the NCALHD, or designee, of a joint state/local plan for automation.**

North Carolina Public Health Automation

Approach

- **Develop a management structure that:**
 - ensures senior DHHS sponsorship
 - actively involves local and state public health program and technology staff
 - ensures informed decision-making
 - moves quickly and decisively

What is the role of the NCALHD?

- contributed \$3 million
- leadership in the HSMS RFP
- continued participation in a collaborative effort to develop comprehensive public health automation solutions
- “seat(s) at the table”
- assure that plans and efforts are acceptable

Score Summary

	Max.	CMHC	EDS/SMS	Mitchell & McCormick	QS
Proposal Weighted	51.6	24.9	27.1	32.3	16.4
Presentation Weighted	34.4	12.5	22.1	27.0	
Total Score (Proposal + Demonstration)	86.0	37.4	49.1	59.3	16.4

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