

**TESTIMONY PRESENTED BEFORE THE
COMMISSION ON ENHANCING AGENCY OUTCOMES
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The Department of Public Health has reviewed the list of proposals distributed to Executive Branch agencies to identify those items of importance to the operations at our agency. Below are a list of observations and recommendations based on these proposals listed in order as they appear in the document that has been distributed by the Commission.

1a. The Department recognizes the value in consolidating appropriate administrative functions between agencies to eliminate duplication of administrative services. However, based on the experience of DPH, there are two important factors that come into play, especially in regards to accounting functions:

1) Approximately 64% of DPH accounting staff is federally funded, focusing largely on federal grants, and therefore may only work on the federal accounts that fund their positions. Shrinking state resources, however, demand the utilization of all available staff members to accomplish an ever-growing number of tasks presented to the agency. However, utilizing staff members employed under federal funds requires the transfer of funds from federal accounts back to the state payroll account, creating further accounting challenges. This situation requires the agency to balance the competing needs of effectively allocating staff resources and the prevention of unnecessary administrative inefficiencies.

Furthermore, the staff funded by these grants and contracts specialize in the programs for which they are responsible. These individuals work on a daily basis with the staff from the programs that receive this funding and the liaisons at the various federal agencies to get the information necessary for accurate and timely reports to these agencies. There is a need for constant training on the various electronic reporting systems that these agencies utilize in order to submit the reports. Because the agency works with many different federal agencies, the accountants must be familiar with the state regulations, federal regulations and further policies to various programs and agencies (e.g.: WIC, Emergency Preparedness, Medicaid, EPA). These policies are not universal and, as such, each accountant specializes in his/her area. When cross-training has occurred in the past, errors have resulted due to oversight of regulations specific to a program not known to the person taking on the new responsibilities. In the Gardner Report available on the Comptroller's website which details accounting for federal grants using the CORE system reports that lengthy and inadequate reports are adding to the burden of reporting for non-state funds. The accountants in DPH have worked with the Department of Information Technology and the Comptroller to utilize a function in CORE that facilitates accounting for these federal reports. If the agency were to consolidate operations, this functionality may be jeopardized and the current problem of late submission of reports would likely be exacerbated, resulting in the loss of substantial amounts of Federal funding.

2) In previous years, the consolidation of many administrative functions has been attempted in order to reduce costs. Many of these consolidations have been reversed almost immediately in recognition of the fact that the complexities of the accounting and payment processes within each agency do not easily lend themselves to an overarching administrative agency.

1c, i. The Department has identified opportunities to provide cross-agency trainings in certain areas to be potentially useful both for reducing costs and providing increased access. Although this may not be appropriate in all cases, it is worthy of further exploration.

1c, iii. It is important to bear in mind, the varying nature of the different providers with which each agency does business. The contracting process is very complex and unique for most agencies. Rather than consolidating the procedures across agencies, greater value may be found in streamlining and standardizing the process within each agency. For example, placing a contracts person in each agency branch/bureau may promote a team approach and would help to create a process that is less cumbersome, more efficient and more effective.

For the purposes of contracting with municipalities, the concept of developing master contracts may be an idea worthy of consideration. Such a contract could include all the goods and services anticipated during the course of a fiscal year. Moving forward, individual addendums under each contract could be added as necessary. Such a process would not only create help to streamline the contracting process for each agency but would also simplify our interactions with our municipal partners.

2. Based on the description provided in the circulated document, it is difficult to determine where the commission envisions cost savings written for this option. Further explanation for what is meant by "data centers" and what the purpose of consolidation across these centers would help the department assess any possible impact. Each state agency that controls or manages datasets is in partnership with a federal counterpart with specific data handling requirements. Data sharing is already commonplace for unidentifiable data. For confidential information, each state agency has an Institutional Review Board (the Human Investigation Committee in the case of DPH) that is responsible to review and decide whether confidential information can be shared for research purposes. The UCONN CHIN is one "consolidation" effort that has taken 4 years and \$2 million for preliminary design and review by only 4 state agencies. This should serve as an example of the potential costs and time required for such a consolidation and what potential savings may result.

