Report on Shared Services

Department: __Arkansas Department of Health_____

Secretary: ___Nathaniel Smith, MD, MPH_____

The purpose of this report is an analysis and action plan for shared services that is staff or support services shared across the entities within the Cabinet Department. This analysis will assist in the formulation of the plan for this report to the Governor on how to achieve greater efficiency (including cost savings) and effectiveness as it relates to this topic. This work should take into consideration the state of the Department as a whole and the state of each constituent agency, board, and commission.

This draft is a working document. All information contained herein is subject to change and may differ substantially from the final document. The information contained in this document should not be considered the position or views of the agency or the Governor.

Questions	Responses
1. After a thorough analysis of shared services within your department, identify all opportunities for more efficient and effective delivery of services and for cost savings. Consider short-term, mid-term, and long-term opportunities.	ADH maintains an established shared services model for administrative functions, including a vehicle pool; central warehouse; courier services to Local Health Units; meeting room scheduling; centralized communications; and human resources, financial, legal, policy, internal audit, and information technology services. Transformation at ADH will entail both continued efforts to streamline and automate current shared services as well as transitioning 23 boards and commissions into the shared services model. ADH will use existing infrastructure to absorb added duties without additional revenue. Opportunities for more efficient and effective delivery of services and for cost savings are under development and are summarized below. *Short-term Projects* Local Health Unit Automated Patient Reminder System ADH purchased a recall/reminder software that integrated with our Electronic Health Record. We initially used this software to send text reminders. LHUs schedule an average of 2000 appointments per day statewide. Since initiating this function the appointment show rate has increased from 70% to 75%. We have also implemented these additional functions: • Follow-up texts to patients that missed their appointments (≈ 500 per day) • Text recall reminders to patients that are due a follow-up appointment • Satisfaction surveys sent via text to all patients (≈ 1500 per day) • Flu vaccine reminder texts to patients who came to the Health Department within the last 12 months (The system contacted 271,000 patients last year. ADH saw a measurable increase in vaccines given.) Annually, this system has generated $40,000 savings in postage and an estimated $312,000 in local health unit staff time. Staff time saved has been re-deployed to provide new Vital Records services in local health units. *Mid-term Projects* Incorporating Boards and Commissions into the existing ADH shared services model Varying needs and challenges exist and additional research will be needed to determine the most appropriate adaptation of shared services systems.

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	• Finance: The Office of Financial Management is working with each entity to identify and accommodate the needed financial support services. • Internal Communications: The Office of Health Communications is responsible for sending internal communications through email to impacted employees. The Office will establish internal communications with the new boards and commissions including routine and emergent emails as well as access to the ADH Intranet, a central resource for policies, meeting room reservations, and state car reservations. • Human Resources: ADH is providing the full range of human resources support to the new boards and commissions. Technical assistance and training is underway to ensure consistency and provide requested support. Employee Training As a result of surveying employees and after a pilot test of an online training system called STAR12, ADH has made a catalog of webinars available to all staff online. The Star12 catalog has been reviewed to make sure that only the most relevant and consistent topics are available to employees. Compliance learning paths were established for supervisors and managers. ADH is evaluating the use of the system and will re-survey employees for feedback during SFY 2020. This employee training tool will be offered to the new boards and commissions as well. *Long-term Projects* Identify Enterprise-level Applications for Consistent Business Processes ADH is identifying standard applications that can be purchased with enterprise licenses and shared with all entities within ADH, avoiding duplicate license costs and providing broader access. Products already available include GotoMeeting, and SurveyMonkey. An electronic signature application/platform will also be identified and implemented. As new products are identified, a cost analysis will determine the feasibility of enterprise licenses. Electronic, point-of-service customer satisfaction surveys Electronic customer satisfaction surveys are sent to all Local Health Unit patients completing their visit. A link to the survey is sent via text through the Vital Interactions recall/reminder software that integrates with the ADH Electronic Health Record Scheduler. Approximately 1000 surveys are sent each working day, and ADH receives about 50 survey responses per day. In the year and a half since this survey has been used, over 18,000 survey results have been received. ADH uses this data to identify areas needing improvement. The most recent application of the software is for Be Well Arkansas. Callers to the Be Well Arkansas help-line are requested to give immediate feedback on their session. Once the service has been in place 12 months, a second module will be added to get long-term feedback. Vital Interactions is potentially useful to boards and commissions that have direct service functions. Electronic plan submission for plumbing, engineering, retail food, and onsite wastewater

