CASE EXAMPLE

Collaborating for Improved Information Technology Services

THE CHALLENGE

The Florida Department of Health (FL DOH) is an integrated public health system comprising 67 county health departments and a central office. Each county health department is supported in part by the central office and in part by the county in which it resides. The Capital Consortium, which covers a population of around 475,000 in the panhandle of Florida, is comprised of 10 county health departments in nine rural counties and one urban county (Leon, where the state capital Tallahassee is also the county seat).

Information technology (IT) capabilities varied widely among the county health departments in the Capital Consortium for decades and member counties shared many long-standing challenges, such as difficulty recruiting and retaining qualified IT staff (especially in the rural areas), lack of standardized policies and procedures, lack of supervisory oversight, poor customer service, inconsistent data circuit speeds, outdated equipment and lack of inventory control. These difficulties and disparities interfered with the ability of the individual health departments and, collectively, the Capital Consortium to work in a predictable, consistent and timely fashion.

ESTABLISHING A CENTRALIZED IT FUNCTION

Consortium members describe their approach to this challenge using the change model developed by David Gleicher: D x V x F > R = C (Dissatisfied x Vision x First Steps > Resistance to Change = Change)[1].

- **Dissatisfied** – Member counties had long-standing concerns about the efficiency and effectiveness of local IT services.
- **Vision** – A best practice idea was presented by the FL DOH Office of Information Technology after the member counties reached out. They suggested establishing a hub for IT services, including a tiered system for addressing specific technical assistance issues. Member counties were intrigued and pursued the idea with the guiding principles that a new model had to work for everyone, be at least cost neutral, and be developed based on SMART (Specific, Measurable, Attainable, Relevant and Timely) goals.

> *"There is truth in the old adage that successful projects take '70 percent planning and 30 percent actual work.'"*

–DAVID PARKER

Director, Capital Consortium Information Technology Regional Office

Footnote

[1] Beckhard, R., & Harris, R. T. (1977). *Organizational Transitions: Managing complex change (1st ed.)*. Addison-Wesley series on organization development. Reading, MA: Addison-Wesley Publishing.

- **First Steps** – They hired an IT manager to make the vision a reality, and they shared an understanding that the initial plan was conceptual and would likely be tweaked as learning took place.
- **Resistance to Change** – Member counties were concerned about loss of local control, cost and not getting what they wanted when they wanted it. They then realized they weren't getting what they wanted anyway. At this point they agreed to pool their IT resources and create a cost-neutral plan.
- **Change** – The member counties essentially "jumped off the cliff" and trusted the new IT manager to make it happen.

The IT manager began by meeting individually with each local health officer to understand their specific concerns as well as the benefits and drawbacks to managing IT capacity by a regional office versus a local office. The regional IT office budget was created using a full-time equivalent (FTE) funding model. Because every employee, even part-time employees, has one or more devices that need support, the budget for the Capital Consortium was developed based on the number of employees. This model does not attempt to cover emergency or specifically directed expenses, such as computer replacement or printer supplies for individual county health departments. Rather, those expenses will be reviewed and presented to the specific county or counties affected by a special situation.

RESULTS

The Capital Consortium Information Technology Regional Office (CCITRO) is a regional service center model created by incorporating the best elements of having centralized and local offices and leaving behind the drawbacks. It is lean, flat, based on best practices and is independent of individual public health business operations. Functions that all the health departments can access from CCITRO are inventory assistance, purchasing assistance, security standardization, IT awareness and education, continuity of operations and strategic planning assistance, website services, and a three-tiered system of technical support.

The office remained cost neutral for member counties. The costs of IT infrastructure have been reduced, while the adoption of new technology has increased. Customer satisfaction has improved, as has access to IT in remote areas and end-user mobility. In sum, all 10 counties have the technology they need to meet client needs with a minimum of disruption.

The Center for Sharing Public Health Services awarded CCITRO with a small grant in 2016 to help assess the implementation and outcomes of the service center. The assessment concluded that the creation and operation of CCITRO was a success, reflecting that the process and model were based on industry best practices.

KEYS TO SUCCESS

Using a methodical approach based on project management best practices paved the way for the smooth planning and implementation of CCITRO.

All county staff were aware of and many had opportunities to actively participate in the process, thus providing valuable buy-in to the concept and the possibilities of better IT support.

Technology often has an aura of being "behind the veil." Giving staff knowledge and addressing their fears about technology helped create an environment for change and reduced the resistance that change inevitably brings. Spending time on comprehensive communication and awareness campaigns was key to an efficient roll-out.

Establishing the regional office director as an executive level position that reports to the consortium (not an individual health officer) made it clear to staff the initiative was supported by all 10 counties. The authority that comes at the leadership level also meant the director could champion changes needed for the project's success and keep up the momentum of the entire effort.

David Parker, Director of CCITRO, credits the Center for Sharing Public Health Services with providing guidance on possible avenues to address current challenges when all other internal options were not viable.

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The Center for Sharing Public Health Services provides access to tools, techniques, expertise and resources that support better collaboration and sharing across boundaries. We help public health departments across the country work together to protect and promote the health of the people they serve.

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