6. In line with this proposal, on July 15, 2009, DPH implemented an on-line license renewal system for physicians, dentists and nurses. The agency worked diligently toward the implementation of an on-line practitioner license renewal system for several years and ultimately partnered with the Department of Consumer Protection (DCP) on this initiative in late 2008. By leveraging available funding and working closely with DCP toward reducing redundancies and gaining efficiencies in the licensing process across agencies, DPH will be prepared to implement on-line licensing for all licensed health care, environmental health and emergency medical services professionals, and collect valuable workforce data that is currently unavailable but critical in identifying and addressing healthcare workforce shortage issues, over the next several months. In Phase II of this project, we are currently working toward the implementation of on-line licensure applications for health practitioners and moving health care facility licensing into the new eLicense system. It is expected that Phase II will be complete on or before June 30, 2009.

One area of concern that has been raised in previous legislative sessions is the nature of regulation and permitting of drinking water in the state of Connecticut. There are four separate and distinct state agencies that help shape policies and regulations pertaining to the provision of public drinking water in Connecticut. The lead agency for drinking water is the Department of Public Health. Pursuant to Connecticut General Statute Section 25-32 (a)

"The Department of Public Health shall have jurisdiction over all matters concerning the purity and adequacy of any water supply source used by any municipality, public institution or water company for obtaining water, the safety of any distributing plant and system for public health purposes, the adequacy of methods used to assure water purity, and such other matters relating to the construction and operation of such distributing plant and system as may affect public health."

The other agencies with supporting or complementary roles for public drinking water are: the Department of Environmental Protection (DEP), Department of Public Utility Control (DPUC) and the Office of Policy and Management (OPM)

The mission statements for each of these agencies are stated below to highlight their programmatic differences and their varying degree of involvement with the provision of public drinking water.

Department of Public Health

To protect and improve the health and safety of the people of Connecticut by:

- Assuring the conditions in which people can be healthy;
- Promoting physical and mental health, and
- Preventing disease, injury, and disability.

Implicit in DPH's mission statement is the Department's focus on the protection and sustainability of Connecticut's sources of public drinking water to ensure the purity and adequacy of public drinking water remains unchanged for current and future generations.

Department of Environmental Protection

Founded in 1971, the mission of the Department of Environmental Protection (DEP) is to conserve, improve and protect the natural resources and environment of the State of Connecticut in such a manner as to encourage the social and economic development of Connecticut while preserving the natural environment and the life forms it supports in a delicate, interrelated and complex balance, to the end that the state may fulfill its responsibility as trustee of the environment for present and future generations. DEP's mission is implicitly focused on the overall quality and quantity of water, whether suitable or not for drinking water purposes.

Department of Public Utility Control

The Department of Public Utility Control is statutorily charged with regulating to varying degrees the rates and services of Connecticut's investor owned, electricity, natural gas, water, and telecommunication companies and is the franchising authority for the state's cable television companies. In the industries that are still wholly regulated, the Department must balance the public's right to safe adequate and reliable utility service at reasonable rates with the provider's right to a reasonable return on its investment. The Department also keeps watch over competitive utility services to promote equity among the competitors while customers reap the price and quality benefits of competition and are protected from unfair business practices. DPUC plays a key role in regulating the rates and services of a limited number of privately owned community water systems; however, it generally defers to DPH when public health based issues must be addressed.

Office of Policy and Management

The employees of the Office of Policy and Management (OPM) provide information and analysis that the Governor needs in formulating public policy goals for the State and assist State agencies and municipalities in implementing policy decisions on behalf of the people of Connecticut. OPM provides valuable input and guidance to a number of state agencies relative to the implementation of policies with the potential to impact public drinking water systems and environmental conditions in Connecticut; however like DPUC it generally defers to DPH when public health based issues must be addressed.

