

**HEALTH OFFICER GOALS AND DEPARTMENT PROGRESS  
MID-MICHIGAN DISTRICT HEALTH DEPARTMENT  
UPDATED FOR 2015-16**

**1) Relations with Local Government**

- a. **Improve relations with Boards of Commissioners (BOC)**. During the past year there have been a couple of hiccups in our relationship with BOCs. I need to spend 2014-15 repairing this relationship so that Commissioners have complete confidence in the Health Department and understand fully how they benefit from being part of a District Health Department.

*This goal is red because of the importance of this relationship and its position among my priorities for 2014-15; not because I believe the health department is in any immediate danger.*

**2) Personnel**

- a. **Maintain adequate levels of supervision to ensure employees' performance is of the highest quality**. My efforts to expand preventive services have only been partially successful. I have been able to add new programs like Community Health Workers (others like rTCR are being mandated.); however, old programs have not gone away. The spans of control of supervisors have grown out of control.

Again, this goal is not red because I do not think our supervisors are excellent, they are. But it indicates my belief that the quality and effectiveness of an organization is most directly affected on a day-to-day basis by the mid-level management and thus addressing this problem must be a top priority for us.

- b. **Maintain competitive levels of compensation for employees** by working with collective bargaining units and the Health Insurance Task Force.

*This has moved from red to yellow because in many counties salaries are moving up again, if slightly. Teamsters negotiations set a pattern of 2% increases from which MNA should benefit. It remains yellow because of uncertainty in the budget.*

- c. **Ensure continuing high-quality medical direction**. We are in the process of making an offer to a highly-qualified Medical Director candidate that will preserve our cost-sharing arrangement with CMDHD and DHD#10.

*We need to consider an appropriate send off for Doctor Graham.*

- d. **Maintain adequate funding for staff training every year**. Staff development is essential to achieving the other goals outlined here. VP 4.3

*This has moved from yellow to green for several reasons. First, the advent of our automated training request system makes it easy to see that we do a lot of training! Second the costs of training are coming down as programs switch to distance learning strategies and eliminate fees (and even cover hotels) to ensure that LHDs can afford to participate.*

- e. **Ensure adequate training for Supervisors**. Supervisors play a critical role in the functioning of the Department. They must understand their own powers and their responsibility to exercise it. We need to do more to strengthen their skills. VP 4.4

We have taken advantage of our relationship with Cohl, Stoker, and Toskey, P.C. to offer two excellent trainings on supervision which the Supervisors clearly benefitted from.

### 3) Accreditation

- a. **Maintain status as an Accredited Local Health Department.** Maintain compliance with MPRs between on-site reviews under Michigan's Local Public Health Accreditation program. This will require at least one review of the MPRs with supervisors during the winter of 2014. The agency is scheduled to undergo accreditation in February 2016.

*This goal has moved from green to yellow because of short staffing at the supervisory level. This is making it difficult for supervisors to keep up with both the mandatory part of their jobs, such as meeting MPRs and also to provide excellent, supportive supervision to their teams.*

- b. **Complete National Accreditation by December 31, 2015.** National Accreditation by the Public Health Accreditation Board (PHAB) will be important because it is likely the Centers for Disease Control and Prevention (CDC) will create financial incentives to reward Local Health Departments (LHD) that are nationally accredited.

*MMDHD has completed all of the requirements for national accreditation and has its PHAB site visit scheduled for June 24-25, 2015. After the site visit, we will probably have to complete a few corrective plans of action; however this puts us on course to be accredited by the end of 2015.*

### 4) Sustainability

- a. **Establish new, reimbursable preventive health services.** There are four specific areas in which we are working. VP 1.3
  - i. **Michigan Pathways to Better Health.**
  - ii. **Physician's Assistant Co-location with the Montcalm Center for Behavioral Health.**
  - iii. **Increased billing for immunizations, family planning and other services.**
  - iv. **Expanding Medicaid Outreach.**

*This goal remains yellow because the State of Michigan still has not opened up billing codes for CHWs. And we lack sufficient experience in billing for PA services to know if that position will be sustainable. Other billing is proceeding smoothly. We met with the Medicaid Outreach representative from MDHHS and have clear guidance which we are implementing about how to increase this billing.*

- b. **Ensure that the Mid-Michigan Pathways (MMP) completes its transition to a new financial model by December 31, 2014.** In order to accomplish this MMP needs to garner new revenue from the work of CHWs. VP 1.2

*This goal remains yellow because the State of Michigan still has not opened up billing codes for CHWs.*

### 5) Infrastructure

- a. **Fund required hardware and software upgrades in each budget cycle.** VP 5.2

*We continue to make significant improvements in our physical infrastructure. In 2015-16 we will launch a new, modern computer-based phone system. However, I downgraded this goal from green to yellow because we did not accomplish this by successfully depreciating our equipment (although we were on a path to do that) but with a one-time windfall. We remain concerned that IT is underfunded.*

- b. **Ensure MMDHD obtains new software for Environmental Health (EH) to increase staff efficiency and so EH can benefit from performance management and quality improvement projects.** The BOH has approved acquisition of the Hedgehog system and EH staffs are making good progress in working with the vendor, Hedgerow, to prepare the system for delivery. VP 5.1, 5.2

*MMDHD is partnering with Kent County to save money on system development by developing it jointly.*

- c. **Maintain “Meaningful Use” (MU) certification with CMS.** In order to accomplish this, we depend on our vendor, Netsmart, to release upgrades to its Certified Electronic Health Record system that meet CMS requirements.

*Netsmart has been a difficult business partner. We have had to confront them publically to ensure they prioritize their work for local health departments.*

- d. **Participate in the Great Lakes Health Connect (GLHC) by June 30, 2014.** We will work with GLHC in several different ways, including using it as a source of clinical data and reporting immunizations and labs.

*This goal has been partially accomplished and is now green. Communicable disease nurses in the parts of the District with significant provider participation use the system to monitor cases they are tracking.*

## 6) Quality Improvement/Performance Management

- a. **Build a true performance management system** to increase staff efficiency by giving everyone easy, real-time access to information about our performance. We have developed and automated performance reporting for most indicators on CHED programs. VP 2.3

*Development of performance management tools for EH is on hold while they roll out the Hedgehog system.*

## 7) Emergency Preparedness

- a. **Identify at least one way to conduct an exercise in each County by September 2016.** OPHP requirements mostly involve reporting. In order to ensure we are truly prepared we have to find ways to use our funding for exercises and drills, especially those involving other community partners. VP 4.4

*Ebola funding may present an opportunity to do this.*

## 8) Public Information

- a. **Develop a twitter feed by September 2015.** While it is true that few people will routinely follow the health department on Twitter, we find that whenever some kind of event occurs, demand for information explodes. We need to get better at this. VP 3.1

*GREEN-5 YELLOW-8 RED-4*

Goals that have been removed because they are complete:

- 3.d Reduce the page refresh rate in Insight.
- 4.b Use QI tools to increase performance.
- 5.e Remove barriers to progress perceived by staff.
- 6.a Meet all OPHP requirements for Emergency Preparedness.
- 7.a Place originally-produced television content in waiting rooms.