

**State Board of Health – Annual Report  
Pursuant to §32.1-14 of the Code of Virginia  
November 2012**

The State Board of Health has addressed many significant public health policy and regulatory issues. The Board, supported by the Virginia Department of Health (VDH), is responsible for 59 separate regulatory titles contained in the Virginia Administrative Code. From January of 2012-September 2012, the Board approved the following four regulatory actions:

- Regulations Governing Virginia Newborn Screening Services (12VAC5-71) – Proposed Amendments-Fast Track Action
- Rabies Regulations (12VAC5-105) – Proposed Regulations
- Sanitary Regulations for Marinas and Boat Moorings (12VAC5-570) – Proposed Amendments
- Regulations for Licensure of Abortion Facilities (12VAC5-412) – Proposed Regulations

The Board also approved the following plans and policies during that time period:

- Amendments to the Board of Health Bylaws
- Mammogram Report Guidelines
- National Registry of Emergency Medical Technicians – Allocation Methodology for Payment of Initial Testing Expenses

The Board meets four times each year, in March, June, September and December. The State Health Commissioner is authorized, pursuant to §32.1-20 of the Code of Virginia, to approve items on behalf of the Board while the Board is not in Session. From January of 2012-September 2012, the Commissioner approved the following regulatory actions on behalf of the Board, while the Board was not in session:

- Waterworks Regulations (12VAC5-590) - Denial of a Petition for Rulemaking
- Regulations for the Conduct of Human Research (12 VAC5-20) – Notice of Intended Regulatory Action
- Regulations Implementing the Virginia Organ and Tissue Donor Registry (12 VAC 5-475) – Proposed Amendments

During that same time frame, the Commissioner also approved the following items on behalf of the Board, while the Board was not in session:

- Revisions to the Trauma Center Designation manual
- Revisions to the Virginia Emergency Medical Services minimum data set

## Additional Public Health Issues Reviewed by the Board

The Board of Health reviewed and discussed a wide range of public health issues during the time period January 2012 – September 2012, including the following:

- VDH's participation in the Uranium Working Group, which is reviewing numerous issues pertaining to the potential mining and milling of uranium in Virginia.
- National "Million Hearts" initiative to prevent cardiovascular disease, sponsored by the Centers for Disease Control and Prevention and the Center for Medicare Services.
- Development of the Commonwealth's Health Information Exchange (Connect Virginia).
- Development of the Virginia All Payer Claims Database.
- Maternal and child health, with a particular focus on teen pregnancy, induced termination of pregnancy, infant mortality, immunization rates and family planning.
- VDH's efforts to promote immunization for Tdap (tetanus, diphtheria and pertussis), including the work of the VDH Pertussis Task Force.
- West Nile Virus surveillance and prevention
- Influenza surveillance and prevention
- Obesity prevention, including various factors contributing to obesity, and VDH efforts including the promotion of healthy eating through WIC feeding program, the promotion of breastfeeding VDH's offer of obesity prevention mini grants to localities and the Interagency Task Force on Obesity and Nutrition.
- AIDS Drug Assistance Program, including successful VDH efforts to eliminate the program wait list.
- Access to dental care.
- Critical Congenital Heart Disease Demonstration Project
- Implementation of legislation requiring local school boards to develop and implement policies to administer epinephrine, and requiring VDH, in cooperation with the Department of Health Professions and the Department of Education, to convene a work group to develop revisions to Virginia's School Health Guidelines concerning the treatment of anaphylaxis in the school setting.
- VDH's response to a shortage of medications on the part of Emergency Medical Services providers

- Office of Emergency Preparedness performance measures
- VDH's response to the Navy jet crash in Virginia Beach in April 2012, including a coordinated effort to replace the vital records of those affected by the crash.
- VDH's response to the DERECHO in June-July 2012
- Critical Drug/Vaccine Purchases
- Status of litigation pertaining to the Certificate of Public Need program
- Status of the Abortion Facility Licensure program, including the status of facility surveys
- VDH's efforts to obtain accreditation from the Public Health Accreditation Board

### VDH Performance Improvement System

VDH continues to expand its performance improvement activities as it begins its third year of funding utilizing the National Public Health Infrastructure Improvement (NPHII) grant.

As a core function of the VDH performance improvement system, VDH developed a dashboard system to monitor key metrics. These metrics are shared with the local health districts on a monthly basis. Below is a brief summary of the changes in metrics from the baseline data reviewed when the dashboard was first developed, and the metrics as they stand today.