Comparing these unique and diverse mission statements clearly highlights the programmatic differences and the need to maintain separate agencies to ensure that balanced and unbiased policies and decisions are made about drinking water, the environmental and rates and services of investor-owned water systems. To address overlapping issues and provide guidance to those state agencies with primary or secondary roles for the protection and provision of public drinking water, the General Assembly created a Water Planning Council in 2001. The Council was created to address issues involving the water companies, water resources and state policies regarding the future of the state's drinking water supply. The Water Planning Council members include a representative from each of the four state agencies cited in this overview.

Attempts to structurally combine offices from each agency into a single, overarching department solely responsible for regulating constituencies involved in protecting and providing drinking water in the state is unlikely to result in increased efficiency or efficacy, nor is it likely to contain costs.

16. The recommendation for an agency Deputy within the Governor's Office to coordinate health care, disabilities' services, education and job training, etc. would be cost prohibitive. Within DPH alone, the Planning Branch's Workforce and Professional Development Section currently works with coordinating bodies (e.g.: Allied Health Policy Board, CT Public Health Association, Dept of Labor, Office of Workforce Competitiveness) to assure consistency and broad representation to improve education and training for Connecticut residents. Perhaps redirection of "single" programs earmarked in legislation would be more effective in streamlining the coordination process.

20. It is unclear to the department from where \$200 million in savings could be incurred under this proposal. DPH currently does rely on DOIT to define and designate some of the information technology services for state agencies. As previously mentioned, specific database applications are designated by federal dataset counterparts and federal sources of funding. In addition, specific agency needs will direct the applicability and performance of any information technology. It is unlikely that, beyond email, fiscal accounting, and file sharing, actual data management could be consistent among agencies.

21. The DPH Vital Records Unit has instituted a web-based system to order birth certificates in a timely fashion through "VitalChek". There is a handling fee paid for by the resident who orders the birth certificate online via the DPH Vital Records webpage.

23. This proposal has appeared in legislation for several years and DPH has consistently provided testimony in opposition to it each year. Creating a super-agency of hearing officers will likely increase costs, degrade the hearing process, and undermine agencies' ability to accomplish legislative mandates. With a staff of one supervisor, three full time and two part time attorneys, two paralegals and two support staff, the DPH Hearing Office processes 500 cases annually concerning approximately twenty different subjects; provides legal advice to professional licensing boards; maintains indices of decisions; and, reports to federally mandated data banks. This very high level of efficiency requires expert hearing officers and close case monitoring—both of which would likely be lost in a proposed super-agency. The hearing officers' expertise is the direct result of their daily immersion in health issues on a full time basis. Even the expenditure of significant training costs (which would be necessary and are not presently required) would be unlikely to replace this rich in-house experience. Agencies would also incur the additional costs of staff time spent educating non-expert hearing officers, instead of performing other responsibilities. The quality of the hearing process itself will likely be degraded due to lack of expertise, competing scheduling demands resulting in delays, and the inability to effectively manage perhaps thousands of cases, many of which require unique processing under specific applicable statutes and regulations. All of these consequences will likely result in errors and their associated costs, will undermine agencies' ability to accomplish legislative mandates, and may harm the public that the government serves.

28. This proposal's citation of the EHR (Electronic Health Record) available from the Veterans Health Administration does not accurately frame the current state of deployment of Health Information Technology in Connecticut. The health care system in Connecticut is not all public and, as such, it is nearly impossible to have private and public health care providers, users, payers, and regulators to agree on one appropriate EHR. This proposal will be one of many that need to be addressed by a legally designated agency with authority to implement. Connecticut Public Act 09-232 has designated DPH as the State Regional Health Information Organization to establish standards for EHRs and promulgate protections for EHR data.

30. DPH has utilized the services of "MediaSite" that allows teleconferencing and training with multimedia access. In addition, the CT Distance Learning Consortium works with any state agency able to provide training, education, and information for web-based systems. These services are only two of many other web-based training programs in Connecticut. Perhaps further promotion of these efforts would satisfy the intention of this proposal.

Thank you for your consideration of the Department's views on this proposal.