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	ADH is developing an electronic plan submission process for the Plumbing, Engineering, Retail Food, and Onsite Wastewater (septic) programs. Prior to this initiative, Arkansas residents submitted plumbing, sewage collection system, water treatment facility, or restaurant designs either in person or via mail to the Little Rock office. Similarly, septic system designs and subdivision plans were submitted to the local health units in each county. Currently, the Plumbing program is receiving plans and associated fee payments electronically while we evaluate the system's effectiveness. Websites for Engineering and Retail Food programs have been developed and will be amended based on feedback from the Plumbing experience before going live to the public in late 2019. Electronic plan submission for the Onsite program is currently being developed. The development of the electronic plan submission process will make plan submission available 24-hours a day and remove the need for residents to drive to Little Rock. Additionally, the submission of electronic plans will allow the agency to retain electronic plans indefinitely. Plan review workflows will also be more easily tracked. Cost savings to Arkansas residents are estimated to be as much as $560,000 annually from reduced printing, mailing, and driving costs. Streamlined Hiring Process ADH plans to streamline its hiring process by reducing and automating the required forms while maintaining adequate documentation to ensure that all state and federal laws and requirements are followed by hiring officials. This project is in the design phase, but has been put on hold in anticipation of potential upcoming changes in state enterprise systems regarding hiring.
2. Develop a plan to implement the efficiency opportunities identified above. What are the key elements and action steps of your plan?	ADH established the ADH Efficiency and Responsiveness Plan to develop and track opportunities for improvement through shared services projects. The ADH Transformation Action Team is responsible for continuously identifying and providing feedback on new potential opportunities that should be added to the Plan. Key elements of the Plan include: • Improving internal and external customer service • Identifying duplicate and redundant functions, and streamlining systems to be more efficient and effective • Determining and establishing the optimum operating environment for all entities within the Cabinet-level agency • Reducing paperwork and paper handling by multiple employees while increasing accuracy • Increasing use and understanding of technology tools available agency-wide The ADH Efficiency and Responsiveness Plan action steps are: 1. Transition Action Team (TAT) collects input from Agency staff to identify short-, mid- and long-term opportunities (completed) 2. Plan approved by Secretary (September, 2019) 3. Plan communicated to Agency staff (September 2019) 4. Agency Staff track progress of each project and report to ADH Senior Management and TAT (Quarterly)

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	5. Agency management recognizes employees when projects are successfully completed (As needed, but at least annually) 6. TAT adds new projects to Plan as additional opportunities are identified. (Ongoing)
3. Identify any obstacles to the implementation and success of this plan.	Public Health Emergencies are unpredictable and often require reallocation of resources to meet urgent needs. Significant, unanticipated funding reductions from federal, state, or other third party revenues could also impact the Agency's ability to complete all planned projects.
4. Are there any anticipated costs associated with the plan?	ADH anticipates that any costs identified will be covered by reallocation of resources or by identified additional available resources (e.g. Federal grants, third party reimbursements).

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5. What is the detailed implementation timeline for this plan? How will you track your progress?	The ADH Efficiency and Responsiveness Plan will be implemented upon approval by the Secretary of Health (expected 8/30/19). Short-term projects are expected to be completed by January 2020. Mid-term projects are anticipated to be completed by June 2020. Long-term projects are those to be completed in state fiscal year 2021.
6. How will you measure the success and results of your plan? Include detailed forecasts of cost savings, efficiencies achieved, etc.	Each project's progress, including results, will be tracked and reported. The overall success of the ADH Efficiency and Responsiveness Plan will be gauged by the key plan elements, as listed in question #2. Opportunities for additional cost savings with the incorporation of the Boards and Commissions will be explored and developed. ADH has been accredited by the Public Health Accreditation Board (PHAB) since 2016. As part of accreditation ADH has developed a Quality Improvement plan and has organized this work into three operational units: Performance Management, Quality Improvement, and Evaluation.
7. How could the Department of Transformation and Shared Services provide support to the Department?	Technical assistance from the Department of Transformation and Shared Services Chief of Staff through the current executed agreement, including the planning for a new Health Department facility. Advanced communication regarding plans and timelines for new state enterprise level services. As the Department is identifying systems and processes to streamline, it would be very helpful to have information on upcoming, planned changes to state systems. This will allow the Agency to avoid unnecessary planning and research on systems or processes that are scheduled for short- or mid-term replacement.