VDH Agency Dashboard August 2012

	Health	Baseline Result	Current Result	Trend	Goal	Baseline Data	Current Data
Immunization	District Cohort: Immunization Rates for Children 2 Years Old Served At LHD	58%	48%	-9.8%	80%	Q1 2011	Q2 2012
	Entire Cohort in VIIS: Immunization Rates for Children 2 Years Old	15%	26%	10.9%	80%	Q1 2011	Q2 2012
	Percent of Children (Age 11-17 Years) Adequately Immunized with Tdap Vaccine	77%	86%	8.4%	80%	Q1 2011	Q2 2012
	Immunization Rates for Children at School Entry (Public and Private Kindergartens)	77%	81%	4.1%	-	SY 2010	SY 2011
	Number of Organizations Enrolled in VIIS	1720	2367	647	3000	May (2011)	Aug (2012)
Children & Families	Percent of Eligible Women of Childbearing Age Receiving Multivitamins with Folic Acid Counseling	18%	24%	6.1%	30%	May (2011)	Aug (2012)
	Percent of Eligible Women of Childbearing Age Receiving a 100-Day Supply of Multivitamins with Folic Acid	16%	19%	3.6%	30%	May (2011)	Aug (2012)
	Percent of Eligibles Served in Plan First	3%	9%	6.3%	20%	Sep (2011)	Aug (2012)
	Plan First Enrollment	8,351	29,165	20814	24,000	Sep (2011)	Aug (2012)
Food/ Sewage	Percent of Risk Factors Discovered at Restaurant Inspection that are Corrected at the Time of Inspection	44%	42%	-2.0%	70%	Q3-4 2011	Aug (2012)
	Percent of Risk Factors Discovered at Restaurant Inspection that are Corrected Within 10 Days After Inspection	44%	45%	1.1%	Under Development	2011	Aug (2012)
	Percent of Restaurant Inspections that are Conducted Within Required Timeframes	55%	65%	9.5%	70%	2011	Aug (2012)
	Percent of Failing Onsite Sewage Disposal Systems that are Corrected Within 30 Days After LHD Is Notified	16%	25%	8.9%	80%	Jan-Aug (2011)	Nov (2011) - Aug (2012)
	<b>Administration</b>	<b>Prior Result</b>	<b>Current Result</b>	<b>Trend</b>	<b>Goal</b>	<b>Baseline Data</b>	<b>Current Data</b>
	Median Time to Fill a Vacant Position (in days)	90	63	-27.4	50	Q4 2011	Aug (2012)

For each of these metrics, VDH continues to explore best practices and to increase overall performance at the district level. Overall trends have been positive and the performance improvement (PI) team is currently developing performance improvement initiatives to improve both local health district immunization rates for two years of age as well as the percent of risk factors discovered at restaurant inspection that are corrected at the time of inspection.

In addition to the core activities monitored through the dashboard system, VDH initiated several performance improvement projects. The first three projects were initiated in the first year of the NPHII grant, and continue to be actively managed and pursued by the PI Team. The remaining projects represent ongoing efforts over the course of the last year. Of Note:

*Performance Improvement Project (PIP) #1- Reducing Information Technology (IT) Costs*  
Over the last 9 months, VDH has realized over \$517,000 in annual savings by modifying the ways it saves data as well as reducing unnecessary saved data. Ongoing efforts to realize additional savings include: (1) targeted outreach and analysis to local health districts with potential savings identified (primarily through identifying potentially excess inventory), (2) ongoing efforts to analyze and streamline data by either reducing data saved or changing its storage method, and (3) monthly production of a simplified VITA bill (incorporated into the PI dashboard).

*PIP #2 - Improving Administrative Efficiency of the Request for Approval of Procurement (RAP) Process.* The RAP process have been fully automated, allowing for submission, review and approval entirely online resulting in over a 60% reduction in overall processing time. Ongoing efforts to streamline the RAP process include ongoing analysis of RAPs submitted by office to identify potential bottle necks and continued programming of modifications to enhance the system.

*PIP#3 - Increasing Enrollment in the Plan First Program.* In conjunction with the Department of Medical Assistance Services and the Department of Social Services, VDH initiated a collaborative PIP to identify current barriers, identify best practices, recommend solutions and implement changes which will ultimately help to reduce unintended pregnancies, intentional termination of pregnancies, increase spacing between births, and expand the local health districts' capability to serve more of its population. In January 2011 Plan First enrollment was 6,209. As of September 1, 2012, enrollment was 30,661 a 394% increase. Additional revenue for health clinics from Medicaid billing has surpassed \$400,000 for the first six months of 2012.

