

Southeast Central Regional Public Health Network Pilot Group Information

July 28, 2011

Good morning, Chairman Judy Lee and members of the Health Services Committee. My name is Tami Dillman, Finance Manager at Central Valley Health District here today on behalf of Robin Iszler, Unit Administrator to begin to provide some information as this process of learning more about the pilot project begins. With the pilot project's expedited schedule (one year instead of two) every day over the 12 months was utilized to diligently work toward completing the tasks in the aggressive work plan. The agenda states that six specific aspects will be presented. Due to limited time this morning (some key team members are also not present) only three of the first four can be addressed. It is recognized that there are still some parameters to work out as far as what exactly the study will entail and subsequent meeting(s) will be scheduled.

The pilot group is a collaborative between City-County Health District (Valley City), LaMoure County Public Health Department (LaMoure), Wells County District Health Unit (Fessenden) and Central Valley Health District (Jamestown-Napoleon). This collaborative formed to increase capabilities, create consistency (standards) where possible and improve services to improve public health performance for the following administrative functions and public health services:

Administrative Functions – Component One:	Services – Component Two:
1. Financial Accounting, Billing, Accounts Receivable*	1. Family Planning*
2. Improvement Planning (TIMS, Single Chart, Standardized Policies – where possible)*	2. Chronic Disease Management (CDM)* -- only public health CDM program in ND
3. Community Health Assessment (CHA)*	3. Sexual Assault Response Team (SART)
4. Public Health Accreditation	4. Immunizations

**Denotes process changes.*

So, how were the particular functions and services identified? Administrative functions were selected because they are capacity-building in nature (several are business-oriented). Functions one through three are applicable to many public health programs and services (foundational). Additionally, strong policies and community health assessments are key aspects for public health accreditation. Services were chosen because they are services supported by existing programs that had the potential to be expanded to outlying areas (supported by data from county health profiles -- derived from the Behavior Risk Survey Surveillance System, BRFSS).

Quite a bit of the project data that is available at this point is qualitative; as time goes on more quantitative data will be available. So far, pilot group participants have realized efficiencies in both components, which is encouraging. At this time, pilot group participant(s) may offer some brief remarks.

In the past year, a lot of very hard work was put in to the project. Legislators like you and leaders with forward, visionary thinking should be commended for making this project a reality. As this study progresses in the months ahead, active participation is welcomed because the common goal of achieving public health excellence through efficiency is shared. The pilot group partners look forward to scheduling subsequent meeting(s) to discuss the project in more detail. Thank you for your attention and commitment to the pilot study. Are there any questions?