*PIP#4 – Revenue Reconciliation.* VDH has worked to improve the efficiency of its billing process. The revenue reconciliation process matched patients on the Medicaid eligibility list with patients who were rendered billable services that had no recorded invoices recorded in the WebVision system. The project identified roughly \$250,000 in potential unbilled revenue for the first quarter of 2012. Of the \$250,000 identified, \$68,000 was ultimately recovered. The process not only increased revenue but was found to greatly simplify and streamline the billing process at the district level.

*PIP#5 - Streamlining the HR 14 (Employee Separation Process)* - When an employee leaves VDH the separation process to file appropriate paper work, collect assets and remove the employee from computer systems, involves 20 people and over 40 separate steps, consuming over 140K worth of time and effort. A team of VDH staff have redesigned the process to utilize just 3 people, less than 15 steps and reduce total time and effort by an estimated 80K. This process is still under development and VDH is working to centralize and streamline many of the activities by automating the process and operating it through the VDH help desk system.

*PIP#6 - Automation of Environmental Forms* - The PI Team is currently working with the Office of Environmental Health to automate a series of form and paper based processes. Current efforts focus around automating the restaurant permit application process as well as some of the processes associated with bedding and upholstery.

*PIP#7- Automation of Legislative Tracking* - The PI Team worked to develop an online tool to help extract and tract data on pending legislation in the House and Senate.

*PIP# 8 – Grant Tracking Database* – The PI Team is working to develop a database system for tracking pertinent data related to grant applications, including but not limited to performance metrics, grant requirements, due dates, funding and other relevant grant metrics.

*PIP#9 -Development of Health Scorecard* - In conjunction with efforts in Accreditation and developing the dashboard, VDH is working to establish an online tool, which collects, consolidates, and illustrates critical health status metrics by district and locality, with demographics, 10 year trends in core VDH functions, and other information that might be pertinent to decision makers. Initial production of this LogiXML based tool is scheduled for the first quarter of 2013.

In addition to the PIPs described above, VDH is continuing to pursue accreditation.

*Accreditation* - Accreditation is a core requirement of the CDC funding. To achieve accreditation, VDH has formed an accreditation team, undergone an initial orientation with the Association of State Territorial and Health Officials (ASTHO), conducted a gap analysis, and begun preparations to develop a State Health Assessment, State Health Improvement Plan and gather necessary documentation to meet standard requirements. VDH has cataloged 80% of the necessary documentation necessary, built a database to organize and house the documentation and completed its initial draft of the research for the State Community Health Assessment. VDH will apply for accreditation (once these pre-requisites are achieved) by early 2013.

#### Additional Issues Addressed by VDH on Behalf of the Board of Health

Over the course of the past year, VDH has completed a wide range of studies and reports in response to legislative mandates and statutory requirements. These reports have addressed topics including, but not limited to, oral health, the AIDS drug assistance program, trauma centers, and poison control centers. Links to these studies are found below.

AIDS Drug Assistance Program

<http://leg2.state.va.us/dls/h&sdocs.nsf/4d54200d7e28716385256ec1004f3130/08b17e313c883a7985257a1c005679c4?OpenDocument>

Virginia Department of Health Oral Health Plan

<http://leg2.state.va.us/dls/h&sdocs.nsf/4d54200d7e28716385256ec1004f3130/e48f6f48d8ed436785257a1c005911f2?OpenDocument>

Trauma Fund Report: Use of Funds in Improving Virginia's Trauma System, and Review of Feasible Long Term Financing Mechanisms and Potential Funding Sources for Virginia's Trauma Centers

<http://leg2.state.va.us/dls/h&sdocs.nsf/4d54200d7e28716385256ec1004f3130/48a890c60fd7d4b985257aae0072fb2e?OpenDocument>

Virginia Department of Health Cost Analysis of the Virginia Poison Control Network

<http://leg2.state.va.us/dls/h&sdocs.nsf/4d54200d7e28716385256ec1004f3130/cc152959ec7856ed85257a1c005b722e?OpenDocument>

Report on Services Provided by Virginia Department of Health Dental Hygienists Pursuant to a Practice Protocol in Lenowisco, Cumberland Plateau, and Southside Health Districts for FY 2012

<http://leg2.state.va.us/dls/h&sdocs.nsf/4d54200d7e28716385256ec1004f3130/ab04b2114fa4d95785257aaf006e9e98?OpenDocument>